

PREA Facility Audit Report: Final

Name of Facility: A.R.C. at Schaffner Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 10/25/2017

Date Final Report Submitted: 02/25/2018

| 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: 02/25/2018 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Raquet, Maureen |
| Address: | |
| Email: | Mraqet1764@comcast.net |
| Telephone number: | |
| Start Date of On-Site Audit: | 09/11/2017 |
| End Date of On-Site Audit: | 09/14/2017 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | A.R.C. at Schaffner Youth Center |
| Facility physical address: | 911 Gibson Blvd., Steelton, Pennsylvania - 17113 |
| Facility Phone | 717-635-7399 |
| 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: | Leon Wilkerson II | Title: | Program Director |
| Email Address: | arcleon.wilkerson@gmail.com | Telephone Number: | 717-635-7399 |

| Warden/Superintendent | | | |
|-----------------------|-----------------------------|--------------------------|------------------|
| Name: | Leon Wilkerson II | Title: | Program Director |
| Email Address: | arcleon.wilkerson@gmail.com | Telephone Number: | 717-635-7399 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|-------------|-----------------------|-----------------------------------|
| Name: | Tonya Peake | Email Address: | tonyapeak@placeholder.example.com |

| Facility Health Service Administrator | | | |
|---------------------------------------|-------------------------------|--------------------------|--|
| Name: | Denise Jemiola | Title: | Regional Coordinator, Prime Care Medical |
| Email Address: | djemiola@primecaremedical.com | Telephone Number: | 570-479-6747 |

| Facility Characteristics | |
|--|------|
| Designed facility capacity: | 24 |
| Current population of facility: | 21 |
| Age range of population: | 9-21 |
| Facility security level: | N/A |
| Resident custody level: | N/A |
| Number of staff currently employed at the facility who may have contact with residents: | 37 |

| 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 Schaffner Youth Center was conducted on September 11, 12, 13, 14, 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 facility implemented PREA on January 1, 2017. This Audit, conducted on September 11, 12, 13, 14, 2017 is part of an Agency Audit for Alternative Rehabilitation Communities. It was conducted at the same time and as part of the Agency Audit, as well as the Audit of two other A. R. C. facilities located in Harrisburg, Pa. This Audit was conducted in year two of the second PREA 3 year cycle. Notice of the Audit was posted on 7-5-17. 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 September 14, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 7-7-17, 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 agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 8-8-17. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator and the Director of Program Services. The tour of the facility was conducted by the PREA Coordinator, PREA Manager and a Supervisor.

During the tour, I saw postings for the upcoming Audit in all areas that the residents have access to and in every living unit and in the lobby. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for the YWCA of Greater Harrisburg, a member of the Pennsylvania Coalition Against Rape. While on the tour, I asked for and received volunteers on both the girls' and boys' unit 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. The residents 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 Greater Harrisburg 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 the Schaffner Youth Center that she was aware of.

Residents were in school during the tour. I saw the residents in the classroom with a teacher and with a Direct care staff. The ratio was always at least 1:6. Two residents were attending their home schools in the community. They are bused there by their school district. One resident was in the gym under one on one supervision and was later in a glass observation room next to the control room. During the tour, I spoke to several residents who told me they had received PREA education and they told me how they could report. Most mentioned the PREA boxes on all living units. There is also a PREA box in the public lobby. I saw posters at the door of each living unit advising opposite gender staff to announce their

presence when entering a living unit. I heard this practiced during the tour. 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 also spoke to a cook and a maintenance man who stated they had received PREA training.

All residents receive physicals in the Medical Suite within 72 hours of admission. The Nurse showed me the private exam room where residents are seen. The Nurse could tell me what training she had received and how she would report any sexual abuse or sexual harassment. She showed me the Prime Care Medical Binder with all Prime Care Employees' clearances and training documentation. I saw the locked file cabinets for resident medical files that she stated are only accessed by Medical Staff and Administration.

The Intake Area is adjacent to the Medical suite and has a private shower/toilet room. The Intake search procedure was demonstrated for me. Staff are seated outside the bathroom where the residents must change into Shelter clothing and shower. The search is not hands on and is conducted by same sex staff. The resident then goes through the admission process which includes receiving a PREA pamphlet with reporting information and information about the zero tolerance policy. They receive a Shelter resident handbook with information about PREA and the grievance process. Staff then review a printed laminated PREA booklet that has graphics and contains more extensive PREA information. The resident also fills out a gender variant search form during Intake if necessary. The Intake area does not have cameras in the shower area and the residents can toilet in privacy. There are PREA posters throughout the Intake area.

A visiting room in the living wing is used for visiting, which can occur two times a week for each resident. There were reporting posters in Spanish and English in this room as well as in the waiting area in the front lobby. There is a "PREA box" in the front lobby 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 a conference room and in an attorney visitation room. The following Agency staff were interviewed earlier in the week at the Agency office:

Chief Executive Officer of A. R. C.
Human Resources Assistant
PREA Coordinator, who is also a member of the Incident Review team
Barber, a contracted employee
Two Volunteers

The following staff and residents were interviewed at Schaffner:

Facility Director, who also conducts unannounced rounds
PREA Manager, who also monitors retaliation
Prime Care Nurse, a contracted employee
Prime Care Psychologist, a contracted employee (by telephone)
Central Dauphin School District Teacher, a contracted employee
Supervisor who conducts Education at Intake and conducts the Vulnerability Assessment
10 random residents
12 random staff

Staff are full time and work rotating shifts with rotating days off. A roster of all staff working on all units was provided to me and I interviewed twelve random staff. There are 32 Direct Care staff at Schaffner and these interviews represent 37 of% the direct care staff. There are eight full and part time Prime Care

Medical Staff assigned to this facility. There are three Central Dauphin School District teachers assigned to the facility.

