

PREA Facility Audit Report: Final

Name of Facility: A.R.C. York Canal Road Program

Facility Type: Juvenile

Date Interim Report Submitted: 11/28/2017

Date Final Report Submitted: 02/28/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Maureen G. Raquet	Date of Signature: 02/28/2018

AUDITOR INFORMATION	
Auditor name:	Raquet, Maureen
Address:	
Email:	Mraqet1764@comcast.net
Telephone number:	
Start Date of On-Site Audit:	10/17/2017
End Date of On-Site Audit:	10/19/2017

FACILITY INFORMATION	
Facility name:	A.R.C. York Canal Road Program
Facility physical address:	225 E. Canal Road, York, Pennsylvania - 17404
Facility Phone	717-266-1193
Facility mailing address:	
The facility is:	<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
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Charles Sanders	Title:	Program Director
Email Address:	arckim.manning@gmail.com	Telephone Number:	717-266-1193

Warden/Superintendent			
Name:	Charles Sanders	Title:	Program Director
Email Address:	arckim.manning@gmail.com	Telephone Number:	717-266-1193

Facility PREA Compliance Manager			
Name:	Willie Dickson	Email Address:	williedickson@placeholder.example.com

Facility Health Service Administrator			
Name:		Title:	
Email Address:		Telephone Number:	

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	8
Age range of population:	14-19
Facility security level:	N/A
Resident custody level:	N/A
Number of staff currently employed at the facility who may have contact with residents:	16

AGENCY INFORMATION	
Name of agency:	Alternative Rehabilitation Communities, Inc
Governing authority or parent agency (if applicable):	
Physical Address:	2743 North Front Street, Harrisburg, Pennsylvania - 17110
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Laura Kempton	Email Address:	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 Canal Road 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. 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 17, 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 of York.

Upon my arrival at the facility, the residents were walking to school in an adjacent building. During interviews conducted later in the day, 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. They 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 Canal Road 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 Canal Road 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 requires a ratio of 1:8 and 1:16. The ratio in the classroom was 1:4. 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 at 4:15 A.M. I spoke to a teacher and the cook, both of whom told me

they received PREA education.

There are no Medical staff at Canal Road. 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. Documentation of the specialized NIC online education was provided to me, subsequent to the online portion of the Audit, but before 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". ARC has a Latino program at another facility and uses these staff as resources for their other programs if needed. As part of the Admission's process, the staff conducting the intake also administers the Vulnerability Assessment. The dining room is used for visiting, which occurs 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 living room. 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 10day education
- Administrator who is part of the Sexual Abuse Incident Review Team by phone
- 4 residents (the entire population)
- 12 random staff

Staff are full and part time and work rotating shifts with rotating days off. A roster of all staff was provided to me and I interviewed twelve random staff. There are 17 full and part time staff at Canal Road including the facility director, the cook, the teacher, the secretary, and two drivers. One staff had been removed from the schedule until he could provide his clearances another staff was on FMLA. 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 cook, teacher and a driver to obtain 12 interviews. 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 4 facility residents, who were all interviewed. One resident had disclosed a prior sexual abuse. There were no residents that identified as LGBTI, who were disabled, or non-English proficient. There were no residents who reported a sexual abuse.

I reviewed the files of 16 staff for required documentation. There were no new staff hired or promotions within the past 12 months. All files reviewed showed that staff obtain the proper clearances prior to employment and nine staff who required five year clearances had them in their files. One staff person was overdue for obtaining his 5 year clearances and as mentioned above, he has been removed from the work schedule until he produces them.

I reviewed the files of the 4 current residents and the files of two residents who had been discharged. This facility did not implement PREA until January 2017, so I only reviewed files of those who had been admitted since that time.

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. 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 of York for Forensic Examinations with SAFE/SANEs. There is no 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 have been no allegations of sexual abuse or sexual harassment at Canal Road. The facility has not received any reports from residents of sexual abuse at other facilities, nor have other facilities reported sexual abuse to Canal Road.

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 Canal Road has a 15 bed licensed capacity. It was originally built in 1860 as a farmhouse and was purchased in 1988 by ARC for its current purpose. ARC at Canal Road 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. The children attend school taught in an adjacent building by a certified teacher who is an ARC employee. 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. This is a Special Needs program and these residents have a mental health diagnosis.

The director of this facility is Charles Sanders 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. As part of the Audit, I received and reviewed the most recent Licensing and Inspection Summary from the Pa. Bureau of Human Services Licensing.

