

# PREA Facility Audit Report: Final

**Name of Facility:** A.R.C. at Susquehanna Trail Program

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 11/28/2017

**Date Final Report Submitted:** 05/16/2018

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"/>
<b>Auditor Full Name as Signed:</b> Maureen G. Raquet	<b>Date of Signature:</b> 05/16/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Raquet, Maureen
<b>Address:</b>	
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<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	10/17/2017
<b>End Date of On-Site Audit:</b>	10/19/2017

FACILITY INFORMATION	
<b>Facility name:</b>	A.R.C. at Susquehanna Trail Program
<b>Facility physical address:</b>	3299 Susquehanna Trail Program, York, Pennsylvania - 17406
<b>Facility Phone</b>	717-764-8158
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Brandon Elby	<b>Title:</b>	Program Director
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Warden/Superintendent			
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Facility PREA Compliance Manager			
<b>Name:</b>	Raul Morales	<b>Email Address:</b>	raulmorales@placeholder.example.com

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	19
<b>Current population of facility:</b>	15
<b>Age range of population:</b>	14-19
<b>Facility security level:</b>	N/A
<b>Resident custody level:</b>	N/A
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	16

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
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>	Daniel P. Elby	<b>Title:</b>	CEO
<b>Email Address:</b>		<b>Telephone Number:</b>	717-238-7101

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Laura Kempton	<b>Email Address:</b>	arclaura.kempton@gmail.com



## 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 Prison Rape Elimination Act (PREA) Audit of A.R.C. at Susquehanna Trail was conducted on October 17,18,19, 2017, by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This is the first PREA Audit for this facility. This Audit, conducted on October 17,18,19, 2017, is part of an Agency Audit for Alternative Rehabilitation Communities. It was conducted at the same time as the Audit of one other A. R. C. facility located in York, Pa. This Audit was conducted in year two of the second PREA 3 year cycle. Notice of the Audit was posted on 9-1-17. I received an email with pictures of the posting in the living and common areas on this date. One week prior to the Audit, I emailed an Audit posting in Spanish. The facility was requested to keep these notices posted during the pre-audit six week period and they were still posted in all areas during the tour on October 18, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 9-5-17, I received notification of the completion of the Pre-Audit Questionnaire on the PRC on-line Auditing system. During this pre-audit time period, through emails and phone calls with the PREA Coordinator, the uploaded information, important documentation and PREA Policy was discussed, clarified and amended. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator. The tour of the facility was conducted by the PREA Coordinator and PREA Manager.

During the tour, I saw postings for the upcoming Audit in the living areas on the first floor and in the building foyer in Spanish and English. The dining room which is used as a visiting area had reporting posters in both languages and numbers for reporting posted above all phones. These posters described sexual abuse and provided reporting information for the YWCA York Victim Assistance Center. Upon my arrival at the facility, the residents were in the classroom attending school. I asked for and received a volunteer to show me how the "PREA Hotline" procedure worked. There are posters next to the phone for reporting and the phone number for the YWCA next to each phone, along with the phone number for Pa. Child Line and the police. The resident demonstrated how they would ask a staff to use the phone and then they dialed the number. He handed the phone to me and I verified it went to the reporting hotline. During the pre-Audit time period, I contacted the YWCA of York and spoke to the Director. The Director confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She also stated that there have been no issues or ongoing problems at Susquehanna Trail that she was aware of. She stated that the MOU has not yet been signed by the YWCA, even though provided by ARC almost a year ago. They will sign it, according to the Director, and in the meantime, will provide all services, including conducting education at Susquehanna Trail once a month.

Residents were in school during the tour. I saw the residents in the classroom with a teacher and with a direct care staff. Pa. #3800 Child Care regulations require a ratio of 1:8 and 1:16 at this facility. The ratio in the classroom was 1:7. I spoke to several residents who told me they had received PREA education and they told me how they could report. There is a PREA box in the dining room/visiting area. I spoke to staff persons who stated they received PREA training and they told me that Administration conducts unannounced rounds on a regular basis. I saw an unannounced round log and saw that a round had

been conducted the night before during midnight shift. I spoke to a teacher and the cook, all of whom told me they received PREA education.

There are no Medical staff at Susquehanna Trail. Residents receive a physical within 72 hours of admission in the Community. There is a contracted Psychiatrist, who I spoke to via telephone during a previous Audit, who does medication evaluations and meets any emergency psychiatric needs. He is contracted by the Agency for all ARC residential facilities except Schaffner Youth Center. He has received PREA education and he is a mandated reporter. An agency psychologist, new to the position, had not yet received the specialized PREA education for Medical and Mental Health Staff. She completed this specialized training subsequent to the onsite portion of the Audit and prior to the 45 day Interim report. She had received PREA training required of all staff. I did interview a newly hired Agency Nurse who has completed the PREA Education for all Employees and the specialized NIC Health Care Training.

The residents receive PREA Education upon admission which includes receiving a PREA pamphlet with reporting information and information about the zero tolerance policy. Within 10 days, but usually the next school day, the teacher, who is an ARC employee conducts the more extensive education which includes viewing the PREA video, "Safeguarding your sexual safety; A PREA Orientation video". Susquehanna Trail is a "Latino program" and had three non-English proficient residents who required the services of a translator during our interviews. There are several Spanish speaking staff at this facility, including the cook. Although there is a Spanish video and a Spanish Intake curriculum, the staff I interviewed was unaware of them and they were not being used. The teacher who was interviewed was not providing 10 day education. Not all residents were receiving the pamphlet and not all saw the video. As part of the Admission process, the staff conducting the intake also administers the Vulnerability Assessment. This Assessment was not being filled out properly and was therefore not capturing all the information needed to identify residents to keep them safe.

The dining room is used for visiting, which may occur once a week for each resident. Reporting posters in Spanish and English and a "PREA Box" are in this room for parent and visitor reporting as well as signs about sexual abuse and domestic violence.

Directly after the tour of the facility, interviews were conducted privately in the Director's office. Several Agency staff were interviewed four weeks earlier as part of the Agency Audit. These interviews included:

- Chief Executive Officer of A. R. C.
- Human Resources Assistant
- PREA Coordinator
- Psychologist
- Barber, a contracted employee
- Psychiatrist by phone, a contracted employee

The following were interviewed during this Audit:

- Facility Director who conducts Unannounced Rounds
- PREA Manager, who also monitors retaliation
- Agency Nurse
- Staff who conducts Education at Intake
- Staff who conducts the Vulnerability Assessment
- Teacher who conducts 10 day education
- Administrator who is part of the Sexual Abuse Incident Review Team by phone
- 10 residents
- 12 random staff

Staff are full and part time and work rotating shifts with rotating days off. A roster of all staff working on all units was provided to me and I interviewed twelve random staff. There are 17 full and part time staff at Susquehanna Trail including the facility director, the cook, the teacher, and the secretary. Several of the part time staff work full time jobs elsewhere and are only available on weekends and at night. Therefore, in order to interview 12 staff, I had to interview the program secretary. All of these staff have received the necessary training to count in ratio. These interviews represent 70% of all of the staff assigned to the facility and a 100% of all available staff.

I was given a census of all 15 facility residents, and ten were interviewed. There were no residents who identified as LGBTI, who were disabled, or who reported a sexual abuse. There were three residents who were identified as non-English proficient. A staff translator was utilized to interview these three residents. There was one resident who had disclosed a previous sexual abuse and he was also interviewed.

I reviewed the files of 17 staff for required documentation. There were 3 new staff hired but no promotions within the past 12 months. All files reviewed showed that staff obtain the proper clearances prior to employment and eight staff who required five year clearances had them in their files. Staff files documented that each employee had received PREA education in 2016 and many had received their refresher training as recently as two weeks ago.

I reviewed the files of 10 current residents and this included the files of two residents who had been admitted prior to PREA implementation in January 2017, but were still at the facility. There was documentation of 10 day education for all residents admitted subsequent to January 2017, but no acknowledgement of education at Intake. There was documentation of timely administration of the Risk Assessment, but not all the tools were completed accurately. There was no documentation of risk based housing decisions or medical and mental health follow up. The 6 month re- assessments required by the Standard was added to policy prior to the onsite portion of the Audit, so that the 3 residents who required them had them completed, albeit, not in a timely fashion.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment as mentioned above: "The PREA Hotline", which goes directly to YWCA of York. Addresses and phone numbers for the YWCA were posted throughout the facility in both Spanish and English, including the area that is used for visiting. A report can be placed in the locked metal box, which is checked by the PREA Manager on a daily basis. Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls and visits. All of the residents receive home visits prior to discharge. One resident was on a day visit during the onsite. Attorneys, Probation Officers and Caseworkers can call or visit at any time.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third parties. Most were aware of the Victim Advocacy Services and Hotline through the YWCA. Most residents stated they would tell a staff or use the "PREA box".