I was given a census of all 20 facility residents, 9 girls and 11 boys, which included all residents that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non English speaking. Of the 20 total residents, ten (10) residents were interviewed, five girls and five boys. That represents 50% of the total population on the days of the Audit. There were no residents who reported a sexual abuse. There was one resident who identified as a Lesbian, however she was unable to be interviewed. There were no Transgender or Intersex residents in the current population, but there had been a Transgender girl admission earlier in the year and her file was reviewed. There were two residents that had intellectual disabilities, one low functioning and one with Autism, both were interviewed. There were no non-English proficient residents. There were three residents who disclosed prior sexual abuse to staff and two were interviewed.

I reviewed the files of 12 staff for required documentation, including three hired within the past 12 months, and the files of 11 residents: 10 active and one discharged. The discharged file was that of the Transgender girl from earlier in the year. The 10 active files were those of the residents that I interviewed.

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 Greater Harrisburg. 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. This information is also contained in resident handbooks given to the residents during Intake. There is a PREA box on every living unit. 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. Some students attend school in the community.

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 are MOUs with Pinnacle Health for Forensic Examinations with SAFE/SANEs, a MOU with Dauphin County Criminal Investigation Division for Criminal Investigations. There is a MOU with YWCA of Greater Harrisburg for outside agency reporting and Victim Advocacy and Crisis Intervention Services. Pa. Child Line also conducts investigations. 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 Shaffner Youth Center. There has been one unsubstantiated report of staff on resident sexual abuse that occurred in 2015 and was reported to Schaffner from another facility in 2016. Documentation of that incident was provided to the Auditor. Schaffner has not received any reports of sexual abuse at other facilities.

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 Schaffner Youth Center is a privately run short term Shelter facility with a 24 bed licensed capacity. It was originally built in 1995 as the Dauphin County Juvenile Detention Center. It has been leased from Dauphin County by A.R. C. since 2013 and is operated as a short term Shelter, primarily for residents of Dauphin County. Only two of the 12 bed living units are in use; the other two are closed and one is being used as recreational space. The facility had 268 admissions in 2016, 167 male and 101 female. The age range is 9-21. The average length of stay is approximately 25 days, because this is a shelter, where children are placed by order of the Court, by Juvenile Probation or by the Office of Children and Youth for their temporary need to be removed from their home. These children are either dependent or delinquent children or are alleged dependent or delinquent. The children attend school taught in a classroom on the living unit by teachers from the Central Dauphin School District and receive testing to aid the Court in disposition. Some of these children attend their home schools in the community and are bused there by their school district.

During the on-site portion of the Audit, there were 20 residents, 11 boys and 9 girls. The director of this facility is Leon Wilkerson and he reports directly to the Director of Operations. Contracted employees include the teachers provided by the Central Dauphin School District and Prime Care Medical. This facility is licensed by the Pa. Department of Human Services under the 3800 regulations governing child care. The 32,197 square foot building is located on 13.55 acres and is part of a Dauphin County owned campus that includes Gaudenzia (a drug treatment center), Adult Probation and work release. The center is located in Lower Paxton Township, Steelton, Dauphin County, in the outskirts of Harrisburg, the state capitol of Pennsylvania. The one story brick building has parking in the front and you are buzzed in the front door into a small lobby by control room staff. The exterior and interior doors that are locked are electronically opened by control room staff. The small waiting area is for both parents, visitors and those attending Court. There is a courtroom for all Detention hearings. These hearings are held on Mondays,

Wednesdays and Fridays and are conducted by a Master. There is a holding room for those Detention residents transported to the Court from where they are being detained in other facilities. This area also houses administrative offices, conference rooms, and a training room.

There are 5 living units designated by letters. Two units are permanently closed and another has been converted into a recreational/activity area. The two open units are A and B. Both have twelve individual rooms with a built in bed, toilet and sink. I saw rooms 3 and 4 which can be directly viewed by staff and are used for at risk residents. The rooms open onto a living area with a staff office, a classroom, two individual bathrooms with a curtained shower, sink and toilet and a small courtyard with a wall and fence. The open living area has appropriate furnishings. Each unit has its own dining room with four tables with four attached stools. There is a small kitchen with a serving line. This kitchen is between the two dining rooms of each unit. B is the boy's unit and A is for the girls and the younger, smaller boys. There is a large gym with a wooden floor in the same area and a separate courtyard with a bench and a flower garden taken care of by the residents.

The control room is always manned by a Supervisor, even on midnight shift. There are 40 cameras, which are actively monitored, and have about a 30 day recording capability. Adjacent to the control room is an observation room with large windows for a resident who needs to be removed from the group and requires one on one supervision.

The recreational/activity unit has table games, arts and crafts and the classroom on this former living unit was converted into a weight room with bicycles and weight machines.

The Admissions' Area has its own entry in the front of the building, separate from the front door. It opens into a foyer type area with two private visiting rooms, a reception desk, and employee mailboxes.

Adjacent to this is the Intake Area/Medical Suite . There is an office with a desk and all PREA related materials where staff conduct PREA education and the Vulnerability Assessment. As part of the Intake, the residents are subject to a shower search, where they change into Shelter clothing and take a shower. This bathroom is in the Intake office. There is a door on the bathroom which has a sink, toilet and curtained shower. Next to this Intake office is the Medical Area, with a private exam room, a room for dental exams and a small waiting area with counter. This area opens up onto the living unit hallway. Next to this door to the hall is the Visiting area. It is a glass walled room with tables and chairs for parents and others to visit.