The 6,396 square foot farmhouse and school building is located on about .97 acres in Conewago Township, York County, Pa. This is a very rural area surrounded by fields and other farms. It is about 5 minutes from the city of York and about 25 minutes from the city of Harrisburg. The two story stone and concrete building has a wrap around front porch and a side entry with a little parking area between the house and the barn. The barn is not owned by the facility, but was part of the original farm. There is a small stone building to the rear of the farmhouse that is used as an administrative office for the Director and program secretary. There is a former outhouse which is locked and used for storage and there is a

one room school building which was constructed for this purpose. There is a large yard with a vegetable garden and nothing but fields to the side, front and back of the property.

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 pictures of both staff and residents. To the right side is a living room and adjacent dining room, both of which are used for visiting. The living room has a fireplace and large windows with curtains. There are trophies and awards on the mantle. The dining room has tables with bright table cloths and chairs. Directly behind this is the very large kitchen, with a door to the side entry. On the left side of the building is a large wood paneled multi-purpose room with a large television at one end and a game system at the other. This is where group is conducted and where the residents recreate. To the rear is a large handicap accessible bathroom with two curtained shower stalls, a toilet, urinal and a sink. The residents shower two at a time with the staff sitting in the doorway. Next to this is the staff office.

The second floor is accessed by a stairway in the middle of the house. There are six bedrooms: 3 doubles and 3 triples. The front room is labeled, Room #1, and has beds "A" and "B". This is used for any resident requiring risk based housing. One of the midnight staff posts is directly next to this room. There is always a second midnight staff on regardless of the number of residents. The second midnight staff post is down the hall next to the two bathrooms. There are two bathrooms with single curtained showers, sinks and toilets. The triple bedrooms in the rear of the building are used for higher status residents. The rooms have beds and wardrobes. All personal belongings are in the wardrobes. There are no decorations on the walls. There is a rear stair case that is used as a fire exit and goes out to the side porch. It is alarmed and only used for fire drills.

There is no attic access. The Basement has a washer/dryer, storage and some weights for the residents. All facility heating, etc is in a back room with a gravel floor that the residents do not have access to. The basement has very low ceilings and double wooden storm cellar doors to the outside of the building.

The school building located to the side and rear of the farmhouse was built by ARC to be a classroom. It is one large classroom with a small back room. It has both student and teachers' desks and has posters all over. It has one door in the front of the building.

There are no cameras in this facility.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	0
Number of standards met:	36
Number of standards not met:	0
Not audited at the facility level: 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. The 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 Canal Road residents. Wellspan York Hospital is used for Forensic Medical Examinations for Residents with 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 residents 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. 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. All residents receive a physical in the community within 72 hours of admission and all residents that are identified on the VAI as requiring an MH follow up 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 timely PREA 10 day education and 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. VAIs 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 they were done after the fact.

The Pa. 3800 regulations require a ratio of 1:8 and 1:16 at Canal Road. 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. Although supervisors are required to conduct and document unannounced rounds on each shift, the upper and mid-level supervisors and administration have been conducting these rounds on a weekly Director on Call basis for many years. They do not document these rounds although both the CEO and Facility Director described them and I did see a recent documentation 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. Five 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.

I was provided with documentation of the Director on Call's rounds from October 2017 through and including February 2018. This documentation satisfies the plan of correction and compliance with the standard.

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. Ninety days of admissions with documentation of PREA Intake education needs to be submitted to the Auditor in order to be in compliance.

On 2-23-18, I received a PREA Admission Tracking Form. This included all admissions since the onsite portion of the Audit. There have been 10 admissions during this time period. All residents received Intake education. Specific signed education acknowledgement forms for each of these 10 admissions were submitted. All 10 residents received timely Intake education. This satisfies the corrective action plan and demonstrates compliance with the standard.

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.

On 2-2-3-18, I received a PREA Admission Tracking Form. It included all admissions since the onsite portion of the Audit. There were 10 admissions during this time period. It also listed all current residents and the date that a six month re-assessment was due. The PREA Coordinator conducted the only 6 month re-assessment required. It was submitted and was conducted prior to the six month date. This documentation satisfies the plan of correction and demonstrates compliance with the standard.

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 seeing risk based housing practiced 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 a PREA Admission Tracking Form, listing all 10 admissions since the onsite portion of the Audit. One resident was identified as being a perpetrator who required risk based housing consideration. The room assignment was documented and the individual VAI was provided.