There is documentation of efforts to obtain an MOU with WellSpan Hospital of York for Forensic Examinations with SAFE/SANEs. There is no signed MOU with YWCA York Victim Assistance Center for outside agency reporting and Victim Advocacy and Crisis Intervention Services. As mentioned above the YWCA was contacted and stated they will sign the MOU and will provide all services in the MOU until then. The Agency also provided documentation of efforts to obtain a MOU with the Northern York County Regional Police. This information is posted on the facility website.

During the past 12 months, there has been one unfounded allegation of resident on resident sexual abuse. I was provided with all reports. The child declined a forensic exam but did speak to a SAFE nurse at the hospital. Both the Northern York Regional Police and Child Line were contacted. The Victim Advocate was also contacted. All policy and procedure were followed and documented by the facility in a timely fashion. There have been no allegations of sexual harassment at Susquehanna Trail. The facility has not received any reports from residents of sexual abuse that occurred at other facilities, nor have other facilities reported sexual abuse to Susquehanna Trail.

At the conclusion of the onsite Audit, a brief Exit interview was held with the PREA Coordinator. The preliminary results of the Audit were discussed as well as a plan for corrective action.

## 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.

Alternative Rehabilitation Communities was established in 1975 in response to a request for facilities to house juveniles who were being removed from the State Correctional Facility at Camp Hill. During this time period a Juvenile Justice Reformer, Jerry Miller oversaw the removal of Juveniles from the State's Prisons. The State solicited, through a Request for Services' Proposal, for group homes for these young men. A.R.C. opened their Woodlawn facility in response. Since that time, A.R. C. has run up to nine juvenile facilities, including a Secure Unit. In the past year, the Agency has downsized from eight to the current six facilities. These include 4 Male group homes, one female group home and one short term shelter facility. These facilities are located in Harrisburg City, York City and Carlisle, Pa.; all in the Central Pennsylvania area. The Agency also runs a non-residential Evening Reporting Center in the City of Harrisburg. This is part of the Juvenile Detention Alternatives Initiative and was started through a grant from the Juvenile Justice and Delinquency Prevention Committee, part of the Pa. Commission on Crime and Delinquency. The ERC accepts alleged delinquents as an alternative to Detention. They report after school, do homework, eat dinner and attend groups. They also attend on Saturdays and may do Community Service at that time. There are 165 ARC employees including, teachers, administrators and support personnel. The CEO, Dan Elby, one of the founders of ARC, reports to a 6 person Board of Directors.

A.R. C. at Susquehanna Trail has a 19 bed licensed capacity, but only houses 18 boys at a time according to the Facility Director. It was originally built in 1905 as a private residence and was purchased in 1997 by ARC for its current purpose. ARC at Susquehanna Trail is a residential facility for male delinquent and dependent juveniles. The facility had 24 admissions in 2016 and the average length of stay is 6-12 months. The children, ages 14-19, are placed by order of the Court. This is designated as a "Latino program" and has many Spanish speaking staff. This program is utilized by juvenile probation departments throughout the state for those delinquent boys who need to be placed but have limited or no English proficiency. The children attend school taught in a classroom in the building by a certified teacher and aide, depending on the number of residents, who are ARC employees. The residents attend group every day, which includes Aggression Replacement Training, Criminal and Addictive Thinking and Balanced and Restorative Justice Groups. The residents are taken into the community for recreation including the YMCA. They also attend a Vo-Tech program once a week in Harrisburg, which is about 25 minutes away.

The director of this facility is Brandon Elby, and he reports directly to the Director of Operations. Contracted employees include the barber and psychiatrist. There are no volunteers. This facility is licensed by the Pa. Department of Human Services under the 3800 regulations governing child care. A copy of the most recent Licensing and Inspection Summary conducted by the Pa. Bureau of Human Services Licensing was provided to and reviewed by the Auditor.

The 3,748 square foot building is located on about 1.2 acres in Manchester Township, York County, Pa. This is an industrial area on a busy roadway with some old homes converted into offices. It is about 5 minutes from the city of York and about 25 minutes from the city of Harrisburg, not far from busy Interstate Route 83. The two story stone and brick building has a two story wood frame addition. The building has front steps and a side entry with a little parking area. There is a locked shed for bicycles and

lawn mowers and a vegetable garden. Behind the house there is a picnic table and grill under a large tree.

The exterior doors are locked to keep others out. In order to enter the facility, you ring the bell at the front door and a staff unlocks it from the inside allowing you to enter. When inside, you are in a foyer with stairs directly ahead to the second floor. To the left is the program secretary's office. Behind this is the Director's office and directly adjacent is the dining room with tables, chairs and access to the kitchen and hallway. The kitchen has a "middle kitchen" which is used to wash dishes. Directly behind this is the kitchen with appliances for meal preparation. On the left side of the building is the classroom toward the front of the building, and a single bathroom in the hallway for both staff and residents. Behind the classroom and across the hall from the dining room is a large day room , used for groups and recreation. There are wooden furnishings in the day room and a staircase to the second floor that is used by the residents. There are 7 bedrooms on the second floor. The bedrooms are sparsely furnished with just beds and wardrobes. There are 3 Quads in the rear of the home and 4 rooms in the front: 1 single and 3 doubles. The single room, "Room #4" is used for risk based housing. There is one large bathroom in the middle of the hallway between the front and back rooms. It has 2 toilet stalls, 1 urinal, and 3 curtained shower stalls. Residents shower 3 at a time and the staff person sits in the doorway. There are always two and sometimes three midnight staff. One post is directly across from Room #4, for supervision and the other post is at the end of the hall between the 3 quads.

There is no attic access.

The basement has an alarmed door to the outside and is primarily used for storage. There are some weights in the back room. This is an old low ceiling basement with heaters and dehumidifiers.

There are no cameras in this facility. The windows and doors are alarmed.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	36
<b>Number of standards not met:</b>	0
<b>Not audited at the facility level:</b> Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	7

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. There is a culture of dignity and respect from the leadership of the Agency on down.

PREA was not implemented at this facility until January 2017. This facility did not undergo a PREA Audit during the first PREA cycle.

The Policy was amended during the pre-audit time period to include all necessary verbiage. Some procedures although being practiced prior to PREA were not being documented. Other procedures must be implemented in order to be compliant.

The PREA Coordinator for the agency has extensive experience in Juvenile Corrections and previously worked at Schaffner Youth Center, an ARC facility. She was appointed to this position within the last year when the previous PREA Coordinator left the agency. She has six PREA Managers who report to her; one at each facility. She and a PREA team developed policy, procedure and curriculum for both staff and residents. The PREA Coordinator does the PREA training for employees. While implementing the standards, she requested the assistance of the Pa. Juvenile Justices Services PREA Coordinator. He assisted this Agency by providing, posters, forms, curriculum and technical assistance. He performed a "mock audit" which included interviews of residents. He reviewed the Vulnerability Assessment which was in use and recommended changes to it. The new tool, which includes all necessary variables did not go into use until June 2017. This use of other resources by this Agency demonstrates the commitment to doing things right.

The tracking and record keeping by the PREA Coordinator is exemplary. She has a PREA binder for each facility with staff training, resident education and vulnerability assessments. She tracks Medical and Mental Health follow up and she conducts the 6 month re-assessments of residents that the policy now calls for.

There is an unsigned MOU with YWCA of York Victim Assistance Center that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. I spoke to the Director prior to the onsite and she states that the MOU will be signed shortly and in addition to the services outlined in the MOU, her agency will also be providing ongoing monthly education for the Susquehanna Trail residents. Wellspan York Hospital is used for Forensic Medical Examinations for Residents conducted by SAFE/SANEs. There is not an MOU, but documentation of attempts to obtain one were provided. Criminal Investigations are conducted by the Northern York Regional Police. There is no MOU but documentation of efforts to obtain one were provided to me. This information is posted on the website.

The residents receive education regarding the facility's Zero Tolerance Policy and Reporting Information at Intake. There is no documentation of this initial education. Within 10 days, but usually the next school day the PREA policy and procedure call for residents to watch a PREA Orientation video one on one with the teacher, who asks them questions about it. Residents sign off that they have received the education. This procedure is not being followed. I interviewed the teacher who states she is not conducting any education. The staff who conduct Intakes state they are not showing the video. The Spanish speaking residents stated they did not receive their education in Spanish, although it is available and was shown to me. One Spanish speaking staff who acts as a translator did not know there was a Spanish printed brochure. He has been translating from the English. There are informational postings throughout the facility to act as ongoing education for both residents and staff.

The Vulnerability Assessments are also conducted at Intake and a review of the resident files show they are done in a timely fashion. However, many of the vulnerability assessments I reviewed were not fully completed. The scores were not totaled and some failed to record that a resident did not speak English. All residents receive a physical in the community within 72 hours of admission and the residents identified as previous perpetrators or prior victims will be assessed by the Agency psychologist. This is a new procedure and has just been implemented. There is a contracted psychiatrist, who I interviewed by phone during a previous Audit, who does medication evaluations and consults when needed. I was provided with secondary medical and mental health documentation for the resident who disclosed a prior victimization. Although now being practiced, this follow up has not been ongoing since PREA implementation, so additional documentation will be needed.

All staff files were complete for both education/training, child abuse and criminal history clearances. All resident files, were complete for administration of the Vulnerability Assessment. Risk based housing for those residents identified as sexually vulnerable or sexually aggressive is being practiced, however, it is not being documented. VAs are being conducted at Intake but have not been conducted at six months as the policy, which was amended, now calls for. The PREA Coordinator conducted six month assessments on those residents who required one prior to the Audit, however all of them were done after the fact.

The Pa. 3800 regulations require a ratio of 1:8 and 1:16 at Susquehanna Trail. The posted schedules always meet or exceed this ratio. There are never deviations from ratio because both voluntary and mandatory overtime is used to ensure that ratio is met. Supervisors are required to conduct and document unannounced rounds on each shift and the upper and mid-level supervisors and administration have been conducting these rounds on a weekly Director on Call basis for many years. However they do not document these rounds, although both the CEO and Facility Director described them and I did see documentation of a recent round in a log during the tour.

There have been no standards that have been exceeded, because this facility only implemented the standards in January 2017. Four standards as noted below do not apply. Six standards require corrective action. The remaining Standards have been met. All policy and procedure meet the Standards. This report serves as the Interim Report. Ninety days of documentation needs to be submitted as noted in the corrective action plan for this facility to be fully compliant.

The following standard requires Corrective Action:

#### Standard #313: Monitoring and Supervision

All provisions of this standard were met except for the provision requiring random unannounced rounds conducted by upper and mid-level supervisors on all shifts. Although documentation was provided to me of supervisors on shift conducting rounds, the Director's on call have not documented their weekly rounds. Ninety days of documentation of random rounds being conducted at all hours on all shifts needs to be submitted to the Auditor in order for the facility to be in compliance with this standard.

On 2-2-3-18, I received documentation of random unannounced rounds for October, November, December 2017, January and February 2018. There were not sufficient midnight rounds in this documentation. An additional 60 days of rounds need to be submitted.

I have received and reviewed additional documentation of unannounced rounds on all three shifts for March, April, and May 2018. This documentation satisfies the plan of correction and demonstrates compliance with the standard.

This standard has been met.

#### Standard #316: Residents with Disabilities and who are limited English Proficient

Documentation that Intake staff know there are Spanish resources and are using them.

I received documentation of re-training of staff and interviewed a staff who performs Intakes and an English as a second language resident by phone. Both could tell me that the Spanish curriculum and resources were being used.

The corrective action plan has been satisfied. This standard has been met.

#### Standard #333: Resident Education

Although resident and employee interviews demonstrate that all admissions are receiving PREA education at Intake, it is not being documented. The ten day education has not been consistent. The policy and procedure require the teacher to do it and she states she does not. Not all residents are viewing the video. The policy requires resources for non-English speaking residents. Although there is a Spanish language pamphlet and a Spanish video, the Spanish speaking residents stated their information was in English and translated by a staff. A staff person stated he was unaware of the Spanish language resources and has been translating all information. I saw both the Intake pamphlet and the Spanish PREA video while at the facility.

Ninety days of admissions with both Intake and 10 day education documentation needs to be submitted. A procedure needs to be implemented and submitted to the Auditor that specifies what staff conduct what education, including education for non-English speaking residents. The Auditor will need to conduct phone interviews with the teacher and staff who conduct Intake education to ensure that the procedure is being followed.

On 2-23-18, documentation of Employee re-training and an agenda of a staff meeting were submitted. Documentation of the teacher receiving education was received. A log of re-education for all current residents was provided. A PREA Admission tracking sheet was submitted with all admissions (6) since the onsite Audit. Documentation of all Intake and 10 day education was listed. Individual educational signed acknowledgements for the 6 admissions were provided. Telephone interviews of an Intake staff, the teacher and an ESL resident were conducted.

On 4-20-18, I received PREA education for two additional admissions. This documentation and these

interviews satisfy the plan of correction. This standard has been met.

#### Standard #341: Obtaining Information from Residents:

During the pre-audit time period, the Policy was amended to include re-assessments of residents at six months. This was implemented immediately prior to the onsite Audit. Ninety days of documentation needs to be provided of residents receiving a six month re-assessment. All staff conduct the Risk Assessment as part of the Intake process. They all need to be retrained as to the proper completion of the tool. Documentation of this remedial education needs to be submitted to the Auditor along with ninety days of admissions. The Auditor will randomly pick from this log to view completed risk assessments for proper completion.

Six month re-assessments for the eight students who required them were submitted. They were conducted in a timely fashion.

A training log and curriculum for the proper administration of the VAI for all Susquehanna Trail employees was submitted.

A PREA Admission tracking form was submitted for the six admissions since the onsite portion of the Audit. Two out of six admissions did not have the VAI conducted within 72 hours of admission. The plan of correction was extended for 60 days to demonstrate compliance.

On 4-20-18, I received documentation of the two new admissions in the past 60 days with Risk Assessments conducted at Intake. The documentation satisfies the plan of correction. This standard has been met.

#### Standard #342: Placement of Residents in housing, bed, program, education and work assignments:

Although being practiced as evidenced by interviews of staff and observing risk based housing practiced while on the tour, there is no documentation of risk based housing decisions. Ninety days of documentation of risk based housing needs to be submitted in order to be in compliance with this Standard.

On 2-23-18, I received documentation of 4 months of Admissions (6 residents) . No admissions were identified on the Risk Assessment as either sexually vulnerable or sexually aggressive, so there was no risk based housing documentation. Two additional admissions were submitted in April, but they did not require risk based housing.

Risk based housing is being practiced and documented at other ARC facilities, and tracked by the PREA Coordinator, which demonstrates compliance.

This standard has been met.

#### Standard #381: Medical and Mental Care:

The necessary Medical and Mental Health 14 day follow up has not been consistently followed or documented. Ninety days of documentation needs to be submitted.

On 2-23-18, I received documentation of all admissions since the October onsite portion of the Audit. There have been six admissions during this time. There were no residents who disclosed a prior sexual abuse or who was a perpetrator. Two additional admissions were submitted in April but they were not identified either, therefore there was not Medical or Mental Health follow up needed. All residents receive a physical in the community within 72 hours of admission. The Agency psychologist, who was interviewed is conducting MH assessments within 14 days at all ARC facilities and there is documentation of such at the other facilities. The PREA Coordinator is tracking this follow up. This demonstrates compliance with the standard.

The following standards do not apply:

Standard #312: Contracting with other entities for confinement of residents: A.R.C. at Susquehanna Trail does not contract with any other entities for the confinement of their residents.

Standard #318: Upgrades to Facilities and Technology: There have been no upgrades to this facility.

Standard #334: Specialized Training; Investigations: Susquehanna Trail staff do not conduct Investigations. This is done by Northern York Regional Police Department and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Susquehanna Trail

As of May 16, 2018, all corrective action has been completed and all standard have been met. This facility is PREA compliant.

## **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	<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:</p> <p>PREA Zero Tolerance Policy  A.R.C. Organizational Chart  Agenda for PREA Manager Meeting</p> <p>Interviews Conducted:</p> <p>A.R.C. PREA Coordinator  Susquehanna Trail PREA Manager</p> <p>The Agency has a designated PREA Coordinator and a PREA Manager at each of its facilities. They meet to develop policy and to conduct training. The Agency utilized a team approach to implement the 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, as evidenced by an Agenda for a PREA Manager meeting. 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. She states that she does have the time necessary for all PREA related responsibilities.</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.</p> <p>On 10-18-17, I interviewed the PREA Manager at Susquehanna Trail. He feels that he has the experience to be effective in this position. He also monitors retaliation in this capacity. He checks the PREA box every day and he would receive reports from staff and residents of any sexual abuse or sexual harassment. He refers any questions to the PREA Coordinator, who he states is a good resource. He is a Spanish speaking staff and does many of the Intakes which includes PREA education and administration of the Risk Assessment. ARC designates Susquehanna Trail as a "Latino" program.</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> Audited at Agency Level
	<b>Auditor Discussion</b>
	ARC does not contract with other agencies. This standard does not apply.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations  Pa. Bureau of Human Services Licensing and Inspection Summary  Posted Staff Schedule  PREA Zero Tolerance Policy  Logs of Unannounced Rounds  Documentation of yearly review of staffing by PREA Coordinator  Logs of Additional Rounds conducted in July, August, September, October, November, December 2017, January, February, March, April, and May 2018 2018</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  Facility Director  Residents during tour  Staff during tour</p> <p>The review of the Zero Tolerance Policy, ARC policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Bureau of Human Services Licensing and Inspection Summary. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.</p> <p>I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing on a yearly basis as required. This is done at a Director's Meeting and all Facility and Agency Directors have input and sign off on the staffing review. The PREA Manager states that staffing is reviewed daily to ensure one on one supervision and that other resident needs are met, such as Court or Medical appointments.</p> <p>The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states he usually exceeds ratio both during sleeping and awake shifts. No matter the number of residents, there are always two staff on midnight shift and sometimes three. There are no cameras in the facility.</p> <p>I was provided current staff schedules with more than the required ratio. The Director prepares the staff schedule for a six week period. It is posted on the bulletin board by the staff mailboxes and is also available on the computer. The original is sent to the ARC Administrative office. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing, so there are never any deviations from ratio. The Director stated if they have a safety plan which necessitates one on one supervision, an extra staff will be added for that resident. If there are activities, such as field trips, additional staff will be scheduled to properly supervise this event.</p> <p>During the tour, I saw residents supervised in a group in both the dining room during lunch on</p>

two days and in the classroom.

Prior to the onsite, I was provided logs of unannounced rounds conducted by the Facility Supervisors. The Facility Director conducts them on all shifts when he is the Director on call and documents them. He never advises anyone that he will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. As the Director on Call, he must do an unannounced round on all shifts at four ARC facilities, except his own during the week he is on call. Each Director has keys to all facilities, so they can enter them without alerting staff. The following week, a different Director on Call will visit Susquehanna Trail. This ensures that rounds are conducted on all three shifts at all ARC facilities, several times a month. These rounds were not being documented prior to PREA implementation. Only the facility supervisor rounds were documented. Since the Agency Audit in September 2017, I have received Director on Call rounds documenting upper and mid level unannounced rounds on all three shifts.

**Corrective Action:**

Ninety days of documentation of random unannounced rounds by mid and upper level supervisors occurring at all hours on all three shifts needs to be submitted to the Auditor to be in compliance with this standard.

Since the onsite portion of the Audit, I received documentation of unannounced rounds for October, November, December 2017, January, February, March April and May 2018. Initial submissions did not have sufficient midnight rounds, so that an additional period of time was required to demonstrate compliance. A review of this documentation shows that rounds are being conducted on all three shifts and are being documented. This satisfies the plan of correction and demonstrates compliance with the standard.

This standard has been met.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy  Search Policy  Gender Variant Search Preference Form  Staff Training Curriculum  Staff Training Logs</p> <p>Interviews:</p> <p>12 staff  10 Random residents</p> <p>The ARC Zero Tolerance Policy contains the necessary requirements for this standard. It, along with the Search policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner.</p> <p>Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. There is one female direct care staff and she states that she never conducts pat down searches and she would never do so. She also states that if working a shift when the residents are showering, she is posted in an area where there is no possibility of cross gender viewing. The bathroom contains 3 single showers with a curtain. Same sex staff conduct showers and a staff sits in the doorway. A Transgender or Intersex resident would always be given the opportunity to shower alone, either before or after the other residents. This goes for any other resident who wishes to shower alone.</p> <p>All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents. This standard has been met.</p>

**115.316 Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents Reviewed:

- Zero Tolerance Policy
- Spanish and English Reporting Posters
- Interpretive Services Contract
- Spanish PREA Video
- Spanish handbook and brochures

Interviews Conducted:

- Agency CEO
- Twelve Staff
- 3 ESL residents

During the Audit, there were three residents who were not English proficient. There were no residents with disabilities. During the tour, I saw all postings in Spanish and English. The Agency has contracts with a translation agency that includes resources for those that are deaf or blind.

The CEO stated that all reasonable accommodations would be made for a resident with a disability. There is the capacity through the Educational program, for all residents to receive appropriate education. They employ a reading specialist and many of the children have an IEP, Individual Educational Plan.

Susquehanna Trail is a "Latino program". This is a resource for many probation departments throughout the state who must place a child who does not speak English. There are many Spanish speaking ARC staff. The Director of Education is Latina according to the CEO. A team approach is used for residents who are low functioning. However students with disabilities are accepted on a case by case basis because a certain level of functioning is needed in order to participate in "cognitive reasoning groups"

Staff knew that residents cannot be used as translators for other residents to report sexual abuse and they never knew this to happen. The residents that I interviewed stated that they were not provided with Spanish PREA brochures , nor did they watch the Spanish video that is provided. They stated that a Spanish speaking staff translated all of the information for them. They stated there is always a Spanish speaking staff available for them at Susquehanna Trail. The PREA policy requires these accommodations.

Although residents stated they were given the information, there are Spanish Educational Resources that should be used, so that a resident can read and learn without staff assistance. This standard has not been met.

Corrective Action:

Staff at Susquehanna Trail need to be made aware of the Spanish printed curriculum and the Spanish video and use them at Intake. The Auditor needs to see documentation of this training and needs to interview a staff who conducts Intakes to ensure that they are being

	<p>used.</p> <p>Documentation of re-training of all employees in the form of a log and the curriculum was submitted. This re- training included all employees watching both the Spanish and English PREA video, being advised as to the Spanish resources including posters in the facility and where to access them. All current residents were re-educated with the Spanish resources and a signed log was submitted.</p> <p>Both an Intake staff and a Spanish speaking resident were interviewed by phone on 3-2-18 to ensure compliance.</p> <p>This satisfies the plan of correction and demonstrates compliance with this standard.</p> <p>This standard has been met.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	This standard was Audited at the Agency Level on 9-11-17. The Assistant in Human Resources was interviewed. Twelve Susquehanna Trail files were reviewed as part of this audit. This standard has been met.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply. There have been no upgrades or modifications to the facility or technology.

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy  Documentation of attempts to obtain a signed MOU with Wellspan York Hospital  Documentation of attempts to obtain a signed MOU with YWCA of York Victim Assistance  Documentation of attempts to obtain a MOU with Northern York Regional Police Department  Reports from an Unfounded Resident on Resident Sexual Abuse</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  12 Staff  Phone Interview with Director of YWCA of York Victim Assistance</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. Documentation of attempts to obtain a MOU with Wellspan York Hospital to provide forensic medical exams with a SAFE/SANE was provided. Investigations are conducted by Northern York Regional Police Department. Documentation of attempts to obtain a MOU were provided to me. The YWCA of York, Victim Assistance, a member of the Pennsylvania Coalition Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals.</p> <p>I spoke to the Director of the YWCA prior to the onsite portion of the Audit by telephone and she confirmed services outlined in the MOU. She states that her agency will be signing the document and will offer services in the interim.</p> <p>There was one resident who reported a sexual abuse by another resident in May 2017. This report was made to hospital staff after he told staff he required medical services but never stated he was sexually abused. He was taken to another hospital for a medical issue. While there he reported the sexual abuse stating it had occurred in March 2017. He was then taken to Wellspan York Hospital for a forensic exam. He declined the physical exam, but spoke to a SAFE nurse, according to reports. The Hospital called the Victim Advocate, the police, Child Line and performed a medical procedure. The facility staff who took the resident to the hospital were informed by the hospital staff of the resident's allegation. The facility staff followed their protocol and notified Agency staff as well as the resident's parents and probation officer within 24 hours. The police conducted an investigation of the incident and it was unfounded. All reports were provided to the Auditor. All policy and procedure were followed in a timely manner.</p> <p>This standard has been met.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pennsylvania Child Protective Services Law (CPSL)  Alternative Rehabilitation Communities' website  Documentation of attempts to obtain MOU with Northern York Regional Police  Reports of Unfounded Resident on Resident Sexual Abuse</p> <p>Interviews:</p> <p>Agency CEO</p> <p>I interviewed the Agency CEO and reviewed the PREA Policy. I reviewed documentation of efforts to obtain a MOU with Northern York Regional Police. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The CEO states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Northern York Regional Police and Pa. Child Line. There are no investigators at ARC. The Pa. 3800 Child Care regulations prohibit the facility from investigating or interfering with an incident prior to reporting it. The facility must only gather enough information to report the incident and to institute a plan of safety. The contact information for Pa. Child Line and Northern York Regional Police Department is on the website.</p> <p>There was one allegation of a sexual abuse by a resident against a resident. The resident reported it to hospital staff, who called Pa. Child Line, the Victim Advocate and the Northern York Regional Police. The police determined this to be unfounded. The victim had been discharged from the facility prior to the onsite Audit. All documentation demonstrated timely adherence to the reporting policy.</p> <p>This standard has been met.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  PREA Curriculum for Employees  Mandated Reporter Curriculum  Pa. Dept. of Human Services 3800 Child Care Regulations  Twelve Random employee files  Training Binder for Susquehanna Trail  Documentation of Remedial Training for Staff and Teacher</p> <p>Interviews:</p> <p>PREA Coordinator  Twelve Staff  Teacher</p> <p>I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2016 and any staff who were hired after that date receive this training during orientation. The staff receive training every year. I saw sign in sheets for all staff training and I saw PREA knowledge tests that each employee takes to demonstrate understanding of the subject matter and a sign off that they had completed the training in a log book. The PREA Coordinator keeps a log of training for each facility. All staff reviewed had received initial PREA training and some had already received refresher training.</p> <p>The training is conducted by the PREA Coordinator and includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The twelve staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff could tell me they received initial training and annual refresher training as recently as last week.</p> <p>All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.</p> <p>The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.</p> <p>This standard has been met.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy  PREA Brochure for Contractors  Training Logs  Signed Training Acknowledgement of two Contracted Employees</p> <p>Interviews:</p> <p>Contracted Employee, the psychiatrist by phone on 9-12-17  Contracted Employee, the barber on 9-11-17</p> <p>I conducted an interview with two Contracted Employees, the psychiatrist by phone and the barber in person during the Agency Audit, one month prior. Both were able to tell me that they received training and the extent of the training. The Psychiatrist is also a mandated reporter. They were able to tell me that they would report to an administrator or supervisor and would also document the report. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. I saw the signed acknowledgement of training for both contractors. There are no Volunteers at Susquehanna Trail. The PREA Coordinator conducts the training and also keeps a log of contractor training and their signed acknowledgements. This standard has been met.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Educational Curriculum  PREA Video in Spanish and English  Resident PREA Ten Day Education Acknowledgement Form  Posters for Reporting and Education in Spanish and English  PREA Audit Posting in Spanish</p> <p>10 Resident Files  Log of remedial education for all current residents dated 12-4-17  Log and Agenda for re-training of all Susquehanna Trail staff on 11-30-17  Educational Sign off and Agenda for Facility teacher.  7 Additional Individual Resident Education Acknowledgements  PREA Admissison Tracking Sheet</p> <p>Interviews:</p> <p>Two staff persons who perform Intake  Teacher who performs 10 day Education  10 random residents  PREA Manager  PREA Coordinator</p> <p>This facility conducts education as a two part process. I interviewed a staff who performs Intake education as part of Admission. All staff conduct Intakes. She stated that she conducts Intake education “as part of the Intake process, for new admissions and transfers from other ARC facilities. ”. There is an Intake brochure with an explanation of Zero Tolerance and reporting information and she shows them a PREA video. According to policy, the 10 day education is conducted by a teacher. During her interview, the teacher stated that she has not been conducting the 10 day education and has not even seen the video.</p> <p>I saw signed acknowledgements of education in 10 files. Two residents were admitted prior to PREA implementation, so they were educated but not at Intake. Four other residents did not have 10 day education within 10 days. There are no signed acknowledgments of Intake education.</p> <p>The 10 residents that I interviewed stated they had received education at Intake. They could all demonstrate through interview questions that they received education. However when interviewing the 3 residents who were not English proficient, they stated they never saw a video and that the education they received was in English and translated by a staff person. While conducting their interviews, I utilized a staff as a translator. He in fact conducted Intakes of two of the three ESL residents that I interviewed. He stated he does not show the video and he was unaware of the Spanish PREA Intake education.</p> <p>There are posters throughout the facility in both Spanish and English for continuing education.</p>

The Director of the YWCA of York Victim Assistance stated that her agency will be conducting monthly educational groups at this facility starting in the near future.

Corrective Action:

Although resident and employee interviews demonstrate that all admissions are receiving PREA education at Intake, it is not being documented. The ten day education has not been consistent. The policy and procedure require the teacher to do it and she states she does not. Not all residents are viewing the video. The policy requires resources for non-English speaking residents. Although there is a Spanish language pamphlet and a Spanish video, the Spanish speaking residents stated that they never saw the video and their information was in English and translated by a staff. A staff person stated he was unaware of the Spanish language resources and has been translating all information. I saw both the Intake pamphlet and the Spanish PREA video while at the facility. Of the 10 resident files reviewed, only 4 had documentation of timely education. Ninety days of admissions with both Intake and 10 day education documentation needs to be submitted. A procedure needs to be implemented and submitted to the Auditor that specifies what staff conduct what education, including education for non-English speaking residents. The Auditor will need to conduct phone interviews with the teacher and staff who conduct Intake education to ensure that the procedure is being followed.

On 2-23-18, a PREA Tracking Sheet for all admissions (6) since the Audit was submitted. This showed all residents receiving Education at Intake and individual signed acknowledgments were uploaded. A log of PREA re-education for all current residents was also submitted. Of the 6 new admissions one did not receive the 10 day education within that time frame. A training log and agenda for all Susquehanna Trail staff were submitted. They were instructed as to the Spanish Education Resources and when and where to access them. They all viewed the PREA video in both Spanish and English and were shown where all PREA posters in both Spanish and English were located in the facility.

The teacher was also re-trained as to her PREA resident education responsibilities.

Documentation of this was submitted.

Telephone interviews were conducted on 3-2-18 with a staff who performs Intake education, the teacher and a student identified as ESL.

On 4-20-18, a PREA tracking sheet of two new admissions and individual signed acknowledgements were received. This education was conducted in a timely fashion and satisfies the plan of correction.

The additional interviews and the documentation satisfies the plan of correction and demonstrates compliance with the standard.

This standard has been met.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This facility does not conduct Administrative or Criminal Investigations of Sexual Abuse or Sexual Harassment. They gather enough information to file a report and to implement a safety plan for the child. Sexual Abuse Incident Reviews are conducted after the completion of the investigation by either the police: Northern York Regional Police Department and/or by Pa. Child Line.</p> <p>This standard does not apply.</p>

115.335	<p><b>Specialized training: Medical and mental health care</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <p>Employee PREA Training Curriculum  Mandated Reporter Training  NIC Medical/Mental Health online training  Training Logs  NIC Certificates</p> <p>Interviews:</p> <p>Agency Nurse  Agency Psychologist (during first round of Audits, one month prior)</p> <p>This facility does not perform Forensic examinations. They are performed by SAFE/SANEs at Wellspan York Hospital. There are no Medical or Mental Health staff at this facility. The Agency employs a Nurse who trains employees in medication administration and acts as a liaison with the community medical providers and the psychiatrist. The Agency Psychologist has recently been given the responsibility of conducting the Mental Health follow ups for the residents identified by the Risk Assessment who require one.</p> <p>Both the Nurse and Psychologist were interviewed. Both received the PREA training that all ARC employees receive as well as the specialized Medical/Mental Health NIC online training. They both receive mandated reporter training as well. I saw documentation of the trainings.</p> <p>Both demonstrated in their interviews that they understood the training and what is required of mandated reporters.</p> <p>This standard has been met.</p>
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115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Vulnerability Assessment Instrument (amended)  Completed Vulnerability Assessment Instruments for 10 Residents  Gender Variant Search Form  PREA Admission Tracking Sheet  Nine Resident Six Month Re-Assessments  Employee Re-Training Log and Agenda  Three individual assessments during the corrective action period</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  A staff person who administer the VAI  10 residents</p> <p>The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. This standardized instrument was amended in June 2017, to include the LGBTI question at the suggestion of the PREA Coordinator from the Pa. Department of Human Services, Bureau of Juvenile Justice Services when he conducted a mock audit and gave technical assistance to the ARC programs. Although PREA was implemented in January 2017, the updated VAI was not used until 6 months later.</p> <p>All staff administer the instrument as part of the Intake process. The staff person interviewed takes into account the Intake packet which is reviewed by all staff prior to the child's admission. It may contain court reports, pshycological and other tests. The staff person who was interviewed uses the VAI as a guideline and uses a combination of developing a conversational rapport to gain trust with the resident and asking direct questions.</p> <p>All competed VAIs are part of the residents' records and have restricted access. Only the administrative staff, PREA Manager, PREA Coordinator and Medical staff have access to these files. The files are kept locked in the program secretary's office. I reviewed the files of 10 residents. Three residents did not have timely administration of the VAI; two of the residents were admitted prior to PREA implementation. They had a risk assessment subsequent to this date. Nine of the current residents had a VAI conducted using the updated version of the tool. Several of the Risk Assessments that were reviewed were not completed thoroughly. Scores were not tallied. Information needed to assist residents was not always recorded. A Spanish speaking resident did not have this noted on his VAI. All staff need to be re-educated regarding the completion of the tool.</p> <p>During the pre-audit, the policy was revised to include re-administration at six months. Three</p>

of four residents who required a 6 month re-assessment had one completed in a timely fashion. The fourth resident was completed after the fact when the policy was amended. I interviewed 10 residents and all but one resident could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, what was their sexual orientation, gender identity or expression, or if they were fearful of sexual abuse at the facility. Four residents could tell me that they were asked these questions again by the PREA Coordinator within the past two weeks.

Corrective Action:

Ninety days of Admissions to show timely administration of the assessment and documentation of six month re-assessments need to be submitted to the Auditor in order to demonstrate compliance with the standard. Logs of staff training regarding the proper completion of the tool need to be submitted. A random sampling of completed assessments will be provided to the Auditor at her request to ensure not only timeliness but accuracy.

On 2-23-18, I received a PREA Admission Tracking Form with all 6 new admissions since the time of the Audit. Two out of the six did not receive a Risk Assessment within 72 hours of Admission. An additional 60 days of admissions must be submitted on order to demonstrate compliance.

Facility staff were retrained by the PREA Coordinator on how to administer the risk assessment. A copy of the training log and and the curriculum were submitted.

Six month re-assessments on the eight residents that required one were submitted.

On 4-20-18, I received a PREA tracking sheet with two new admissions, both received a risk assessment within 72 hours of admissions. I also received another six month re-assessment that was done in a timely fashion.

This satisfies the plan of correction. This standard has been met.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pa. Department of Human Services 3800 Child Care Regulations  Vulnerability Assessments of 10 residents  PREA Admission Tracking Sheet  Additional Vulnerability Assessments of two residents</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  A staff who conducts Risk Screening</p> <p>Isolation is not practiced and is prohibited by both ARC Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.</p> <p>I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I observed this room, Room #4, a single with a midnight staff post in front of it. I also observed the bathroom that has three single shower stalls with curtains. Residents shower three at a time according to staff and residents interviewed, however any resident on a safety plan or who requests it can shower alone. The PREA Zero Tolerance Policy calls for Transgender and Intersex residents to shower alone, either before or after everyone else. There is always a staff person in the doorway of the shower room.</p> <p>The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis at the Agency level and would be formally reviewed every six months. The residents own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were no Transgender or Intersex residents in the population during the Audit.</p> <p>I reviewed the files of 10 residents. There were no residents identified as sexually aggressive. There was one resident who identified as sexually vulnerable however he was admitted prior to PREA implementation, so there was no documentation of risk based housing consideration. Although according to staff interviews and observations during the tour, risk based housing is practiced, however it is not currently documented.</p> <p>The policy was amended to include all necessary verbiage.</p> <p>Corrective Action:</p> <p>Ninety days of admissions with documentation of risk based housing decisions for those</p>

residents identified as sexually vulnerable or sexually aggressive need to be submitted to the Auditor to be in compliance with the standard.

On 2-23-18, I received the PREA Admission Tracking Sheet for the six admissions since the time of the onsite Audit. None were identified as requiring risk based housing consideration. However, due to other standards requiring additional documentation, sixty additional days will be reviewed for compliance.

On 4-20-18, I received a PREA tracking sheet with information regarding the two new admissions which were received in the past 60 days. Neither required risk based housing consideration. I received their individual risk assessments to verify that.

Because this is being practiced in other ARC facilities and is being tracked by the PREA Coordinator, I feel that it is part of the practice, procedure and culture at Susquehanna Trail. This plan of correction has been satisfied and this standard has been met.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Grievance Policy  Telephone Policy  Visiting Policy  Pa.Child Protective Services Law  Pa. Bureau of Human Services 3800 Child Care Regulations  Resident Rights' Form  MOU ( unsigned) with YWCA of York Victim Assistance</p> <p>Interviews:</p> <p>PREA Coordinator  Director of YWCA of York Victim Assistance , a PCAR (by phone, prior to Audit)  Twelve Staff  Ten Random Residents</p> <p>I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many other ways that a report could be made. Most staff and kids cited the PREA Box as the most common response, followed by the Hotline and telling staff. The primary reporting mechanism is to an outside agency, YWCA of York Victim Assistance. There is not a signed MOU with this agency but documentation of attempts to obtain one were provided. The Director of the YWCA states that the MOU will be signed and that all services in the MOU will be provided. The "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite, I conducted a telephone interview with the Director of the YWCA and she confirmed the services outlined in the MOU. This reporting method is posted throughout the facility. The "hotline" can be used on any phone; the number is posted above the phone. During the tour, I asked for a volunteer to show me how he would report using the hotline. He took me to the dining room phone and told me that he would ask to use the one in the staff office if he wanted privacy. He dialed the posted number and it worked as directed. There is a PREA Box in the dining room. It is a locked box and is checked daily by the PREA Manager. During the tour, I saw pencils in the classroom and dayroom. The residents often journal, so they have access to writing implements.</p> <p>The unfounded resident on resident sexual abuse was reported to hospital staff during a medical examination.</p> <p>The residents can also call Child Line and the staff must call Child Line as mandated reporters.</p> <p>The Pa. Department of Human Services 3800 Child Care Regulations require a Grievance</p>

Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is documented in every child's file and is audited by PA. BHSL. Residents can call home one to two times a week and most residents call a parent or grandparent. Residents can receive visits from parents and grandparents once a week and special accommodations can be made for parents who live far away or who work during regular visiting times. Several residents receive home visits as part of their "transition" status. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them and can call them.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues.

This standard has been met.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Grievance Policy  Pa. Department of Human Services 3800 Child Care Regulations  Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summary  Child's Rights' Form  Grievance Form</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>There were no incidents of sexual abuse, sexual harassment or retaliation filed using grievances in the past 12 months. No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy provides that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.</p> <p>The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL, during their annual licensing inspection, inspects resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summary contained no citations for failing to notify residents or parents of the grievance process.</p> <p>The grievance process was not mentioned as often as the "hotline" or "PREA Box" by either residents or staff interviewed, but it is available to all residents. There is a folder in the dining room that contains grievance forms and is accessible to all residents.</p> <p>The policy was amended to include all necessary verbiage during the pre-audit time period. There is no need for corrective action. This standard has been met.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Docuemts Reviewed:</p> <p>ARC PREA Zero Tolerance Policy  Visiting Policy  Telephone Policy  Spanish and English Posters for YWCA of York Victim Assistance in the Facility  Resident PREA Intake brochures  Documentation of attempts to obtain a MOU with YWCA of York Victim Assistance</p> <p>Interviews:</p> <p>Facility Director  PREA Manager  Ten Random residents  YWCA of York Victim Assistance Director (by phone prior to onsite)</p> <p>The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through the YWCA of York Victim Assistance. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service. This information is also contained in the PREA brochure that residents receive at Intake.</p> <p>The PREA Manager described the unsigned MOU with the YWCA of York Victim Assistance, a PCAR, and the services that they offer. The unsigned MOU was reviewed and I spoke to the YWCA Director by telephone prior to the Audit to confirm the services offered in the MOU. She stated the MOU will be signed and all services will be offered in the meantime.</p> <p>The residents who were interviewed state that they can make and receive phone calls once a week. Visiting is once a week and accommodations will be made for those parents who cannot come during regular visiting hours. Residents who are at "transition status" can have home visits, both supervised and unsupervised. One resident was on his first supervised home visit during the onsite. One resident stated he has a home visit every weekend and has a job in his home community where he is transported by program staff. . Residents state that they are all eligible for visits, but not all receive them. Most residents call their parents or grandparents. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. The residents interviewed stated they could call their lawyers, but very few have had the need to.</p> <p>The Facility Director states that the lawyer can call or have a private visit at any time. Of the residents interviewed, seven out of ten , were able to tell me about the counseling services offered through the YWCA because the information was on posters and the brochure they had received at Intake. The residents who knew of the services were able to tell me that they would be free, available around the clock and confidential.</p> <p>There is no need for corrective action. This standard has been met</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Alternative Rehabilitation Communities' website  Posters in Spanish and English in Visiting Area</p> <p>The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by the facility via the website, which was verified, and it is also posted in the facility in the area where parents and guardians visit.</p> <p>This standard has been met. There is no need for corrective action</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pa. Child Protective Services Law  Training Logs  Pa. Department of Human Services 3800 Residential Child Care Regulations  HCSIS report (acronym for a Pa. BHS mandatory reporting form)</p> <p>Interviews:</p> <p>Facility Director  PREA Manager  Twelve Staff  Agency Psychologist  Agency Nurse</p> <p>There has been one incident of unfounded resident on resident sexual abuse in the past 12 months. There have been no sexual harassment reports during that time period. The PREA policy, as well as the Pennsylvania Child Protective Services Act, requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The Agency Psychologist and Nurse were interviewed and they are also mandated reporters. They stated during their interviews that they report to Pa. Child Line and their supervisor. They would document any report received. They give informed consent before the initiation of services and also would "sit down and tell them" if such an incident was reported to them. However, they are mandated reporters and this supersedes consent for any resident in their care.</p> <p>The PREA Manager states that the PA. 3800 Child Care regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Director states that if there is an attorney of record, they would also be notified and if there was a court order prohibiting a parent from notification, they would contact a guardian. The report that is required is called a HCSIS report. This is an acronym for a mandatory notification report required by the Pa. Department of Human Services. Although there is a 24 hour timeline for this report, the Director states ARC policy requires notification to be completed within 12 hours. I was provided with a HCSIS report for the unfounded resident on resident sexual abuse allegation.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance policy</p> <p>Interviews:</p> <p>CEO of ARC  Agency Director  Facility Director  Twelve staff</p> <p>There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.</p> <p>After reviewing the policy and interviewing the 12 random staff, the CEO of ARC and Facility Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. Victims and Perpetrators would be separated and put on a safety plan. This could mean a change of room or transferring one or the other to a different facility. A staff person would be immediately removed from the facility and taken off the schedule.</p> <p>This standard has been met.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Interviews:</p> <p>Agency Head Facility Director</p> <p>There have been no incidents that have required reports within the past twelve months. The policy clearly states that if a resident reports a sexual abuse that occurred at another facility to a staff person at Susquehanna Trail, it will be reported to Child Line and documented. The Director or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours. If a report is made at another facility regarding an allegation against Susquehanna Trail staff, it will be reported to the Director or PREA Coordinator who will contact Child Line and the Northern York Regional Police and they will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers will also be notified within 12 hours according to ARC policy.</p> <p>This standard has been met.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Employee Training Curriculum  Reports for the Unfounded Resident on Resident Sexual Abuse  First Responder Checklist</p> <p>Interviews:</p> <p>Twelve Staff  PREA Manager</p> <p>There have been no incidents in the past twelve months that have required first responder actions. The one unfounded resident on resident sexual abuse was reported to hospital staff in May and the resident stated the incident occurred in March. The PREA Manager was one of the staff who transported the resident to the hospital where the resident reported a resident on resident sexual abuse. At the hospital he declined a forensic exam, but spoke to a SANE nurse. The hospital notified Child Line, the police and the Victim Advocate. The Staff notified the parents, placing agency, etc. as required. These reports were submitted and reviewed. The policy contains the following first responder duties: seek assistance, separate the victims, secure the scene, report to your supervisor, document and seek medical services. This is contained in the staff training curriculum. When interviewed, the twelve random staff were able to discuss their first responder duties although they have not had to practice them. The policy also was amended to contain the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff. This standard has been met.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA policy Sexual Abuse Checklist</p> <p>Interviews:</p> <p>Facility Director</p> <p>There has been no incident in the past twelve months that required the use of the Coordinated Response. There was one unfounded incident, reported in May that allegedly occurred in March. The resident declined a Forensic exam, but spoke to a SAFE nurse. The hospital contacted the Police, Child Line and the Victim Advocate. The Susquehanna Trail staff were notified by the hospital staff of the allegation. They immediately began the notification process as outlined in the Coordinated Plan. The sexual abuse incident checklist is the coordinated plan and the one for this incident was completed and submitted for review.</p> <p>The Facility Director stated during his interview that the coordinated plan would be implemented based on the kind and level of abuse. This would include preserving physical evidence, possibly removing the student from the facility, or removing the perpetrator. The police might have to be called and staff would begin their notifications required by the ARC Chain of Command Call list. This includes himself, as facility director, and the CEO. The CEO has a dedicated land line at his house and the procedure requires his notification within the first 15 minutes of an incident. There is a sexual assault checklist that requires the staff person to check off each item such as notifications of medical, administration, documentation etc. This standard has been met.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	This was Audited at the Agency level during an interview with the Agency CEO on September 11, 2017. This standard has been met.

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Interviews:</p> <p>Agency CEO  Facility Director  PREA Manager</p> <p>The one unfounded report of resident on resident sexual abuse resulted in a safety plan that the resident was to be discharged from the facility and he was.</p> <p>The PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at this facility is the PREA Manager. He states that he would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone they are to contact him immediately. He would also do a status check upon reporting to work on a daily basis if needed and would do so for length of stay or 90 days as required in policy. He would monitor notes being passed, "air threats" which are hand signals, behaviors such as being sad or depressed, and acting out.</p> <p>He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include "one on one" supervision of the victim and the victim being placed in the designated single room, "Room #4". According to the Agency Head, it could include a perpetrator's transfer or discharge. In the case of staff, Human resources would be notified and the Agency Head stated he would meet with a staff personally and the staff person would lose their job if they were retaliating against a resident or another employee.</p> <p>This standard has been met.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>ARC Policy Pa. 3800 Child Care Regulations</p> <p>The use of isolation is prohibited by both the ARC policy and the Pa. Department of Human Services 3800 Child Care Regulations. This standard has been met.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 545 360">Documents Reviewed:</p> <p data-bbox="252 416 1232 528">           PREA Zero Tolerance Policy            Documentation of efforts to obtain MOU with Northern York Regional Police            Pa. Child Protective Services Law         </p> <p data-bbox="252 584 392 618">Interviews:</p> <p data-bbox="252 674 1050 831">           Facility Director            PREA Coordinator            PREA Manager            Reports from Unfounded Resident on Resident Sexual Abuse         </p> <p data-bbox="252 887 1485 1211">           There has been one unfounded allegation of resident on resident sexual abuse and no allegations of sexual harassment in the past 12 months. The PREA Policy was amended to contain all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, Northern York Regional Police Department or Pa. Child Line. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the Facility Director state that they have a cooperative relationship with the Northern York Regional Police.         </p> <p data-bbox="252 1223 1422 1391">           In the case of the unfounded report, the PREA Manager stated that the police officer who responded to investigate the allegation gave him a business card with his name, contact information and case number. The PREA Coordinator contacted the police and received a copy of their incident report which was provided to the Auditor.         </p> <p data-bbox="252 1402 1485 1514">           The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the ARC Coordinated Response. An Incident Review would also be conducted after the investigation was completed.         </p> <p data-bbox="252 1525 1445 1648">           By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are properly reported. All allegations, even if a staff person is no longer employed at the facility, are reported.         </p> <p data-bbox="252 1659 625 1693">This standard has been met.</p>

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>ARC Zero Tolerance Policy</p> <p>The Zero Tolerance Policy contains the necessary standard of proof for investigations, however this facility does not conduct any investigations and does not determine whether an allegation of sexual abuse or sexual harassment is substantiated or not. That is the jurisdiction of the police agency or Pa. Child Line.</p> <p>This standard has been met.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator</p> <p>The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and to whom it has been reported. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He stated that the PREA Coordinator or PREA Manager would notify all parties including the resident and document such. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification.</p> <p>There was one unfounded report of resident on resident sexual abuse. This resident was discharged from the facility prior to the outcome of the investigation, so he was not notified.</p> <p>This standard has been met.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</p> <p>Interviews:</p> <p>Agency Head</p> <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse, sexual harassment or violation of the Agency's Zero Tolerance Policy. The policy includes all provisions including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed.</p> <p>This standard has been met.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</p> <p>Interviews:</p> <p>Facility Director</p> <p>There have been no incidents of this nature in the past twelve months. There are no volunteers at Susquehanna Trail. Both the PREA Policy and the Pa. CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Facility Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and Law Enforcement. He also states he would contact the contractor or volunteer's agency.</p> <p>The policy contains all necessary verbiage.</p> <p>This standard has been met.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pa. Child Protective Services Law  Pa. Department of Human Services 3800 Child Care regulations</p> <p>Interviews:</p> <p>Facility Director  Agency Nurse  Agency Psychologist</p> <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. The amended PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations and ARC policy prohibit sexual activity between residents, however, if it is consensual, it is not reported as sexual abuse.</p> <p>Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL. The resident who reported the unfounded allegation of sexual harassment was not disciplined.</p> <p>The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.</p> <p>The Director states that the incident would be dealt with therapeutically and holistically. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.</p> <p>The Agency Psychologist states that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation. This would be offered in the community. Susquehanna Trail does not provide therapy or counseling onsite.</p> <p>This standard has been met.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pa. BHSL Annual Licensing and Inspection Summary  Vulnerability Assessment Instrument  Files of 10 residents  PREA Admission Tracking Form</p> <p>Interviews:</p> <p>Staff who administers Risk Assessment  PREA Coordinator  Agency Psychologist  Agency Nurse  Resident who disclosed a prior sexual abuse</p> <p>The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. The policy and practice require every resident who is admitted to receive a physical within 72 hours of admission. This takes place in the community.</p> <p>In the current population, there were no perpetrators and only one resident disclosed a prior sexual abuse. He was offered counseling and he accepted it. He was admitted prior to the implementation of PREA, so his risk assessment was done after the fact. The offer was not made in a timely fashion, because the Medical and Mental Health follow up was only just implemented. The resident stated that he is getting ready for discharge and wanted to take advantage of the counseling that he is presently receiving. There are no Medical or Mental Health staff in the facility. The Risk Assessment was conducted on all admissions since January 2017, when PREA was implemented at Susquehanna Trail. However, there was no Medical or Mental Health resources available for the required follow up.</p> <p>Immediately prior to the onsite portion of the Audit, an Agency Nurse had been hired and an Agency Psychologist has been given the responsibility to assess residents who have been identified on the risk assessment. Both of these staff have just begun to conduct the needed assessments. They were interviewed and have received their specialized training and will be conducting the assessments on a timely basis in the future. Any information would be kept confidential, but they are both mandated reporters.</p> <p>Corrective Action:</p> <p>Ninety days of admissions with documentation of timely Medical and Mental Health Follow up for residents identified on the VAI need to be submitted to the Auditor.</p> <p>on 2-23-18, I received a PREA Tracking Form for all admissions (6) since the onsite Audit. None of the students admitted required Medical or Mental Health follow up. In April I received</p>

documentation of two new admissions, neither of whom required a follow up. All residents receive a physical in the community within 72 hours of admission. This is monitored by the Pa. Dept. of Human Services during their annual licensing inspection. There have been no citations for not doing this in a timely manner. The procedure and resources for the MH follow up are now in place and being practiced in other ARC facilities. This follow up is also being tracked by the PREA Coordinator.

This demonstrates compliance with the standard.

This standard has been met.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Documentation of attempts to obtain a MOU with Wellspan York Hospital</p> <p>Interviews:</p> <p>Agency Psychologist Agency Nurse Twelve Staff</p> <p>There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Wellspan York Hospital for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify a supervisor or 911. The child would be transported either by staff or ambulance to Wellspan York Hospital. This would be done immediately and would be free of charge to the resident.</p> <p>This is an all-male facility and all residents are offered STD testing and follow up at the time of their physical exam or would be offered at the hospital. as part of the Forensic Medical Exam. Outpatient care would be followed up by the facility.</p> <p>The one unfounded report resulted in the resident talking to the SAFE nurse. The resident was transported to a hospital for a medical complaint and reported the allegation to the Emergency room staff. He was transferred to Wellspan York when he made the allegation. He refused the Forensic exam.</p> <p>This standard has been met.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy</p> <p>Interviews Conducted:</p> <p>Agency Psychologist Agency Nurse</p> <p>There were no incidents in the past twelve months that required follow up medical care. This is an all-male facility with no in-house Medical or Mental Health Services. All services would be received in the community if needed. The Psychologist stated that all discharge plans would be followed, whether medical or mental health and the resident's treatment plan would be updated to include that information.</p> <p>Aftercare plans accompany each discharged resident with recommendations for Medical or Mental Health follow up, if needed, according to the Agency Psychologist.</p> <p>All residents are offered STD testing during their admission physical and it would be offered again at the hospital.</p> <p>Any resident on resident offender will be assessed within 60 days of learning of such an abuse history by the Agency psychologist and counseling would be offered through a community partner.</p> <p>This standard has been met.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy SAIR for unfounded allegation of Resident on Resident Sexual Abuse</p> <p>Interviews:</p> <p>Facility Director PREA Manager PREA Coordinator COO who is a Member of the Sexual Incident Review Team (by phone)</p> <p>There has been one unfounded incident of resident on resident sexual abuse in the past 12 months. I reviewed a SAIR for that incident that had occurred, even though the policy does not require them for unfounded allegations.</p> <p>The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated, unsubstantiated or founded allegation. The team is comprised of the Facility Director, PREA Coordinator, and PREA Manager with input from any other staff person involved. This team looked at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The PREA Coordinator prepared the report with recommendations. The recommendation would be followed or the reason for not doing so would be documented. The policy was amended to include all required verbiage.</p> <p>This standard has been met.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>10 Resident files  14 Staff files  Training Logs  Education Logs  Reports of unfounded Resident on Resident Sexual Abuse  Posted Notice of Audit in Spanish and English</p> <p>Interviews:</p> <p>10 residents</p> <p>During the onsite portion of the Audit, a tour was conducted of the facility on October 18, 2017. The Auditor was granted access to all areas of the facility, including the basement and the grounds. During the tour, I saw notifications of the upcoming PREA Audit in both Spanish and English. I was provided with pictures of the English postings by email on 9-1-17. I did not submit the Spanish posting until the week before. I saw it in the dining room. I did not receive any correspondence from residents or staff.</p> <p>On 10-18 and 10-19-2017, the Auditor privately interviewed 10 residents in the facility in the Director's Office with the door closed.</p> <p>I reviewed the above documents. There were no electronically stored documents. Any documentation I requested was provided.</p> <p>This standard has been met</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

## 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 (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.)	

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".)	

115.313 (a) Supervision and monitoring		
	Does the agency ensure that each facility has developed a staffing plan	yes

	that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	
	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	yes

	placement of supervisory staff?	
	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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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

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

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

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

<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes

	Do such steps include, when necessary, ensuring effective 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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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)	<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)?	
	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?	
	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?	
	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)?	
	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?	
	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?	

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?	

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?	
	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?	
	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?	

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?	
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	

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?	

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?	
	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	

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?	

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.)	

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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

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

<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	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

<b>115.333 (d)</b>	<b>Resident education</b>	
	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

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

<b>115.333 (f)</b>	<b>Resident education</b>	
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	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)	<b>Obtaining information from residents</b>	
	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)	<b>Obtaining information from residents</b>	
	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)	<b>Placement of residents</b>	
	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?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no

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

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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

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

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

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	no

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

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

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

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.366 (a)</b>	<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?	

<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no

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

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

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

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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)	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

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

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

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

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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