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.

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|---|----|
| 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. 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 a MOU with YWCA of Greater Harrisburg that allows for victim advocacy, emotional support and

reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Pinnacle Health Forensic Medical Examinations for Residents with SAFE/SANEs and there is a MOU with the Dauphin County Criminal Investigation Division to conduct criminal investigations. This information is posted on the website.

The residents receive education at Intake. They review a laminated large print PREA booklet with graphics which is age appropriate. They receive a pamphlet regarding the Zero Tolerance Policy and with numbers for reporting. They also receive a Shelter handbook with this information. 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. For residents that require it there are PREA comic books and/or a video. The Vulnerability Assessments and the resultant medical and mental health follow ups are all done in a timely fashion for all admissions. Prime Care Medical conducts a physical within 72 hours for all residents and a resident who is identified as having disclosed a prior sexual abuse or who is a perpetrator is offered Mental Health follow up by either a psychologist or psychiatrist within 14 days. I was provided with secondary documentation for those residents identified as perpetrators and/or who disclosed a prior victimization.

All staff files were complete for both education/training, child abuse and criminal history clearances. All resident files, were complete for timely PREA education, administration of the VAI, necessary Medical and MH follow up. 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 Pa. 3800 regulations require a ratio of 1:8 and 1:16 at Schaffner. The posted schedules are always 1:6 for both awake and sleeping shifts. There is always a supervisor in the building. Many times there is a third staff on one or both of the units. There are never deviations from ratio because both voluntary and mandatory overtime is used to ensure that ratio is met. Supervisors are required to conduct and document unannounced rounds on each shift. The upper and mid level supervisors and administration have been conducting these rounds on a weekly Director on Call basis for many years however, they do not document these rounds. Both the CEO and Facility Director described them for me and I saw a video recording of a midnight round taking place.

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 to Schaffner but have been met. Three standards require corrective action. The remaining 34 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 standards require 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 and I saw a video of an unannounced round occurring on a midnight shift, the Directors' 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 received documentation of random unannounced rounds being conducted by Facility Directors for six months. This satisfies the corrective action plan. 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 2-16-18, I received a six month resident re-assessment. Only one resident required one since the initial Audit. 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 2-16-18, I received documentation of 104 admissions since the initial audit. Of those admissions, 7 residents were identified as either sexually vulnerable or sexually aggressive or both. Consideration of risk based housing for these residents was documented on the PREA tracking sheet that was provided to me. This satisfies the plan of correction and this standard has been met.

The following standards do not apply to Schaffner Youth Center but have been met:

Standard #312: Contracting with other entities for confinement of residents: A.R.C. at Schaffner 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 since 2012.

Standard #334: Specialized Training; Investigations: Schaffner staff do not conduct Investigations. This is done by Dauphin County CID 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 Schaffner Youth Center.

As of February 25, 2018, this facility is PREA compliant having met all PREA standards.

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 Compliance Manager Meeting Agenda</p> <p>Interviews Conducted:</p> <p>A.R.C. PREA Coordinator Schaffner PREA Manager</p> <p>The facility has a designated PREA Coordinator and a PREA Manager at each of its facilities. They meet to develop policy and to conduct training. When I interviewed the PREA Coordinator on 9-11-17, she told me that she has enough time to devote to PREA implementation at ARC. She writes policy, does training, and ensures compliance with the Standards. As a supervisor, she meets with all PREA Managers together on a regular basis. She visits all facilities regularly and she keeps all PREA related information for each facility and each resident. She also does all the six month Vulnerability reassessments for those student that require it. 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 9-14-17, I interviewed the PREA Manager at Schaffner Shelter. She is newly appointed to this position. She feels that she has the experience from working Direct Care to be effective in this position. She is now an administrator with the authority to implement all PREA standards. In this capacity, she also monitors retaliation. She checks the PREA boxes every day and she would receive reports from staff and residents of any sexual abuse or sexual harassment. 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 |
| | This standard does not apply. A.R.C. does not contract with any other entity for the care of their residents. |

115.313 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- 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
- Additional Logs of Unannounced Rounds
- Documentation of yearly review of staffing by PREA Coordinator
- Video of Random Unannounced Round conducted on August 18, 2017 at 3:23 AM by an Agency Director
- Logs of Additional Rounds conducted in July, August, September, October and November 2017 and January and February 2018

Interviews:

- PREA Coordinator
- PREA Manager
- Facility Director
- Residents during tour
- Staff during tour

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.

I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing on a yearly basis as required. This is done at a Directors' 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.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states his ratios are at least 1:6 both during sleeping and awake shifts and this does not include a supervisor who is always on shift. The Director has the capability to check staffing from both his desktop computer at the office and on his phone. There are about 40 cameras in the facility, with about a 20 day recording capability. They are actively monitored.

I was provided current staff schedules with more than the required ratio. They are completed weekly and are kept on the control room door and in the Intake area, where the staff have their mailboxes. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing, so there are never any deviations. The Director stated if they have a "level watch" which necessitates additional supervision an extra staff will be added for that

resident. If there are activities, such as field trips, additional staff will be scheduled to properly supervise this event.

During the tour, I saw residents supervised in groups in the classrooms on each living unit and ratio was at least 1:6.

Prior to the onsite, I was provided logs of unannounced rounds conducted by the Facility Supervisor. I saw a recording of an unannounced round being conducted at 3:23 AM on 8-18-17. The Facility Director conducts them on all shifts when he is the Director on duty and documents them. He never advises anyone that he will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. As the Director on Call, he must do an unannounced round on all shifts at four ARC facilities, except his own during the week he is on call. The following week, a different Director on Call will visit Schaffner. 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 by mid and upper level supervisors occurring at all hours on all three shifts needs to be submitted to the Auditor to be in compliance with this standard.