This satisfies the plan of correction and demonstrates compliance with the standard.

This standard has been met.

Standard #381: Medical and Mental Health Screenings; History of Sexual Abuse:

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 a PREA Admission Tracking Form of all admissions since the onsite portion of the Audit. There have been 10 admissions since that time. One resident disclosed a prior sexual abuse and was also identified as a perpetrator. He was offered a Mental Health follow up, which he declined. A signed form declining the MH assessment was provided. All residents receive a physical in the community within 72 hours of admission to the facility.

This documentation satisfies the plan of correction and demonstrates compliance with the Standard. This standard has been met.

The following standards do not apply:

Standard #312: Contracting with other entities for confinement of residents: A.R.C. at Canal Road 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: Canal Road staff do not conduct Investigations. This is done by the 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 Canal Road.

After submission and review of all required documentation the plan of correction has been satisfied and this facility is fully compliant with all PREA standards, effective February 28, 2018.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy A.R.C. Organizational Chart PREA Managers" Meeting Agenda</p> <p>Interviews Conducted:</p> <p>A.R.C. PREA Coordinator Canal Road 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. When I interviewed the PREA Coordinator on 9-11-17, as part of the Agency Audit, she told me that she has enough time to devote to PREA implementation at ARC. She writes policy, does training, and ensures compliance with the Standards. As a supervisor, she meets with all PREA Managers together on a regular basis. She visits all facilities regularly and she keeps all PREA related information for each facility and each resident. She also does all the six month Vulnerability reassessments for those student that require it. 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 10-17-17, I interviewed the PREA Manager at Canal Road. He feels that he has the experience to be effective in this position. He also monitors retaliation in this capacity. He checks the PREA boxes 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.</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>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>This standard was Audited at the Agency level. ARC does not contract with any other agency for the confinement of its residents.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 and January and February, 2018</p> <p>Interviews:</p> <p>PREA Coordinator PREA Manager Facility Director who conducts unannounced rounds 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 the 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.</p> <p>The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states that he always has 2 staff on midnight shift, no matter how many residents he has and sometimes has a third staff on midnight. He staffs according to programming, such as trips to the YMCA or to Vo- Tech.</p> <p>I was provided current staff schedules with more than the required ratio. They are completed weekly by the Director and are kept in the staff and Administrator's office. The original is sent to the ARC Administration Building. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing, so there are never any deviations.</p> <p>During the tour, I saw residents supervised in groups in the classroom and dining room. There were only 4 residents during the onsite. The ratio was at least 1:4 during the tour.</p> <p>Prior to the onsite, I was provided logs of unannounced rounds conducted by the Facility Supervisor. 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</p>

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. The following week, a different Director on Call will visit Canal Road. 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.

Corrective Action:

Ninety days of documentation of random unannounced rounds conducted on all three shifts by mid and upper level supervisors must be submitted to be in compliance with this standard.