On 2-16-18, I received documentation of Random Unannounced rounds conducted by the Facility Directors for August, September, October, November and December 2017 and January and February ,2018. This documentation satisfies the plan of correction.

This standard has been met.

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| 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 Shower Policy Gender Variant Search Preference Form Staff Training Curriculum Staff Training Logs File of a former Transgender resident</p> <p>Interviews:</p> <p>12 staff 10 Random residents</p> <p>The ARC Zero Tolerance Policy contains the necessary requirements for this standard. It, along with the Search policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner.</p> <p>Although there were no transgender or intersex residents in the current population, a transgender girl was admitted within the past 12 months. I saw documentation that she was housed on a female unit and that all pat down searches were conducted by female staff. Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the door of each unit and I saw "knock and announce" practiced during the tour. Residents state that they always shower alone. The bathrooms contain single showers with a curtain. Same sex staff conduct showers. 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. I observed two residents being searched by same sex staff when they returned from school to the Shelter. The searches that I observed followed the Shelter policy and procedure. This standard has been met. There is no need for corrective action.</p> |

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| 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 Spanish Intake Curriculum Contract for Interpretive Services</p> <p>Interviews Conducted:</p> <p>Agency CEO Twelve Staff Two residents with intellectual disabilities</p> <p>During the Audit, there were two residents who were intellectually disabled (low functioning and Autism). They stated they did not need any special accommodations. However staff are made aware of their limitations. There were not any residents 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.</p> <p>The Director stated that all reasonable accommodations would be made for a resident with a disability. There is the capacity through the Educational program, the Central Dauphin Intermediate Unit for all residents to receive appropriate education.</p> <p>There is "Latino program" at one of the ARC facilities and those resources including staff are shared. There are many Spanish speaking ARC staff.</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. During the Intake process, all PREA education is in Spanish as well as English, including the PREA video and there are PREA graphic comic books for lower functioning residents.</p> <p>The PREA policy requires these accommodations.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | <p>The Human Resources Assistant was interviewed at the Administrative offices on 9-11-17 as part of the Agency Audit. Thirty staff files were audited as part of the Agency Audit. The Agency is responsible for all related responsibilities.</p> |

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This standard does not apply. There have been no upgrades to facilities or to technology. |

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| 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 Pinnacle Health System MOU with YWCA of Greater Harrisburg MOU with Dauphin County Criminal Investigation Division</p> <p>Interviews:</p> <p>PREA Coordinator PREA Manager Prime Care Nurse 12 Random Staff Phone Interview with Director of YWCA of Greater Harrisburg (a PCAR) prior to onsite</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Pinnacle Health System, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by Dauphin County CID and their responsibilities are outlined in the MOU. The YWCA of Greater Harrisburg, a member of the Pennsylvania Commission Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals.</p> <p>I spoke to the Director of the YWCA prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU. The PREA Manager states that they would always contact the YWCA for a Victim Advocate, but that a resident can always request whatever staff they feel comfortable with to accompany them to the hospital.</p> <p>All MOUs are in place for the necessary services to be offered for a resident outside of Schaffner.</p> <p>The Prime Care Nurse and the YWCA Director confirmed SAFE/SANEs at Pinnacle Health. There were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months.</p> <p>This standard has been met. There is no need for corrective action</p> |

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| 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 Rehabilitative Communities' website MOU with Dauphin County CID</p> <p>Interviews:</p> <p>CEO</p> <p>I interviewed the CEO and reviewed the PREA Policy and the MOU with Dauphin County CID. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Director states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Dauphin County CID and Pa. Child Line. ARC staff do not investigate allegations but report all of them. The contact information for Pa. Child Line and Dauphin County CID is on the website.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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 Ten Random employee files</p> <p>Interviews:</p> <p>PREA Coordinator Twelve Random 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 signed quizzes that they had completed and understood the training in a log book. The quiz is given at the end of the initial PREA training to demonstrate understanding of the material. There is a separate log book for each ARC facility, kept by the PREA Coordinator. I reviewed 12 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training. The training 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 random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual abuse and 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 dignified 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. One staff who was interviewed stated that “staff boundaries” is an important part of their training.</p> <p>All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.</p> <p>The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.</p> <p>This standard has been met.</p> |

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| 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 Contractor and Volunteer Training Logs Signed Training Acknowledgement of three Contracted Employees Signed Training Acknowledgement by 2 Volunteers Prime Care Training Log for contracted Medical Employees</p> <p>Interviews:</p> <p>4 Contracted Employees , a nurse, a psychologist, a teacher, a barber 2 Volunteers</p> <p>I conducted an interview with four Contracted Employees, a Prime Care Nurse, a Prime Care psychologist, a Central Dauphin School District Employee, and a barber. They were able to tell me that they received training and the extent of the training. They were able to tell me that they would report to their immediate supervisor and would also document the report. The Nurse, psychologist and teacher are mandated reporters by law and have received the mandated reporter training. The barber, with limited contact, receives a PREA brochure depending upon level of interaction that describes the Zero Tolerance Policy. I saw the signed acknowledgement of training for the barber.</p> <p>The Prime Care Medical Nurses and the Central Dauphin School District Teachers receive the same training as all the Schaffner employees due to their level of contact. Prime Care keeps a binder of all employees specialized training.</p> <p>The Volunteers both received, reviewed and signed the volunteer pamphlet. They would report any suspicion of sexual abuse or sexual harassment to the Schaffner supervisor on duty.</p> <p>I saw a log of all volunteer and contractor training and their signed acknowledgements that is kept by the PREA Coordinator.</p> <p>There is no need for corrective action. This standard has been met.</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy PREA Orientation Laminated Booklet Resident PREA Orientation Acknowledgement Log Posters for Reporting and Education in Spanish and English Shelter Handbook PREA "Comic Books" 10 Resident Files PREA Tracking Sheet</p> <p>Interviews:</p> <p>Staff person who performs all Education at Intake 10 random residents.</p> <p>The PREA Policy requires that all Schaffner residents receive all PREA education at Intake. The Policy enumerates what must be contained in the resident education. PREA was not implemented at Schaffner until January 2017. Residents who were admitted since the beginning of January 2017 have been educated at Intake. I was provided logs of all resident education since that time. This facility conducts all education at Intake. All staff conduct Intakes. I interviewed a staff person who performs this education. She stated that she conducts Intake education within the first hour of Admission. There is an Intake Brochure in both Spanish and English and a more comprehensive laminated booklet in both languages that the Intake staff reviews with the resident. This laminated informational booklet has more comprehensive PREA information. A resident also receives the Shelter handbook that has additional information. The Intake staff stated that if a resident was either disabled or not English proficient, accommodations would be made for that resident within 24 hours. If residents need further assistance, there are PREA "comic books" and a video. I saw signed acknowledgements of education in all 10 files. All education was done in a timely fashion. The PREA Coordinator keeps a log of all education.</p> <p>There are reporting posters throughout the facility in both languages as well as posters describing sexual abuse.</p> <p>All residents could tell me that they received education upon admission. Several residents had PREA education several times because they had been admitted several times. Most residents could also tell me about services offered outside of the facility because of the posters with phone numbers and addresses.</p> <p>There is no need for corrective action. This standard has been met.</p> |

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This standard does not apply. All investigations are conducted by the Dauphin County Detectives. There are no investigators in this facility. |

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| 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 NIC Specialized Medical Training Online Curriculum Prime Care Specialized Training Contractor Training Brochure and Acknowledgement Training Logs Certificates of Completion of NIC Medical Training</p> <p>Interviews:</p> <p>Nurse Psychologist</p> <p>This facility does not perform any forensic medical examinations. These are conducted at Pinnacle Health by SAFE/SANEs and there is a MOU with the Hospital.</p> <p>I interviewed a full time Prime Care Nurse who completed the online NIC PREA Training and the training for all staff. I interviewed a part time Prime Care psychologist, who states that he has had extensive training and experience regarding assessing sexual abuse victims and perpetrators. Both the Nurse and the psychologist have received the Prime Care PREA training. All Medical services are contracted through Prime Care. The psychologist receives the contractor training from ARC because of his limited interaction with the residents. I saw the acknowledgement of his training. Both state that forensic examinations are not conducted at Schaffner and that they both have received training regarding the sexual abuse of juvenile victims. They have both received training on the protection of forensic evidence.</p> <p>I received certificates of completion for the NIC PREA online course for all Prime Care Nurses. Prime Care keeps a binder of all Prime Care employees training and clearances in the Medical Area. I reviewed this binder. They were also on the employee training log for having completed the education that all employees receive.</p> <p>There is no need for corrective action. This standard has been met</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>Vulnerability Assessment Instrument Completed Vulnerability Assessment Instruments for 10 Residents Gender Variant Search Form Updated PREA Policy 6 month resident re-assessment PREA Tracking Sheet</p> <p>Interviews:</p> <p>PREA Coordinator PREA Manager Staff who completes Vulnerability Assessment</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 tool was amended several times during the months leading up to the Audit to include all of the above information. The most recent version was amended in June 2017, 6 months after the implementation to include the LGBTI question. The most recent tool was provided to the Auditor and meets the criteria outlined in the standard. The PREA Coordinator receives a copy of every VAI and she keeps a tracking sheet of identified residents and their follow up. The policy was also amended to include re-assessments at six months. The PREA Coordinator conducts these re-assessments. There were no residents at Schaffner that required a 6 month re-assessment because this is a short term shelter. However there may be in the future and they have not done it in the past, so this will require corrective action. On 2-16-18, I received a resident re-assessment conducted at 6 months by the PREA Coordinator. He was the only resident who required one.</p> <p>All staff administer the instrument during Intake. I interviewed a supervisor who conducts Intakes and she takes into account the Intake packet, conversations with parents, probation officers and caseworkers. She uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions. She is also conducting education at the same time and uses the education as a way to elicit sensitive information</p> <p>All completed VAIs are part of the residents' records and have restricted access. Direct Care staff who conduct the VAI, Medical and Administrative staff have access to these files. I reviewed the active files of ten residents that were interviewed. All had timely administration of the VAI.</p> <p>I also requested and saw a Vulnerability Assessment conducted on a Transgender girl in the last 12 months. It was completed according to policy and the follow up housing and gender</p> |

variant search were completed according to policy as well.

I interviewed 10 residents and all 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 or if they were fearful of sexual abuse at the facility.

Corrective Action:

Ninety days of documentation for six month re-assessments as noted in policy . Only one resident required a six month re-assessment since the initial Audit in September. This was submitted and reviewed and satisfies the corrective action plan.

This standard has been met.