I received and reviewed unannounced rounds logs for July, August, September, October, November, December 2017, January and February, 2018. Rounds are conducted on all three shifts by the Director on Call and documented. This satisfies the plan of corrections
This standard has been met.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 4 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>Although there were no transgender or intersex residents in the population, staff were able to candidly discuss the T/I search policy and the use of the Gender Variant Search Form. Staff state that they are aware of the policy requiring knock and announce when entering a housing unit that houses residents of the opposite gender. However at Canal Road, there are only male direct care staff. There is a female teacher, cook and secretary, who although have been given the training to count in ratio, never enter the second floor bedroom area, nor do they ever conduct searches. Showers are conducted after those female staff leave for the day. Residents state that they always shower alone. There are only 4 residents at this time. There is a bathroom with two separate curtained shower stalls on the first floor, This is only used when there are 10-15 residents and then a staff sits in the doorway.</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.</p> <p>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
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy Spanish and English Reporting Posters Interpretive Services Contract</p> <p>Interviews Conducted:</p> <p>Agency CEO Twelve Staff</p> <p>During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. The Agency has contracts with translators that includes resources for those that are deaf or blind. The Director 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. The teachers conduct the 10 day education. There is "Latino program" at one of the ARC facilities and those resources including staff are shared. There are many Spanish speaking ARC staff. The Director of Education is Latina according to the CEO and they employ a reading specialist. 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"</p> <p>Staff knew that residents cannot be used as translators for other residents to report sexual abuse and they never knew this to happen.</p> <p>The PREA policy requires these accommodations.</p> <p>This standard has been met. There is no need for corrective action</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>This standard was Audited at the Agency level. This facility does not hire employees; the agency does. This standard has been met.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There have been no renovations or modifications to this facility. There are no cameras in this facility. This standard has been met.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy MOU with Wellspan of York (documentation of attempts to obtain one) MOU with YWCA York Victim Assistance (documentation of attempts to obtain one) Documentation of attempts to obtain a MOU with Northern York Regional Police</p> <p>Interviews:</p> <p>PREA Coordinator PREA Manager 12 Staff Phone Interview with Director of YWCA of York, Victim Assistance (a PCAR)</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. Wellspan York Hospital provides forensic medical exams with a SAFE/SANE. There is no signed MOU. Documentation of attempts to obtain one were provided. Investigations are conducted by Northern York Regional Police. Documentation of attempts to obtain an MOU were provided to me. The YWCA of York, Victim Assistance, a member of the Pennsylvania Commission Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals. There is no signed MOU.</p> <p>I spoke to the Director of the YWCA prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU. She stated they will be signing the MOU and will provide the services in the meantime. In addition, she states that they will be conducting monthly education at Canal Road.</p> <p>The facility would permit a resident to request a staff person to accompany them, but this staff person would not take the place of the victim advocate.</p> <p>All resources are in place for the required services outside of the facility.</p> <p>There were no residents who reported a sexual assault.</p> <p>This standard has been met.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 PD</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 the 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. 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 the Northern York Regional Police is on the website. There were no residents that reported a sexual abuse in the past 12 months at Canal Road. This standard has been met.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy PREA Curriculum for Employees Mandated Reporter Curriculum Pa. Dept. of Human Services 3800 Child Care Regulations Twelve Random employee files</p> <p>Interviews:</p> <p>PREA Coordinator Twelve Staff</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 interviewed 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 pursuant to 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	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 Contracted Employee, the barber</p> <p>I conducted an interview with two Contracted Employees, the psychiatrist by phone and the barber in person. 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.</p> <p>There are no Volunteers at Canal Road.</p> <p>The PREA Coordinator conducts the training and also keeps a log of contractor training and their signed acknowledgements.</p> <p>This standard has been met.</p>

115.333	Resident education
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 545 360">Documents Reviewed:</p> <p data-bbox="252 416 1107 663"> PREA Zero Tolerance Policy Resident PREA Ten Day Education Acknowledgement Form Posters for Reporting and Education in Spanish and English 6 Resident Files (4 Active, 2 discharges) PREA Tracking Sheet with all Admissions since Audit 10 individual signed resident Intake education acknowledgements </p> <p data-bbox="252 712 392 745">Interviews:</p> <p data-bbox="252 797 783 913"> Staff person who performs Intake Teacher who performs 10 day Education 4 random residents. </p> <p data-bbox="252 969 1484 1473"> 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. He stated that he conducts Intake education “the first day they are there”. There is an Intake brochure with an explanation of Zero Tolerance and reporting information. The Intake staff states that he explains PREA to residents and “I ask them if they have any questions”. The 10 day education is conducted by a teacher, who I interviewed, usually the next school day. The teacher stated that she shows the PREA video one on one with the new resident and answers any questions he might have. He signs off that he received that education. I saw signed acknowledgements of education in all 6 files. PREA was not implemented until January 1, 2017, so there was not 12 months of documentation. I saw the files of two discharged residents who had been admitted after January 1, 2017. All education was done in a timely fashion. There are no signed acknowledgments of Intake education. </p> <p data-bbox="252 1485 1461 1601"> The 4 residents, that I interviewed, stated they had received education at Intake and then again in school. Many could tell me they have received it many times at different placements. They could all demonstrate that they received education. </p> <p data-bbox="252 1612 1484 1729"> There are posters throughout the facility in both Spanish and English for continuing education. When I interviewed the Director of the YWCA of York Victim Assistance, prior to the onsite, she stated that she intends to provide monthly education to the residents of Canal Road. </p> <p data-bbox="252 1785 485 1818">Corrective Action:</p> <p data-bbox="252 1830 1434 1901"> In order to be compliant with this standard, the facility needs to document Intake Education and provide 90 days of Admissions with this documentation. </p> <p data-bbox="252 1912 1426 2029"> I received a spread sheet of all admissions (10) since the October Audit on 2-23-18. All 10 admissions had documented education at Intake. I also received individual signed acknowledgements. </p> <p data-bbox="252 2040 1096 2074"> This satisfies the plan of correction. This standard has been met. </p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There are no Investigators at this facility. This standard does not apply.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy Employee Training Curricula Training Logs NIC Certificates of Specialized Training</p> <p>Interviews:</p> <p>PREA Coordinator Agency Psychologist Agency Nurse Contracted Psychiatrist by phone</p> <p>This facility does not perform any forensic medical examinations. These are conducted at Wellspan York Hospital by SAFE/SANEs and there is not an MOU with the Hospital, but documentation was provided of attempts to obtain one. All residents receive physicals in the community.</p> <p>I interviewed an Agency Psychologist, who received the all employee training. I saw the logs for this training. She received her NIC training subsequent to the onsite but prior to the 45 day Interim Report. I interviewed the Agency Nurse, who had recently been hired and had received both trainings. I saw documentation of it.</p> <p>The PREA Coordinator stated that the Psychologist will do the follow up assessments for those residents who require it and that the Nurse trains staff on medication administration and serves as a liaison for the community medical services that the residents utilize. This is a new procedure and had just been implemented prior to the onsite. The Psychiatrist is contracted and received PREA training for contractors. All three are mandated reporters and knew their mandated reporter responsibilities.</p> <p>This standard has been met.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy Vulnerability Assessment Instrument Completed Vulnerability Assessment Instruments for 6 Residents Gender Variant Search Form PREA Admission Tracking Sheet Resident 6 month re-assessment</p> <p>Interviews:</p> <p>PREA Coordinator PREA Manager A staff person who administer the VAI 4 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, phycological 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 6 residents, 4 current residents and 2 discharged residents ,who had been admitted after the first of the year when PREA was implemented. All but one resident had timely administration of the VAI. One resdient was a transfer from another ARC facility and a VAI was conducted at Intake. Five of the six residents had a VAI conducted using the updated version of the tool. During the pre-audit, the policy was revised to include re-administration at six months. Only one resident required a re-assessment and he had one completed, however, he had not had an initial assessment done at Intake.</p> <p>I interviewed 4 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</p>

fearful of sexual abuse at the facility.

Corrective Action:

Ninety days of timely six month re-assessments need to be submitted to the Auditor in order to demonstrate compliance with the standard

On 2-23-18, I received a PREA Admission tracking sheet with the admission and release date of every resident at Canal Road. One resident required a six month re-assessment and this was submitted and was done prior to his six month date. All other residents have a six month re-assessment date listed on the spread sheet. This satisfies the plan of correction. This standard has been met.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy Pa. Department of Human Services 3800 Child Care Regulations Vulnerability Assessments of 6 residents PREA Admission Tracking Sheet</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 #1, and the bed at the doorway, "A" next to the midnight staff post. There is also another room, Room # 6, that is designated a security room and receives direct staff supervision. I also observed a bathroom on the first floor that has two single shower stalls with curtains. There are two single bathrooms on the second floor. All residents shower alone according to staff and residents interviewed, due to the low numbers. The first floor bathroom can be used when there is a larger population and then a staff person will sit in the doorway. All residents are given the opportunity to shower alone. This would include any Transgender or Intersex resident.</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 and most probably every 3 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 6 residents (4 active and 2 discharges). There were no residents that identified as sexually aggressive or sexually vulnerable. According to staff interviews and observations during the tour, risk based housing is practiced, however the documentation of such has just been implemented.</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 residents identified as sexually vulnerable or sexually aggressive need to be submitted to the Auditor to be in compliance with the standard.</p> <p>On 2-23-18, I received a PREA Admission tracking sheet. There have been 10 admissions</p>

since the October 2017 Audit. Of these 10 admissions, one resident was identified as requiring consideration for risk based housing. This housing decision was documented on this spread sheet. This satisfies the plan of correction.
This standard has been met.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 Four 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.</p> <p>The primary reporting mechanism is to an outside agency, YWCA of York Victim Assistance. There is an MOU with this agency and this "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, although it has yet to be signed. Documentation of attempts to obtain a signed MOU were provided to me. The Director of the YWCA Victim Assistance states they intend to sign 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. The residents are permitted to have pencils in their rooms and in the common areas. There are no restrictions to their use. While on the tour, the residents were in school and using pencils 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 Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL.</p> <p>Residents can call home three times a week, and one resident stated he can even call his</p>

girlfriend. 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. There is no need for corrective action