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| 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 Shower Policy Vulnerability Assessments of 10 residents File of a former resident who identified as Transgender PREA Tracking Sheet</p> <p>Interviews:</p> <p>PREA Coordinator PREA Manager Supervisor who conducts Risk Screening</p> <p>Isolation is not practiced and is prohibited by both Schaffner 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 Rooms 3 and 4 which are across from the staff office and the midnight staff post. This staff person also told me that younger smaller boys are usually put on the female unit for their safety. She said that based on Transgender or Intersex identification, a resident could shower first or last or even shower in a different area of the building, the medical suite, if they felt safer. I also observed the bathrooms that have a single shower stall with a curtain. All bathrooms have one shower. All residents shower alone.</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 and would be formally reviewed every thirty days and most probably daily. 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. However there had been a Transgender girl who was admitted during the past 12 months and a review of her file showed that she was placed on the female unit at her request. There was one resident who identified as a lesbian, but I was unable to interview her.</p> <p>I reviewed the files of 10 residents . Five residents were identified as sexually aggressive and one as sexually vulnerable. Although risk based housing is being considered and practiced, it is not being documented.</p> <p>The policy contains all necessary verbiage and according to the interviews the policy is in practice.</p> <p>Corrective Action:</p> <p>Ninety days of documentation of risk based housing needs to be submitted.</p> |

On 2-16-18, I received documentation of 104 admissions to Schaffner Shelter. Of these, 7 residents were identified as sexually vulnerable or sexually aggressive. Documentation of risk based housing for these residents was on the tracking sheet provided. It was reviewed and satisfies the plan of correction.
This standard has been met.

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| 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 Shelter Handbook Resident Education Curricula Pa.Child Protective Services Law Pa. Bureau of Human Services 3800 Child Care Regulations Resident Rights' Form MOU with YWCA of Greater Harrisburg</p> <p>Interviews:</p> <p>PREA Manager Director of YWCA of Greater Harrisburg, a PCAR (by phone, prior to Audit) Twelve Random Staff Ten Random Residents</p> <p>I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many other ways that a report could be made.</p> <p>The primary reporting mechanism is to an outside agency, YWCA of Greater Harrisburg. There is a signed 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. This reporting method is posted throughout the center. The "hotline" can be used on any phone in the facility. The phone # for the YWCA is posted next to the phone. The procedure is for a resident to ask staff to use the phone. Staff will allow the resident to use a phone in a private area and will supervise the child visually, but out of earshot. I asked for and received a volunteer on both the girls' and boys' unit and they demonstrated the procedure for me through a role play with staff. When they called the posted number and someone answered, they handed the phone to me and I verified that it was the reporting hotline for the YWCA of Greater Harrisburg.</p> <p>There is a PREA Box and a grievance box in every living unit. There is a grievance procedure listed in the Shelter handbook. The PREA Box is checked by the PREA Manager daily. Most residents and staff answered PREA Box as a primary reporting avenue. The PREA Coordinator stated that residents can have pencils unless they are on a certain supervision level and then must ask for one. I saw residents using pencils in the classrooms, which are on</p> |

the living units. The residents can also call Child Line and the staff must call Child Line as mandated reporters. The Child Line number is also posted next to the phones throughout the facility.

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 during their annual licensing inspection.

Residents can call anyone on their phone call list that is approved by their Probation Officer or Caseworker 3 times a week. Residents can also receive visits from anyone on their approved list 2 times twice a week and special accommodations can be made for parents who live far away or who work during regular visiting times. Residents on "Gold level" can have an extra visit. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

Some residents go out to school and are picked up by a school bus and returned to the Shelter at the end of the school day. This is another reporting avenue.

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.

There is no need for corrective action. This standard has been met.

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| 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 follow 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. There is no need for corrective action. This standard has been met.</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy Visiting Policy Telephone Policy Spanish and English Posters for YWCA of Greater Harrisburg in the Facility Resident PREA Intake Brochures Shelter Resident Handbooks Shelter Parents' informational Letter MOU with YWCA of Greater Harrisburg</p> <p>Interviews:</p> <p>Facility Director PREA Manager Ten Random residents YWCA of Greater Harrisburg Director (by phone prior to onsite)</p> <p>The PREA Policy outlines that the Shelter will provide residents with access to confidential emotional support services through the YWCA of Greater Harrisburg. 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, in the Shelter Resident Handbook and in the Shelter Parents' informational letter. The PREA Manager described the MOU with YWCA of Harrisburg, a PCAR, and the services that they offer. 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.</p> <p>The residents who were interviewed state that they can make and receive phone calls at least three times a week. Visiting is twice a week and accommodations will be made for those parents who cannot come during regular visiting hours. Residents who are on "Gold Level" can receive an extra visit each week. A list for phone calls and visits is approved by the probation officer or Children and Youth caseworker. All residents stated they are entitled to visits, but not all receive them for a variety of reasons. All residents make phone calls. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. The residents that were interviewed state that they usually see the Public Defender before Court and can call their lawyer through their counselor. The Facility Director states that the lawyer can call or have a private visit at any time. While on the tour, I saw the private offices used for attorney visits in the Intake area. In fact, I conducted resident interviews in a private attorney office. The PREA Coordinator states that Detention Hearings take place at the Shelter courtroom, Monday, Wednesday and Friday and that the Master, Probation Officers, Caseworkers, Guardians and public Defender are present in the Shelter on those days. She states that residents are usually seen prior to Court.</p> |

Of the residents interviewed, five out of ten , were able to tell me about the counseling services offered through the YWCA because the information was on posters and the brochure they had received at Intake. Two additional residents could tell me there were services, but they did not know what they are. The residents who knew of the services were able to tell me that they would be free, available around the clock and confidential. There is no need for corrective action. This standard has been met.