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA 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 about the grievance process.</p> <p>The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but it is available to all residents.</p> <p>The policy was amended to include all necessary verbiage during the pre-audit time period.</p> <p>There is no need for corrective action.</p> <p>This standard has been met.</p>

115.353	Resident access to outside confidential support services and legal representation
	<p data-bbox="252 219 896 253">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="252 297 523 331">Auditor Discussion</p> <p data-bbox="252 376 545 409">Documents Reviewed:</p> <p data-bbox="252 465 1098 712"> PREA Policy Visiting Policy Telephone Policy Spanish and English Posters for YWCA of York Victim Assistance Resident PREA Intake brochures MOU (unsigned) with YWCA of York Victim Assistance </p> <p data-bbox="252 768 395 801">Interviews:</p> <p data-bbox="252 857 1002 1014"> Facility Director PREA Manager Four residents YWCA of York Victim Assistance (by phone prior to onsite) </p> <p data-bbox="252 1070 1417 1261"> 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 data-bbox="252 1283 1449 1485"> The PREA Manager described the MOU with the YWCA of York, a PCAR, and the services that they offer. I was provided with documentation of efforts to obtain the signed MOU. The 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 confirmed all services and states that her Agency intends to sign the MOU and in the meantime will deliver all services. </p> <p data-bbox="252 1507 1465 1697"> The residents who were interviewed state that they can make and receive phone calls three times 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 phone visits. Residents state that they are all eligible for visits, but not all receive them. Most residents call their parents. One resident states he can call his girlfriend. </p> <p data-bbox="252 1720 1465 1865"> 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 can call their lawyers and three had done so. One resident state he was unsure if he could , but when asked, said he did not need to. One resident stated that his PO visits him monthly. </p> <p data-bbox="252 1888 1369 1921"> The Facility Director states that the lawyer can call or have a private visit at any time. </p> <p data-bbox="252 1944 1481 2089"> Of the residents interviewed, three out of four , 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 data-bbox="252 2112 1129 2145"> There is no need for corrective action. This standard has been met </p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law Training Logs Pa. Department of Human Services 3800 Residential Child Care Regulations</p> <p>Interviews:</p> <p>Facility Director PREA Manager Twelve Staff Agency Psychologist Agency Nurse</p> <p>There have been no sexual harassment or sexual abuse reports during the past 12 months. 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 interviewed is also a mandated reporter. She stated during her interview that she reports to Pa. Child Line and her supervisor. She would document any report received. She gives informed consent before the initiation of services and also would "sit down and tell them" if such an incident was reported to her. However, she is a mandated reporter and this supersedes consent for any resident in their care. The Agency Nurse also responded that she would Child Line immediately and would inform residents that she is a mandated reporter.</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 committing Probation Department provides a list of who must be contacted.</p> <p>This standard has been met.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance policy</p> <p>Interviews: Facility Director PREA Manager 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 PREA Manager 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	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</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 from Canal Road, 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 Canal Road staff or residents, it will be reported to the Director or PREA Coordinator who will contact Child Line and Northern York Regional Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers will also be notified within 24 hours.</p> <p>This standard has been met.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy Employee Training Curriculum</p> <p>Interviews:</p> <p>Twelve Staff</p> <p>There have been no incidents in the past twelve months that have required first responder actions.</p> <p>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.</p> <p>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.</p> <p>This standard has been met.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA policy Sexual Abuse Checklist</p> <p>Interviews:</p> <p>Facility Director</p> <p>There have been no incidents in the past twelve months that have required the use of the Coordinated Response. The Facility Director stated during his interview that the coordinated plan would be implemented using the Agency Sexual Abuse Checklist and First Responder duties. . This would include preserving physical evidence, possibly removing the student from the facility, or removing the perpetrator. 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. The sexual assault checklist requires the staff person to check off each item such as notifications of medical, administration, documentation etc. The check list itself is a step by step coordinated plan. Although not needed at Canal Road in the past 12 months, I saw its use at another ARC facility.</p> <p>This standard has been met.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>There are no Unions or bargaining units at any ARC facility. This standard was Audited at the Agency level. This standard has been met.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy</p> <p>Interviews:</p> <p>Agency CEO Facility Director PREA Manager</p> <p>There have been no incidents that have required monitoring for retaliation. 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 to address concerns and issues including retaliation. He would also do a status check daily if needed and would do so for length of stay or 90 days as required in policy. He would check the daily logs and monitor changes in resident behavior such as physical acting out or being withdrawn. He would look at staff behavior such as calling out or tardiness.</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. 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>Residents and staff can be transferred to different facilities and ultimately a resident can be removed from the program for failing to adjust.</p> <p>This standard has been met.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard does not apply. ARC policy and the Pa. 3800 Regulations prohibit the use of isolation.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy Documentation of efforts to obtain MOU with Northern York Regional Police Pa. Child Protective Services Law</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator PREA Manager</p> <p>There have been no allegations of sexual abuse or 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 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 Northern York Regional Police. 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>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>This standard has been met.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>ARC Zero Tolerance Policy</p> <p>The standard of proof is contained in the Agency Zero Tolerance Policy, but no ARC Facility, including Canal Road is responsible for determining whether allegations of sexual abuse or sexual harassment are substantiated. That is the jurisdiction of the policy agency and/or Pa. Child Line.