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy ARC website Shelter Parent Informational Letter Spanish and English Posters in Visiting Area Spanish and English Posters in Lobby Waiting 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 in both Spanish an English. In the public waiting area in the front lobby, there are PREA reporting forms and a PREA box. Shelter parents are sent an Informational Letter which contains this information when residents are admitted to the Shelter.</p> <p>There is no corrective action needed. This standard has been met.</p> |

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| 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 Nurse Psychologist</p> <p>There have been no incidents or reports of sexual abuse or sexual harassment that have occurred in 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 Nurse and the Psychologist interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line and their supervisor. They also would document any report received. They give informed consent before the initiation of services and also would remind the resident if they reported such an incident, but they are mandated reporters and this supersedes consent for any resident in their care.</p> <p>The Director 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.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Zero Tolerance policy</p> <p>Interviews:</p> <p>Agency Head Facility Director Twelve random 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 Agency Head and the 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.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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 2015 Sexual Abuse Allegation</p> <p>Interview:</p> <p>Director PREA Coordinator</p> <p>There have been no incidents that have occurred within the past twelve months. However, in 2016, Schaffner received a report from another facility for an incident alleged to be staff on resident sexual abuse that occurred in January of 2015. I reviewed this file and interviewed the PREA Coordinator who took the call and documented it. It was reported by grievance in 2015, not as a Sexual Abuse, but as a complaint of possible cross gender viewing and the now PREA Coordinator met with the resident and the staff involved. She met with three other residents who were interviewed. She reviewed the video recording. As a result of this internal investigation, she met with the residents to complete the grievance process. The outcome was that the Shower Policy was changed and the grievance was resolved. The outcome is listed as unsubstantiated. I reviewed the notes from the phone call, the grievance and the documentation of all actions taken. If the PREA Coordinator was to receive this kind of report now that PREA has been implemented, she would report it to Child Line.</p> <p>The policy clearly states that if a resident reports a sexual abuse at another facility to a staff person, 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.</p> <p>If a report is made at another facility regarding an allegation against Schaffner staff, it will be reported to the Director or PREA Coordinator who will contact Child Line and/or Dauphin County CID 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 according to both the Director and the PREA Coordinator.</p> <p>Although this procedure was not followed for the 2015 incident, the Schaffner policy and procedure at that time was immediately followed and all documentation was preserved. The facility was not PREA compliant at that time. PREA was not implemented at Schaffner until January 2017 two years after the incident. After interviewing the PREA Coordinator, I feel that all policy and procedure would be followed.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <p>PREA Policy</p> <p>Interviews:</p> <p>Twelve Random 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 contact the medical department. This is contained in the staff training curriculum. When interviewed, the twelve random staff were able to discuss their first responder duties although they have not had to practice them. The policy also contains the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff. This was added to the policy during the pre-audit time period.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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 based on the kind and level of abuse. This would include preserving physical evidence, possibly removing the student from the facility, or removing the perpetrator. The police might have to be called and staff would begin their notifications required by the ARC Chain of Command Call list. This includes himself, as facility director, and the CEO. The CEO has a dedicated land line at his house and the procedure requires his notification within the first 15 minutes of an incident. Medical Personnel would also be involved in this coordinated plan. There is a sexual assault checklist that 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 Schaffner in the past 12 months, I saw its use at another ARC facility.</p> <p>This standard has been met. There is no need for corrective action..</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | I interviewed the CEO as part of the Agency Audit and confirmed that this Standard is met at the Agency level. |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Interviews:</p> <p>CEO Facility Director PREA Manager</p> <p>There have been no incidents that have required monitoring for retaliation in the past 12 months.</p> <p>The PREA policy, which was amended during the pre-audit time period, 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. She states that she would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone they are to contact her immediately. She feels this would be one of her primary jobs as the PREA Manager. She would also do a status check at least every other week and would do so for length of stay, which in most cases is shorter than the 90 days in policy. She would monitor resident interaction, she would check the log book for behavioral changes and she would talk to them. In the case of staff, she would check the cameras and monitor their job performance. The Facility Director and Agency Head both 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 changing a staff's work assignment or suspension. It could include moving the child's room, unit or program. Any such incident requires a Safety Plan. This standard has been met. There is no need for corrective action.</p> |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | NA , this standard does not apply. ARC policy and the PA DHS 3800 Child Care Regulations prohibit the use of isolation. |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy MOU with Dauphin County CID Pa. Child Protective Services Law</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator PREA Manager</p> <p>There have been no sexual abuse or sexual harassment incidents that have occurred within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, Dauphin County CID, with whom the facility has a MOU. 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 , PREA Manager and the Facility Director state that they have a very cooperative relationship with Dauphin County CID and would remain continually informed of the investigation. The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and 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. There is no need for corrective action.</p> |

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy</p> <p>The Standard of Proof is in the PREA policy, however this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and Law Enforcement.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Interviews:</p> <p>Facility Director</p> <p>The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and to whom it has been reported. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He stated that the PREA Coordinator or PREA Manager would notify all parties including the resident and document such. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification.</p> <p>There was one report of sexual abuse from another facility for an incident that occurred in 2015 and was unsubstantiated. I saw documentation that the resident was notified.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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>Facility Director</p> <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment.</p> <p>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. There is no need for corrective action.</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</p> <p>Interviews:</p> <p>Facility Director</p> <p>There have been no incidents of this nature in the past twelve months. 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 or having any contact with a resident 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.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law Pa. Department of Human Services 3800 Child Care regulations</p> <p>Interviews:</p> <p>Facility Director Nurse Psychologist</p> <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. The PREA Policy, which was amended during the pre-audit period, 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 prohibits 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.</p> <p>Both the Nurse and the Psychologist state that an assessment 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. The facility is a short term Shelter and does not offer counseling.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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 Logs of all Admissions from 1-1-17 through 9-11-17 Secondary Medical Documentation Files of 10 residents</p> <p>Interviews:</p> <p>Supervisor who administers Risk Assessment PREA Coordinator Nurse Psychologist</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 be seen by the Nurse upon admission. All residents receive a physical within 72 hours of admission. The supervisor who is one of the staff that conducts the Vulnerability Assessment states the the Medical staff are notified by the person conducting the VAI that a follow up is needed for an identified child. The Nurse, the staff person who administers the VAI and the psychologist who performs the Mental Health Assessment state that it is completed within 14 days and usually within a week. In the current population, three residents were identified as having disclosed a previous sexual abuse. One resident was discharged prior to interviews. Two residents stated they were offered Mental Health follow up and declined. I saw signed declinations for all three residents in the Medical Files. Five residents were identified as having perpetrated prior sexual abuses. Three residents declined assessments and the one resident who accepted was seen within 14 days. A spread sheet of follow up is kept by the PREA Coordinator. Secondary documentation is kept as medical notes in the resident health files, which are kept locked in the Health suite, with access only by Medical staff. Interviews and documentation demonstrate compliance with the standard.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>PREA Policy MOU with Pinnacle Health System</p> <p>Interviews:</p> <p>Nurse Psychologist Twelve Random 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 Harrisburg Hospital for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify medical . Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgment or staff would call 911. This would be done immediately and would be free of charge to the resident.</p> <p>This is a coed facility and all residents are offered STD testing and follow up. All female admissions are offered pregnancy testing and information and access to all lawful pregnancy related services. Interviews with the Nurse and the Psychologist confirmed the policy.</p> <p>Although there have been no incidents that have required emergency services, the policy is in place and the medical staff are an integral part of the coordinated response.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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:</p> <p>Nurse Psychologist</p> <p>There were no incidents in the past twelve months.</p> <p>The two Medical/Mental Health staff who were interviewed both stated that the level of care that the residents receive is probably better than community level of care, because they coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.</p> <p>All residents are offered STD and pregnancy testing.</p> <p>Any resident on resident offender will be assessed within 14 days of learning of such an abuse history. This facility does not offer counseling, but a recommendation would be included in the court report.</p> <p>The policy was amended to include all necessary verbiage.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 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 Coordinator who is a member of the SAIR team Facility Director PREA Manager</p> <p>There have been no incidents within the past twelve months that have required an incident review. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Facility Director, PREA Coordinator, PREA Manager, Medical, Mental Health with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The PREA Coordinator will prepare the report with any recommendations. The recommendation would be followed or the reason for not doing so would be documented.</p> <p>I reviewed a sexual abuse incident review from another ARC facility and all policy and procedure was followed.</p> <p>This standard has been met. There is no need for corrective action.</p> |

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| 115.387 | Data collection |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents Reviewed:</p> <p>Twelve staff files Nine Resident files</p> <p>Interviews:</p> <p>Ten random residents</p> <p>I conducted the audit of this facility on September 9,10,11,12, 2017 in conjunction with the Agency Audit and the Audit of two other ARC facilities. I toured this facility on Thursday, Sept.14, 2017. During the tour, I had access to all areas of the facility. I saw postings of the upcoming Audit in the foyer and common areas of the facility. I did not receive any communication from residents or staff prior or subsequent to the Audit.</p> <p>I reviewed files of 11 residents and 12 staff. I was provided with all documentation I requested. There were no electronic records. There are cameras in this facility and I saw a recording of an unannounced round conducted on a midnight shift.</p> <p>I interviewed 10 random residents in a private attorney room in the Intake with the door closed.</p> <p>This standard has been met</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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Appendix: Provision Findings

| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
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| | 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 | |
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| | 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 | |
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| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |

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

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

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| | 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 |

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| | 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 |

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| 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 |

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| 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 | |
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| | 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 | |
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| | 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 | |
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| | 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 |

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| 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 |

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| 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? | no |
| | Does the facility document all cross-gender pat-down searches? | no |

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| 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 |

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| 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 |

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| 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 |

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

| 115.317 (a) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |

| 115.317 (b) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |

| 115.317 (c) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |

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

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

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

| 115.317 (g) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

| 115.317 (h) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

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

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

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

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

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

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

| 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 | |
|-------------|--|-----|
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |

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

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

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

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

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

| | | |
|--------------------|---|-----|
| 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 |

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|--------------------|--|-----|
| 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 |

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

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

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

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

| 115.335 (b) | Specialized training: Medical and mental health care | |
|-------------|--|----|
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) | no |

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

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

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

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

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

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

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

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

| 115.342 (b) | Placement of residents | |
|-------------|---|----|
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | no |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | no |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | no |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | no |
| | Do residents also have access to other programs and work opportunities to the extent possible? | no |

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

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

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

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

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

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

| | | |
|--------------------|--|----|
| 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? | no |

| | | |
|--------------------|--|-----|
| 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? | no |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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|--------------------|---|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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? | |

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|--------------------|--|-----|
| 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 |

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|--------------------|---|-----|
| 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 |

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|--------------------|---|----|
| 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? | no |

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| 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).) | yes |
| | 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).) | yes |

| | | |
|--------------------|---|----|
| 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 |

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|--------------------|--|----|
| 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 |

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| 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 |

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|--------------------|--|----|
| 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 |

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|--------------------|---|----|
| 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? | no |
| | 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? | no |

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

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

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

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|--------------------|---|-----|
| 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 |

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|--------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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.) | yes |

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| 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.) | yes |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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 |

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| 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 |

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

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| 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 |

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| 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 |

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

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| 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 |