</p> <p>This standard has been met.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>ARC PREA Zero Tolerance 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 have been no incidents in the past 12 months, but I have seen documentation of notification at other ARC facilities.</p> <p>This standard has been met.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 or sexual harassment for 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	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance 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. 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>This standard has been met.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 Psychologist on 9-11-17 Agency Nurse</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. Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.</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 only sanctions for a violation of the policy are reduction in level. 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. He states the situation would be dealt with therapeutically.</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.</p> <p>This standard has been met.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy Vulnerability Assessment Instrument Files of 6 residents PREA Admission Tracking Form Resident Declination Form</p> <p>Interviews:</p> <p>Staff who administers Risk Assessment PREA Coordinator Agency Psychologist on 9-11-17 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 but declined. He stated he is in a PTSD group and that is sufficient. I saw the signed declination. The offer was not made in a timely fashion, because this Medical and Mental Health follow up was only just implemented. 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 Canal Road. 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 has 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.</p> <p>Corrective Action: 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>This standard has not been met.</p> <p>On 2-2-3-18, I received and reviewed the PREA tracking form for all admissions since the October Audit. There were 10 admissions. One resident disclosed a prior victimization and was also a perpetrator. He was offered and declined a Medical or Mental Health follow up. This signed form was uploaded. This satisfies the plan of correction. This standard has been met.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy Documentation of Attempts to obtain a signed MOU with Wellspan York Hospital</p> <p>Interviews:</p> <p>Agency Psychologist on 9-11-17 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 and/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, if there was an incident. Outpatient care would be followed up by the facility.</p> <p>Although there have been no incidents that have required emergency services, the policy is in place and I have reviewed documentation of its use at another ARC facility.</p> <p>The policy was updated to include all verbiage.</p> <p>This standard has been met.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Interviews Conducted:</p> <p>Agency Psychologist on 9-11-17 Agency Nurse</p> <p>There were no incidents in the past twelve months. 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. All residents have an after care plan at discharge and this would include any Medical or Mental Health recommendations.</p> <p>All residents are offered STD testing during their admission physical and it would be offered again at the hospital and they can request it anytime throughout their stay. 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>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy SAIR from another ARC facility</p> <p>Interviews:</p> <p>PREA Manager PREA Coordinator COO who is a Member of the Sexual Incident Review Team (by phone)</p> <p>There have been no incidents of sexual abuse or sexual harassment in the past 12 months. I reviewed a SAIR for an incident that had occurred in another ARC facility as an example of compliance. 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. This report was completed well within the 30 day timeframe. 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. This standard has been met.</p>

115.387	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.388	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>6 Resident files 12 Staff files Training Logs Education Logs</p> <p>Interviews:</p> <p>4 residents</p> <p>During the onsite portion of the Audit, a tour was conducted of the facility on October 17, 2017. The Auditor was granted access to all areas of the facility, including the basement and the grounds. The adjacent school building was also toured. During the tour, I saw notifications of the upcoming PREA Audit. I was provided with pictures of these postings by email on 9-1-17. I did not receive any correspondence from residents or staff.</p> <p>On 10-17-17, the Auditor privately interviewed all 4 residents in the facility in a private room 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>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

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

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

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

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

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

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

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

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

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

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	

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

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

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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

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

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

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

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

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

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

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

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

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

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

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

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

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

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

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

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

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

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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

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

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

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

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	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

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

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

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

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	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

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes