

PREA Facility Audit Report: Final

Name of Facility: Perseus House Boys Residential Treatment Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/18/2020

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: 08/18/2020

AUDITOR INFORMATION	
Auditor name:	Raquet, Maureen
Email:	Mraquet1764@comcast.net
Start Date of On-Site Audit:	07/27/2020
End Date of On-Site Audit:	07/30/2020

FACILITY INFORMATION	
Facility name:	Perseus House Boys Residential Treatment Facility
Facility physical address:	1510 State Street, Erie, Pennsylvania - 16501
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Drew McNair
Email Address:	dmcnair@perseushouse.org
Telephone Number:	814-480-5900

Superintendent/Director/Administrator	
Name:	Mario Mezzacapo
Email Address:	mezzacapomt@gmail.com
Telephone Number:	8144805900

Facility PREA Compliance Manager	
Name:	Drew McNair
Email Address:	dmcnair@perseushouse.org
Telephone Number:	O: 814) 480-5900

Facility Characteristics	
Designed facility capacity:	28
Current population of facility:	14
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-18
Facility security levels/resident custody levels:	staff secure
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Perseus House Headquarters
Governing authority or parent agency (if applicable):	
Physical Address:	1511 Peach Street, Erie, Pennsylvania - 16501
Mailing Address:	
Telephone number:	8144805900

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

Agency-Wide PREA Coordinator Information			
Name:	Mario Mezzacapo	Email Address:	mmezzacapo@perseushouse.org

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 the Perseus House Shelter and Boys' Residential Treatment Facility was conducted on July 27, 27, 28, 29, 30, 2020 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This Audit was conducted in conjunction with one other facility Audit during this same time period. This facility was initially audited during the first PREA cycle in May 2015 and was found to be in full compliance on June 10, 2015. The second Audit was conducted on July 17, 18, 19, 20, 2017, during the first year of the second PREA three year cycle. This facility was found to be in full compliance on 10-12-17.

Notice of this Audit was posted on 4-6-20 for an Audit initially scheduled for May 18, 19, 20, 21, 2020 that was postponed due to Covid restrictions in the Commonwealth of Pa. When both Erie County and the County that the Auditor resides in went to "Green" status, the postponed Audit was conducted on July 27, 28, 29, 30, 2020. This Audit was posted on 5-14-20 and I received an email with pictures of the posting in both Spanish and English in the living units and common areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on July 27, 2020. There have been no communications received as a result of this posting in the Auditor's Post Office box.

On 4-8-20, I received notification that the Pre-Audit Questionnaire had been completed on the Online Audit System. During this pre-audit time period, through emails and phone calls with the PREA Coordinator, the uploaded information and the requested important documentation was discussed and clarified.

The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on July 20, 2020 and was discussed during a Pre- Audit call on July 23, 2020. I received both staff and resident rosters on this date.

The onsite portion of the Audit commenced with a brief entrance interview with the retiring Executive Director, the newly appointed Executive Director, Associate Executive Director/ PREA Coordinator, and the Director of Human Resources. This was followed by a tour of all areas of the facility that the children have access to. During the tour, I saw postings for the upcoming Audit in both living units. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse, providing reporting information for the Crime Victims' Center and providing residents, visitors and staff with reminders of the Zero Tolerance Policy.

While on the tour, I observed the "Hotline" to the Crime Victims' Center (CVC) that is located in both the Shelter and RTF staff offices. I asked a girl in the Shelter program to show me how this procedure worked. She did so and I spoke to the CVC staff person on the other end, ensuring that the line worked as described. The RTF residents were in summer school outside of the building, so I tried their hotline myself and it worked as described. There is a dedicated button on the phone with CVC on it. During the pre-Audit time period, I contacted the Clinical Director of CVC, a member of the Pennsylvania Coalition

Against Rape (PCAR), who confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention, providing a victim advocate and providing emotional support and confidential counseling for the residents. She stated that she was not aware of any incidents or problems at Perseus House. There are locked PREA/ Grievance dropboxes on each unit, which is another reporting avenue.

During the tour, I spoke to three staff, including a part time summer school teacher, who told me that they had received PREA training each year. The staff also told me that Administration conducts unannounced rounds on a regular basis. I spoke to the four residents in Shleter. They told me they shower alone and are never subject to cross-gender viewing. A shelter resident described for me the shower procedure. The RTF Director demonstrated the shower procedure for me in that program. There are single bathrooms with one curtained shower/tub, toilet and sink. I saw signs for knock and announce and I saw it practiced during the tour. This facility has cameras that are used to review incidents and for administrators to supervise the program. They can be actively monitored from the Administrators' desktop computers and from their phones. There is an approximately 7 daly recording capability. While on the tour, I saw a recording of a random unannounced round conducted by the Shelter Coordinator on 7-26-20 at 12:05 AM, which was a Sunday on a third shift.

In the staff office in each unit is a "PREA Binder". I perused it and saw that it contained logs of UARs, PREA sign in sheets for resident education, laminated first responder cards, the PREA zero tolerance policy and other related PREA forms and information.

I observed the Medical Suite, off the Intake area, and saw where a resident could be seen privately by Medical staff. Medical records are kept electronically in a system called "Bluestep". The PREA Coordinator assisted me in the review of these electronic files.

During the tour, all residents were in summer school. Nine boys in the RTF program were at the Alternative School in the Community. The shelter residents were in class in the Shelter classroom with a teacher and a teacher's aide, who are both Perseus employees. I had the opportunity to see the residents supervised in group settings in the classroom and also during a lunch period while on the tour and during two days of the on-site Audit. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations.

Directly after the tour of the facility and for the next 3 days, I interviewed the following:

- Executive Director who is retiring and the newly appointed Executive Director who will be taking over
- Associate Executive Director/PREA Coordinator
- PREA Manager for Shleter who conducts Random Unannounced Rounds
- PREA Manager for the RTF who conducts UARs, Monitors Retaliation and is a member of the Sexual Incident Review Team
- Director of Human Resources
- Nursing Coordinator
- Mental Health Therapist
- Nurse who administers the Vulnerability Assessment
- A staff who conducts Intake Education
- Four contractors, 1 in person, 3 by phone
- Ten residents (4 from Shelter, 6 from RTF)
- Twelve random staff (5 from Shelter, 5 from RTF)

There are 22 full time direct care staff and they work rotating, swing and permanent third shifts with rotating days off. I was provided with a roster of all staff by program and job title. I randomly chose and interviewed twelve total staff from both programs and from all three shifts including third shift. This represents 54% of the direct care staff. Both male and female staff work in all programs. The Medical and Mental Health staff are Perseus House employees and are assigned to each program. There are three full time nurses who are Perseus employees and a contracted doctor who does physicals. The Mental Health Therapists conduct the 14 day follow ups of residents required to have a Mental Health Assessment because of identification on the Vulnerability Assessment. All residents receive a physical within 72 hours of admission. Residents in the Residential Treatment Facility receive a Mental Health Assessment on their first day in the program and are seen by a psychiatrist.

There were 13 residents on the first day of the Audit: nine in the Boys' RTF and 2 girls and 2 boys from Shelter. I interviewed 6 residents from the RTF and the 4 residents in Shelter. This represents 76% of the total population of both programs. There were no residents who reported a sexual abuse. There were no disabled or non-English proficient residents. There were no LGBTI residents. There were two residents who had disclosed prior sexual abuse and both were interviewed.

I reviewed the files of 10 staff for required documentation including three hired within the past 12 months and one promoted during the past 12 months. I reviewed the files of 13 residents, 10 active, two discharges and one on temporary leave. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were chosen from those of the residents that I interviewed.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including a hotline to the Crime Victims' Center and the PREA dropboxes. There is also the grievance procedure, family visiting six times a week and phone calls 3 times a week, visits by attorneys, probation officers, and caseworkers. Due to Covid restrictions, visiting was restricted and was being resumed on an appointment only basis. Due to this restriction, phone calls were increased to daily and Skype was used whenever possible.

Both residents and staff who were interviewed knew that they could report in writing, verbally, anonymously and through third parties. Staff knew and understood their mandated reporter responsibilities. Pennsylvania Child Line, by phone or computer, is a mandated reporting requirement for staff, but is a phone resource for residents as well.

There are MOUs with Hamot Medical Center for Forensic Examinations with SAFE/SANEs and an MOU with the Erie Police Department who conducts Criminal Investigations. 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. There have been no reports from other facilities of abuse at the Shelter/RTF and this facility has not received any reports of sexual abuse at other facilities.

At the conclusion of the fourth day, an Exit interview was conducted with the Associate Executive Director, Chief Operations Officer/PREA Coordinator, and the Director of Human Resources to discuss the preliminary findings of the Audit and a plan of correction.

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 ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was present

during the first two Audits, but is now more ingrained in the facility. There is a PREA Coordinator who is the Associate Executive Director of the Agency. He was previously a PREA Manager, so he has experience with the implementation of PREA standards. Five PREA Managers report to him. The PREA Managers monitor retaliation in this role at the facility. Although Shelter/RTF is considered to be one facility Audit, there is a PREA Manager for each program.

The Nurse conducts both a Health and Safety Assessment and the Vulnerability Assessment at Intake. All residents receive a physical within 72 hours of admission and the RTF residents see a Master's Level Mental Health Therapist the same day as admission and see a psychiatrist. The Vulnerability Assessments and the resultant medical/mental health follow ups were done in a timely fashion. There is a spread sheet that logs admissions, date of education, date of all Medical and Mental Health 14 day follow ups. These records were all in order. The spreadsheet also includes documentation of any risk based housing decisions for those residents identified as being sexually vulnerable or aggressive. During the tour, I saw the rooms that are used to house these residents. There are single rooms that are used and one is close to the staff office. Risk based housing is being practiced and documented.

There is an ongoing relationship and an MOU with the Erie Crime Victims' Center that allows for victim advocacy, emotional support, reporting, and ongoing counseling. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Hamot Medical Center for Forensic Medical Examinations for residents where there is a SAFE/SANE, and there is an MOU with the City of Erie Police Department to conduct criminal investigations. This information is posted on the website.

The residents receive all education at Intake. All staff conduct Intake education. The education consists of reporting information and the Zero Tolerance Policy. Residents view a video and take a quiz to demonstrate their understanding of the material. There are bi-lingual posters throughout the units. The video is shown again quarterly to all residents. I saw the sign in sheets for the quarterly video viewing in the PREA binder in the staff office. This is a best practice. All residents are educated in a timely fashion and demonstrated their knowledge during interviews and during the tour.

All staff files that were reviewed were complete for both education/training, child abuse and criminal history clearances. The four contractor files contained all clearances. All but one of these contractor files had a PREA acknowledgement of education. The outstanding acknowledgment was received prior to the 45 day Interim report.

During the pre-audit phase, I received an Annual Report as required by Standard # 388. It was compiled by the PREA Coordinator and approved by the Executive Director. It was posted on the website and verified by the Auditor.

Four standards as noted below have been exceeded. The remaining 39 Standards have been met. All policy and procedure meet the Standards.

The following standards have been exceeded:

Standard #313 Monitoring and Supervision:

The ratio for both programs in this facility exceeds the ratio that is mandated by the standard and by Pa. 3800 Child Care regulations. Random Unannounced rounds are being conducted and documented on all three shifts and normally exceed the number required by policy. The PREA Managers utilize remote viewing of video to compliment the direct supervision by staff. Line of sight in the units was taken into consideration when the facility was planned. Staff positioning in the units is also taken into consideration. These programs never deviate from ratio and Perseus house utilized Crisis Team Pay to ensure proper

staffing during the Covid pandemic.

Standard #331 Employee Training

All employees receive training as part of orientation and as refreshers on a yearly basis. The employee curricula includes a video of a live presentation that was presented and recorded when PREA was implemented in 2015. There are power point presentations and training by contracted Mental Health Professionals. All new staff receive PREA training as part of their Orientation training, but speciality training such as LGBTI issues are conducted by experts in the field. The LGBTI training is a separate comprehensive curriculum presented by a member of an organization entitled Transfamily of NWPa. There is Mandated Reporter training for all staff. The training logs are complete and up to date, including initial training, yearly training and refreshers. The documentation was excellent. All staff interviewed were able to demonstrate a keen understanding of these issues.

Standard #351 Resident Reporting

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 ways a report could be made. The primary reporting mechanism is to an outside agency, the Erie Crime Victims' Center- CVC. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. This reporting method is posted throughout the center with postings with tear away phone numbers on the side. The private "hotline" is located in the staff office. There is a dedicated button. The residents can also call Child Line and the staff are required to call Child Line as mandated reporters. The Pa. Department of Human Services 3800 Child Care Regulations requires that all residents and their parents receive a Grievance Policy upon Intake and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. DHS. Residents in Shelter can call home five times a week and residents can receive visits from parents and grandparents six times a week, every day but Monday. Residents in the RTF can call home once or twice a week and there are visits every weekend. Most of these boys also have home visits every other weekend, depending on level. For residents that live over 5 hours away, the facility drives them half way and their parents meet them. This visiting policy was prior to Covid restrictions, and as of this writing in person visits were resuming. There is a parent group every Thursday night for all the Perseus homes and it takes place at this facility.(prior to Covid restrictions) Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. The facility increased the number of phone calls and utilized Skype for Attorney, PO/CW and some parent calls during the Covid restrictions. The locked suggestion/Grievance boxes are located next to the staff office on both units and can be used to submit a written allegation. Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation.

Standard #383 Ongoing Medical and Mental Health Services for Victims and Perpetrators of Sexual Abuse

Perseus House is a treatment facility and residents are committed there by the Courts or through a Mental Health Commitment for treatment. All residents receive a physical within 72 hours of admission and all identified residents who require a Mental Health Assessment receive one within 14 days. A RTF resident receives a Mental Health Assessment on the day of Admission. A Psychiatrist sees the RTF residents and monitors medication and is also available to the Shelter residents. The RTF residents have an Individual Therapist and participate in individual therapy, group therapy and family therapy. Drug and Alcohol Counseling is also available through a contracted service, Pyramid. After care plans follow these residents upon discharge or transfer.

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.

Perseus House was established in 1971, originally as a Community Service Project. It has since grown to become a multi-faceted agency that includes two separate components: a Charter School Program and Juvenile Residential Programs. The Charter School offers alternative education for middle and high school students in the Erie School District at 3 different sites and serves over 600 children. There is also an alternative school in adjacent Crawford County.

There are nine residential programs, with a total of 99 beds, including a mother/baby program, a shelter, a RTF for male sex offenders, three Residential Treatment Facilities, two "enhanced" RTFs and a Girl's Intensive Treatment Unit. Five of these programs require PREA Audits due to the percentage of delinquent residents placed there by the Courts. Some of these programs share a building or physical plant and are considered to be one Facility Audit for PREA Audit purposes. This includes the Shelter/Boys' Residential Treatment Facility located on State Street in the City of Erie and Andromeda House, which houses the Girls' RTF and the Girls' Intensive Treatment Program located in rural Crawford County.

This private agency is run by the Chief Executive Officer, Mark Amendola. Perseus House (Residential Services) has 140 full time and part time employees. The direct care or line staff are called Behavioral Specialists or Behavioral Technicians depending on their college degree. At the Shelter and RTF, there are a total of 22 full time staff including, 3 nurses, 2 Mental Health Therapists, a Shelter teacher and clerical staff. The facility is licensed by the Pa. Department of Human Services, under the 3800 Child Care Regulations and maintains certification in the Sanctuary Program, which is the organizational culture of the Agency. They also have JCAHO accreditation. Perseus House serves as a National Training Site for Life Space Crisis Intervention and Aggression Replacement Training. Perseus House contracts with 23 Pa. counties.

The Shelter/Boys' RTF programs are located at 1511 State Street. They are in the same building and are separated by a locked door. The Shelter is coed and has 16 beds. It accepts dependent and delinquent children. It is a short term program with the average stay of about 30 days with referrals primarily from Erie County Juvenile Probation and the Office of Children and Youth. In 2019, there were 149 Shelter admissions: 96 were male and 53 Female. The Boys' Residential Treatment Facility receives residents from several counties. These residents can be delinquent, dependent or mental health commitments. The average length of stay is 6-9 months. In 2019, there were 12 residents admitted to this facility and the age range is from 12-18. On the dates of the Audit, the Shelter had 4 residents, 2 girls and 2 boys, and the RTF had 9 male residents.

The front door or Intake for both programs is on State Street. The building runs the width of the block and the other side of the building, the Administrative Offices for Perseus House, as well as a Charter School, have a separate address, 1511 Peach Street. There are two levels to the building and you must go down the stairs from the offices on Peach Street to the Shelter/RTF. The building was once a bowling alley/indoor miniature golf course/arcade. It was taken over by the Erie School District as an Administrative building and then bought by Perseus House for its current use. The residential units are

separated from the rest of the building and its occupants by an internal stairwell and locked doors. The residents do not have access to the Office/School Area. The residential programs are on one floor and occupy 7,760 square feet. They are separated by locked doors and each have a common area and share Intake and the Medical Unit. There are counseling offices and conference rooms in the common area between the two programs.

When you enter the brick building from the Intake area on State Street, there is a glass reception booth and a small waiting area. As you leave this vestibule, the medical/nurses' area is to the right and offices are straight ahead. To the right is the 16 bed Shelter. This unit has a large open living space in the middle and on one side has three bathrooms (curtained tub/shower, sink, toilet) and 11 bedrooms, (6 singles and 5 doubles), with built in beds and shelving. On the other side of this space is a glass walled staff office, two classrooms and kitchen/laundry. There is one additional bedroom next to the staff office that can be used to house a resident temporarily who may need round the clock, one on one supervision. The television/living area is in the center of this open area. The resident phone and postings are on the wall next to the staff office. There is an outside walled in courtyard with a basketball court. This courtyard was also being used for visiting during the onsite due to Covid restrictions.

The RTF program is physically a mirror image of the Shelter, but smaller to the left of Intake. There are 8 bedrooms, (4 singles and 4 doubles), with built in beds and shelving, two bathrooms, (back to back, bath/shower combo, toilet, sink) a therapist's office, kitchen/laundry area, but no classroom. The residents are transported off site to one of the Perseus Alternative Schools in the community about 10 minutes away. Both living areas have wooden furniture with upholstered cushions and a television/recreation area.

This facility does have cameras throughout the common area and there is a live viewing capability and a 7 day recording capacity.

All residents attend school year round. All residents participate in several groups including Aggression Replacement Training (ART), an evidence based curriculum. The Shelter residents are court committed to await their court hearings or an appropriate placement. Many are placed in a Perseus House residential facility. The Boys' RTF only accepts boys who meet the Medical Criteria for a Mental Health Placement. Boys are committed to the RTF for Mental Health Treatment. They have an individual therapist who they see several times a week. They are seen by a Psychiatrist and they also attend several groups. Parents groups are conducted every Thursday evening (not during Covid restrictions) and individual Family Therapy is either done in person or by conference call or Skype. The RTF is not only licensed by the Pa. Department of Human Service under the 3800 regulations, but also by the Pa. Office of Mental Health Services, the Department of Health, and the Bureau of Professional Integrity. The per diem is paid for by private insurance or by Medicaid.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	4
Number of standards met:	39
Number of standards not met:	0

The following standards have been exceeded:

Standard #313 Monitoring and Supervision:

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side. The private "hotline" is located in the staff office. There is a dedicated button. The residents can also call Child Line and the staff are required to call Child Line as mandated reporters.

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There is a parent group every Thursday night for all the Perseus homes and it takes place at this facility. (prior to Covid restrictions) Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. The facility increased the number of phone calls and utilized Skype for Attorney, PO/CW and some parent calls during the Covid restrictions.

The locked suggestion boxes are located next to the staff office on both units and can be used to submit a written allegation.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation.

Standard #383 Ongoing Medical and Mental Health Services for Victims and Perpetrators of Sexual Abuse

Perseus House is a treatment facility and residents are committed there by the Courts or through a Mental Health Commitment for treatment. All residents receive a physical within 72 hours of admission and all identified residents who require a Mental Health Assessment receive one within 14 days. A RTF resident receives a Mental Health Assessment on the day of Admission. A Psychiatrist sees the RTF residents and monitors medication and is also available to the Shelter residents. The RTF residents have an Individual Therapist and participate in individual therapy, group therapy and family therapy. Drug and Alcohol Counseling is also available through a contracted service, Pyramid. After care plans follow these residents upon discharge or transfer.

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	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Perseus House Zero Tolerance Policy • Perseus House Organizational Chart <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Manager <p>There is a PREA Zero Tolerance Policy for preventing, detecting reporting and responding to incidents of sexual abuse and sexual harassment. The policy defines what is sexual abuse and sexual harassment. It details training and education for staff and residents. The policy describes how the above will be implemented.</p> <p>The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that they have both sufficient time and the authority to coordinate the facility's PREA compliance efforts. The PREA Coordinator is the Associate Executive Director for the Agency. Prior to his recent promotion, he was the PREA Manager for the Shelter. The organizational chart confirms that he has the authority within the organization to ensure compliance. He develops and implements PREA policy and collects all reports and data for any incidents that occur. He has five PREA Managers who report to him. There is a PREA Manager for each program at this facility, one for the Shelter and one for the RTF. I interviewed the Shelter Coordinator who is the PREA Manager. In this role he is also responsible for monitoring retaliation and conducting random unannounced rounds. He states that he has enough time for his PREA duties as does the PREA Coordinator.</p> <p>This standard has been met. There is no need for corrective action.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Facility does not contract with any other Agency or Facility for the care of its residents.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • Pa. Department of Human Services Child Care Regulations • Pa. Department of Human Services Licensing and Inspection Summaries • Posted Staff Schedules • Randomly Selected Staff Schedules • PREA Zero Tolerance Policy • Logs of Unannounced Rounds • Documentation of annual reviews of staffing by PREA Coordinator • Facility Schematics • Minimum Staff Requirements Document • Video recording of a random unannounced round <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator/ Associate Executive Director • Boys' Residential Treatment Facility Director/PREA Manager • PREA Manager/Shelter Coordinator • Staff and Residents during tour <p>The review of the Zero Tolerance Policy, Perseus 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. Department of Human Services Licensing and Inspection Summaries. The Pa. DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.</p> <p>I reviewed documentation of the annual reviews of staffing by the PREA Coordinator and PREA Managers for each program. One was submitted for each program at this facility, because they staff independently of each other. The policy requires an annual staffing review. At Perseus, the PREA Manager for each program conducts the review and submits it to the PREA Coordinator, who reviews it and signs off on it. The Associate Executive Director states that staffing is reviewed daily to ensure one on one supervision and that other resident needs are met. I was provided with current staff schedules for both Shelter and the RTF with more than the required ratio. I also requested and received randomly selected staff schedules during the Pre- Audit Time Period.</p> <p>The ratio that is required by the Pa. 3800 Child Care regulations is 1:8 , 1:16. The Associate Executive Director states his ratios are better than that. They staff 1:6 and 1:16 and in some programs, such as the RTF, they staff 1:3 or 1:2 for awake shifts. He states that the use of</p>

voluntary and mandatory overtime is used to cover call outs so that there are no deviations. During the Covid emergency, Perseus provided "Crisis Team Pay" to salaried employees to work the floor to ensure compliance with ratio. He also stated that staff can be temporarily transferred to different Perseus House programs, if the number of residents are down in their program, to provide one on one supervision that may be required or for additional staffing due to programming.

Video surveillance is used to supplement the supervision of the residents. The cameras can be monitored by Administrators and mid level supervisors. There is a remote viewing capability that can be used at home and according to the RTF supervisor, he can view it on his phone. There is an approximately 7 day recording capability. I reviewed a video of a random unannounced round that occurred on 7-25-20 at 12:05 AM that was conducted by the Shelter Coordinator. I also saw a log of random unannounced rounds in the "PREA Binder" in both the Shelter and the RTF staff offices. Administrative staff are conducting random unannounced rounds on all Shifts. I saw the most recent rounds in a log book at the facility and several months of logs were provided to me prior to and during the onsite. I interviewed both the Shelter Coordinator and the RTF Director pertaining to the random unannounced rounds. Both stated they conduct them on all shifts and record them and never tell anyone they are going to do so. During the tour, I spoke to both staff and residents who confirmed random unannounced rounds by supervisors and administration.

During the two days that I was onsite, I conducted interviews in a counseling office between the two units. I had multiple opportunities to observe children being escorted one on one throughout the units and as a group in the classroom in the Shelter. There were 4 residents in Shelter during the Audit. They were in a classroom with a teacher and a teacher's aide, who is a direct care staff. There were also two other direct care staff working and the Shelter Supervisor. The RTF residents were at school in the community during the tour. There were nine residents in the RTF program. There were two staff with these residents upon their return, not counting the two therapists and the supervisor.

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

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Zero Tolerance Policy
- Perseus Search Policy
- Perseus Shower Policy in Resident Handbook
- Perseus House Gender Variant Search Preference Form
- Staff Training Curricula
- Staff Training Logs
- PREA Opposite Gender Announcement Poster

Interviews:

- 12 Random staff
- 10 random residents

The Perseus House Zero Tolerance Policy contains the necessary requirements for this standard. It, along with the Perseus House 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. Perseus House Search policy prohibits any pat down searches. Staff state that they do not conduct any hands on search at all and that even in an emergency they believe that a same sex staff would conduct a search. They conduct a visual "shake out" search, where a child pulls out his pocket, pulls out his waist band and shakes his or her own clothing. Residents state that they have never been subject to a cross gender pat down search or hands on search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. They were able to describe for me the procedure and the use of the Gender Variant Search Form.

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 every unit and I saw "knock and announce" practiced during the tour. In the RTF, I saw a blackboard with the staff names for that shift on it prominently displayed on the unit with the day, date and shift.

Residents state that they shower one at a time. The bathrooms have a single curtained tub/shower. Same sex staff conduct showers. This shower procedure was demonstrated for me during the tour. Transgender or Intersex residents would shower alone according to policy and interviews.

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.

There were no Transgender or Intersex residents in the population, however during a previous Audit, there was a Transgender girl in the RTF program and the policy was followed and documentation of compliance was provided.

There are no cameras in the resident rooms or in the bathrooms nor any place where they have an expectation of privacy.

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Zero Tolerance Policy • Resident PREA Brochure in Spanish and English • Resident Educational Curricula • Employee Educational Curricula • Contract with Translator <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Executive Director • Associate Executive Director • Twelve Random Staff <p>During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There is a contract with a translator, the Multicultural Community Resource Center, that was provided.</p> <p>Staff stated that the use of a resident as a translator for reporting sexual abuse or sexual harassment is prohibited by policy and does not occur.</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 for all residents to receive PREA Education.</p> <p>Admission to any of the Perseus House treatment programs would be on a case by case basis due to a need for a basic level of functioning to participate in the cognitive therapy groups according to the Director. It is possible that Shelter could receive a resident who is not English proficient.</p> <p>The PREA policy requires these accommodations.</p> <p>This standard has been met. There is no need for corrective action</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Pa. Department of Human Services 3800 Child Care Regulations • Pa. Department of Human Services Licensing and Inspection Summaries • Pa. Child Protective Services Law • Zero Tolerance Policy • Employee Hiring Process Document • Files of eight staff including four who had been recently hired and one who had been recently promoted • Files of four Contractors <p>Interviews:</p> <ul style="list-style-type: none"> • Director of Human Services <p>The Perseus House Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The policies require a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews. There is Zero Tolerance for this behavior when seeking a promotion within Perseus House according to an interview with the Director of Human Resources.</p> <p>The Pa. Child Protective Services Law requires these clearances prior to employment and all employee files are inspected during the annual licensing inspection. That includes the files of contractors and volunteers. There have been no citations for non-compliance in this area.</p> <p>I reviewed the files of 8 staff, including four who had most recently been hired, one new promotion and four contractors. All had the required clearances. The clearances for all contractors, including the psychiatrist and psychologist are kept by Human Resources.</p> <p>The policy and the interview with the HR Director reveal that all clearances of all employees will be conducted every 2 years. I saw the required rechecks in 3 of the employee files I reviewed and in 3 out of the contractor files that required it.</p> <p>This standard has been met. There is no need for corrective action</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There have been no renovations or modifications to this Facility since the last PREA Audit. There have been no Technology installations or upgrades since the last Facility Audit.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • MOU with Erie Police Department • MOU with UPMC Hamot Medical Center • MOU with Crime Victims Center • CVC Postings • SAFE/SANE Posting • Sexual Assault Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Nursing Coordinator • Clinical Director for the Crime Victims Center (by telephone prior to the Audit) • 12 Random Staff <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Hamot Medical Center, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the City of Erie Police Department and their responsibilities are outlined in the MOU. The Erie Crime Victims' Center, a member of the Pa. Coalition Against Rape (PCAR), always provides a victim advocate to provide crisis intervention, emotional support, information and referrals.</p> <p>I spoke to the Clinical Director of the CVC prior to the onsite portion of the Audit by telephone and he confirmed the services stated in the MOU.</p> <p>All MOUs are in place for the necessary services to be offered for a resident outside of the Facility.</p> <p>The Nurse confirmed SAFE/SANEs at Hamot Medical Center.</p> <p>There were no residents who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months.</p> <p>This information is posted on the facility website.</p> <p>This standard has been met. There is no need for corrective action</p>

115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Child Protective Services Law • MOU with the City of Erie Police Department • Perseus House Website • Sexual Assault Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director • PREA Coordinator • PREA Manager <p>I interviewed the Executive Director, the PREA Coordinator and the PREA Manager. I reviewed the PREA Policy and the MOU with the City of Erie Police Department. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Executive 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 City of Erie Police Department and Pa. Child Line and that the facility does not investigate any allegation but reports all of them. The contact information for the Erie City Police, Pa. Child Line and Perseus House 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
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 566 358">Documents Reviewed:</p> <ul data-bbox="300 425 1181 683" style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Department of Human Services 3800 Child Care Regulations • Perseus House Employee Training Curricula • Employee Training Logs • Eight Employee Files <p data-bbox="252 712 406 745">Interviews:</p> <ul data-bbox="300 813 614 891" style="list-style-type: none"> • PREA Coordinator • Twelve Random Staff <p data-bbox="252 929 1484 1355">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 2015 and any staff who were hired after that date receive this training during orientation. They also receive yearly refreshers and I saw documentation of this happening and staff concurred during their interviews. There is a specific LGBTI curriculum conducted by an expert in the field. The LGBTI training is a separate comprehensive curriculum presented by a member of an organization entitled Transfamily of NWPa. I saw a yearly receipt of training for staff, signed by them and the supervisor, stating that they demonstrated competency in that area. I reviewed 8 random staff files to ensure yearly training that is appropriate. All eight files contained appropriate documentation.</p> <p data-bbox="252 1388 1476 1724">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. All staff can work with male and female residents and the curricula addresses this. The twelve random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI.</p> <p data-bbox="252 1758 1468 1926">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. This is a separate training with a certificate upon completion.</p> <p data-bbox="252 1960 1444 2038">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 data-bbox="252 2072 1468 2116">Due to the excellent curricula and the extent of the training this standard has been exceeded.</p>

	There is no corrective action needed
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115.332	<p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Brochure for Volunteers and Contractors • PREA Volunteer and Contractor Acknowledgement Form • Training Logs • File of 4 Contracted Employees <p>Interviews:</p> <ul style="list-style-type: none"> • Four Contracted Employees (3 by phone) <p>I interviewed four Contracted Employees. The aforementioned individuals were able to tell me that they received training and the extent of the training. They are all mandated reporters due to their professions and the doctors are required to have mandated reporter training every two years to retain their professional licenses. I interviewed the Psychiatrist/Medical Director, Psychologist and two staff from Pyramid who provide Drug and Alcohol counseling and education. They received the brochure, signed off on it and could tell me who they would report to at Perseus.</p> <p>I saw receipt of training for 3 of the four contractors that I interviewed while onsite. The fourth was provided to me after the onsite but prior to the 45 day Interim report.</p> <p>This standard has been met. There is no need for corrective action.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy • Resident PREA Intake Brochures in Spanish and English • Resident PREA Orientation Acknowledgement Forms • Resident PREA Orientation Quiz • Resident PREA Education Video Sign Off • Posters for Reporting and Education in Spanish and English • Resident Education Logs • 13 Resident Files • PREA Education Video <p>Interviews:</p> <ul style="list-style-type: none"> • Staff person who performs Intake • 10 residents <p>All staff conduct Intakes and all education is conducted at Intake. I interviewed one staff person who states that as part of the admission process the resident, while in the Intake area, is given a brochure and is shown a PREA Orientation Video. Then the staff person verbally goes over a PREA Orientation form that both the staff and the resident sign. The resident also takes a PREA quiz while watching the video. Both the signed form and the PREA Quiz are scanned into the resident's electronic file. The PREA Zero tolerance policy requires this timely education.</p> <p>Throughout the facility there are posters for reporting, zero tolerance and what is sexual harassment. These are age and gender appropriate. I reviewed the files of 13 residents, 10 active and 2 discharges, and one a transfer from the RTF program to the Shelter program and all had the education acknowledgement and quiz in their files. All education was done in a timely fashion for the facility.</p> <p>I interviewed ten random residents and all stated they received education when they first arrived and that education advised them they had a right to be free from sexual abuse and harassment, how to report, and that they could not be punished for reporting sexual abuse and harassment. One resident stated he had received education several times, because of placement in several facilities. Five out of ten residents could tell me about services offered through the Crime Victims' Center and they told me they learned of this during their education and also from the posters throughout the Center. Spanish and English posters and brochures are available as is a translation service. This service can also provide assistance for those that are blind and deaf.</p> <p>In addition to the posters and brochures throughout the facility, the Intake video is shown</p>

quarterly to every resident as a refresher. While on a tour of the facility, I saw the resident sign in sheets for the quarterly video in the PREA binder located in the staff office.

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There are no investiagtors in this Facility because Pa. Child LIne prohibits a Facility from conducting or interfering with an Investigation. The staff are only allowed to conduct a minimal facts interview for reporting and to implement a safety plan. They may conduct an internal investigation after the investigation by Child Line and the police are complete. The PREA Managers have taken an Investigator Course and certificates of completion were provided to me, however they do NOT conduct investigations. They received this training to help them better understand the investigative process and to facilitate it. Investigations are conducted by the Erie Police Department and the Pa. Department of Human Services.</p> <p>This Standard has been met. There is no need for corrective action.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy • Specialized Curricula Modules • Medical Employee Training Logs • NIC Certificates of Completion • File of 2 MHTs <p>Interviews:</p> <ul style="list-style-type: none"> • Nursing Director • Mental Health Therapist <p>This facility does not perform any forensic medical examinations. These are conducted at the Hamot Medical Center by SAFE/SANEs and there is an MOU with the Hospital.</p> <p>I interviewed the Nursing Coordinator and I also interviewed a Mental Health Therapist. Both have completed PREA Training for all employees and the Nursing Director completed the specialized training. The MHT had jsut assumed that role in July and had not taken that course prior to the interview. Documentaion of completion was sent to me prior tot he 45 day Interim report. Both state that the facility does not conduct forensic examinations and that they both have received training regarding the sexual abuse of juvenile victims. They both received training on the protection of forensic evidence.</p> <p>Both the Nurse and the MHT are mandated reporters and would report to the Executive Director and to Child Line. They would both document any reports they received. The Nursing Director is responsible for ensuring that her staff receives PREA training. I saw completed training for a Nurse that was hired within the last two months.</p> <p>I received certificates of completion for the NIC PREA online course.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy • Vulnerability Assessment Instrument • Completed Vulnerability Assessment Instruments for 13 Residents • Logs of all VAs • Gender Variant Search Form <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Manager • Nurse who completes Vulnerability Assessment • 10 residents <p>The Vulnerability Assessment Instrument is a commonly used objective instrument 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 . The Nurse on duty conducts a Health and Safety Assessment along with the Vulnerability Assessment at Intake. She takes into account the Intake interview, conversations with parents, probation officers and caseworkers, court reports and any other information that may accompany the child. She uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions.</p> <p>All completed VAs are kept in the electronic resident files. Only the direct care staff and medical and administrative staff have access to them. If a staff person is filling in at the facility from another facility, they are give 24 hour access to the electronic files. I reviewed the electronic files of 13 residents, 10 active (from those residents that I interviewed) and 2 discharges (that I chose randomly from those admitted during the past 12 months) and one transfer file. All had timely administration of the VAI conducted at Intake by the Nurse.</p> <p>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, if they were fearful of sexual abuse while at Perseus or if they identified as LGBTI. One resident could not remember being asked all these questions, but the VAI in his file showed that he had.</p> <p>The facility policy requires a re-assessment at 6 months. There were three residents who were interviewed that required a review every six months. Only one resident remembered receiving one, but a review of the files showed that all three had received multiple re-assessments. The file of the transfer resident from RTF to Shelter showed multiple six month</p>

reviews. Shelter residents have a short length of stay, so they do not usually require them.
The Nurse is required to conduct the 6 month VAI.

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

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Department of Human Services 3800 Child Care Regulations • Shower Policy in Resident Handbook • Gender Variant Search Form • Vulnerability Assessments of 13 residents • Documentation of Risk Based Housing Log <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Manager • Nurse who conducts Vulnerability Assessment <p>Isolation is not practiced and is prohibited by both the Perseus House Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.</p> <p>There were no LGBTI residents in the population at the time of the Audit.</p> <p>I interviewed the above staff who state that any resident who is identified as either sexually vulnerable or sexually aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. Seating in the classroom, the van and in the common areas is also considered when a kid is identified as the above. While on the tour, I saw the single rooms including one that is close to the staff office and is within both eye and ear shot of staff. I observed the bathrooms that have single shower/tub combos, a toilet and a sink and doors that close. All residents shower by themselves. During the tour, a staff person demonstrated the shower procedure to me.</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 six months. The residents' own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status.</p> <p>The Shelter program is co-ed with a girls' side and a boys' side. The Shelter Coordinator states that the bed numbers on each side are fluid, due to around the clock intakes not dictated by gender. He stated that a Transgender resident would be able to state their preference as to which side of the Shelter they would feel most comfortable. There are two single bathrooms, one designated boys and one for the girls. He would have to take into account the ever changing group dynamics and the security of the population as a whole when assigning rooms.</p>

I reviewed the files of 13 residents (10 active and 2 discharges and one transfer). All risk based housing recommendations are recorded on the PREA log and a notification is posted on the resident's electronic record. Of the 10 active resident files that I reviewed, two were identified as sexually vulnerable. One resident had risk based housing documentation and one did not, but he was in a single room. One resident was identified as sexually aggressive and he had appropriate documentation. On the ongoing log that was received during the pre-audit time period, multiple resident who required risk based housing documentation had it reocoded.

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

115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy • Grievance Policy • Telephone Policy • Visiting Policy • Pa.Child Protective Services Law • Pa. Department of Human Services 3800 Child Care Regulations • PREA Intake Pamphlet • MOU with Erie Crime Victims' Center, CVC • Resident Handbook • PREA Postings • Sexual Assault Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Manager • Clinical Director of the Erie CVC, a PCAR (by phone, prior to Audit) • Twelve Random Staff • Ten Residents <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 ways a report could be made. All residents could tell me they could report to an outside person, usually a parent and all but two residents knew that you could make reports anonymously. There were no residents who reported a sexual abuse.</p> <p>The primary reporting mechanism is to an outside agency, the Erie Crime Victims' Center-CVC. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. The mechanism for this is that the CVC would receive a report and would contact Pa. Child Line, who would contact the facility to advise them of the report. Prior to the onsite, I did a telephone interview with the Clinical Director of the CVC and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center with postings with tear away phone numbers on the side. The private "hotline" is located in the staff office. There is a dedicated button. A resident from the Shelter called it while I was on the tour and it worked as described. I tried the Hotline in the RTF program and it worked as described. The residents can also call Child Line and the staff are required to call Child Line as mandated reporters. Staff can also use a computer to report to Child Line privately and feel they can go to anyone at Perseus to report privately</p>

and most staff named the PREA Coordinator.

The Pa. Department of Human Services 3800 Child Care Regulations requires that all residents and their parents receive a Grievance Policy upon Intake and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. DHS.

Residents in Shelter can call home five times a week and residents can receive visits from parents and grandparents six times a week; every day but Monday. Residents in the RTF can call home once or twice a week and there are visits every weekend. Most of these boys also have home visits every other weekend, depending on level. For residents that live over 5 hours away, the facility drives them half way and their parents meet them. This visiting policy was prior to Covid restrictions, and as of this writing in person visits were resuming. RTF residents also go out to school every day.

There is a parent group every Thursday night for all the Perseus homes and it takes place at this facility. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. The facility increased the number of phone calls and utilized Skype for Attorney, PO/CW and some parent calls during the Covid restrictions.

The locked suggestion boxes are located next to the staff office on both units and can be used to submit a written allegation. The 10 residents interviewed most often answered "hotline" or "tell a staff" as the way they would report.

There are tools such as pencils and paper throughout the living units and in the classrooms for the residents to write letters, grievances or to report. In Shelter the residents have to sign out a pencil in the classroom and ask staff for a pen or pencil in the common areas. They are permitted to have a crayon in their rooms. Mail cannot be read by staff and is sealed by the resident when mailed.

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

This standard has been met. No corrective action is needed

115.352	Exhaustion of administrative remedies
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 568 360">Documents Reviewed:</p> <ul data-bbox="300 427 1343 763" style="list-style-type: none"> ● PREA Policy ● Grievance Procedure for Residents and Families ● Pa. Department of Human Services 3800 Child Care Regulations ● Pa. Department of Human Service Licensing Annual Licensing and Inspection Summaries ● Resident PREA Orientation Forms ● Grievance Form ● Files of 13 residents (11 Active, 2 discharges) <p data-bbox="252 797 408 831">Interviews:</p> <ul data-bbox="300 898 576 931" style="list-style-type: none"> ● PREA Coordinator <p data-bbox="252 976 1477 1267">There were no incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 months. No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires 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 7 days according to the policy and within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.</p> <p data-bbox="252 1301 1453 1592">The Pa. Department of Human Services 3800 regulations require that a grievance policy be given at Intake and that notification and acknowledgement of such by both the resident and their parent/guardian be included in the resident file. The Pa. DHS, during their annual licensing inspection, reviews resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summaries did not contain any citations for non-compliance in this area. The Grievance Procedure for Clients and Family Members was uploaded and reviewed.</p> <p data-bbox="252 1626 1477 1794">The grievance process was not mentioned as often as the "Hotline" or "telling a staff" by either residents or staff interviewed, but there are grievance forms and documentation of notification in the child's file. I saw locked grievance/suggestion boxes on each unit during the tour of the facility.</p> <p data-bbox="252 1827 1121 1861">This standard has been met and does not require corrective action</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> ● Pre-Audit Questionnaire ● PREA Policy ● Visiting Policy ● Telephone Policy ● Resident PREA Orientation Form ● Resident CVC Pamphlets ● Spanish and English Posters ● MOU with Erie Crime Victims' Center ● Resident Handbooks <p>Interviews:</p> <ul style="list-style-type: none"> ● PREA Manager ● Associate Executive Director/PREA Coordinator ● Ten Random residents ● CVC Clinical Director (by phone prior to onsite) <p>The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through the Erie Crime Victims Center. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service. There are tear away phone numbers on the side of the poster.</p> <p>The Director described the MOU with CVC, a member of the Pa. Commission against Rape (PCAR), and the services that they offer. The MOU was reviewed and I spoke to the CVC Clinical Director by telephone prior to the Audit to confirm the services offered in the MOU. She stated that confidential counseling services would be provided to these residents.</p> <p>The residents who were interviewed state that they can make and receive phone calls. All stated that they can make a phone call to parents or guardians at least five times a week in Shelter and less frequently in the RTF. Visiting by parents/grandparents/guardians is six times a week, every day except Monday for Shelter residents and every weekend for RTF residents. RTF residents receive home visits, depending on level. There is a parents' group that is conducted every Thursday at this facility for all Perseus residents' parents. This visiting policy was prior to the Covid restrictions and was just resuming as of this writing at the end of July 2020. Skype calls were used whenever possible during this time. Phone calls for everyone increased to almost daily.</p> <p>Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit or call whenever it is convenient for them. Several of the residents that were interviewed state that they usually talk to the Public Defender before Court. It should be</p>

noted that not all residents in the RTF program have an attorney, because they could be under a voluntary mental health placement. PO/CW and Attorney visits were limited to Skype calls during Covid restrictions.

Some residents were able to tell me about the counseling services offered through the CVC, because they received this information at Intake and it is posted throughout the facility. Six out of ten residents could tell me about these services.

This standard has been met and requires no corrective action.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Perseus House website <p>The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Perseus House via the website which was verified. It is also posted in the visiting area in both Spanish and English.</p> <p>This standard has been met and requires no corrective action.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • Child Abuse and Neglect Mandated Reporter Policy • PREA Policy • Pa. Child Protective Services Law • Training Logs • Pa. Department of Human Services 3800 Child Care Regulations • Sexual Assault Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator • PREA Manager • Twelve Random Staff • Nursing Coordinator • Mental Health Therapist <p>There have been no reports of sexual abuse or sexual harassment 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. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line and the Executive Director.</p> <p>The Director states that the PA. 3800 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>Although this has not been done for a sexual abuse report in the past 12 months, it has been done for other types of incidents and this evidences practice.</p> <p>This standard has been met and there is no need for corrective action</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • PREA Zero Tolerance policy <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director • Associate Executive Director/PREA Coordinator • Twelve Random staff <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 Director, and the Associate Executive 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. Line staff would act immediately and remove the child from danger, by possibly changing roommates, changing rooms, moving the resident to the other side of the shelter, keeping the resident with them and alerting their supervisor,</p> <p>This standard has been met. There is no corrective action necessary.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director • Associate Executive Director/PREA Coordinator <p>There have been no incidents that have required reports within the past twelve months.</p> <p>The policy clearly states that, if a resident reports a sexual abuse that occurred at another facility to a Perseus 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 to Perseus from another facility, it will be reported to the Associate Executive Director/PREA Coordinator who will contact Child Line, and the Erie Police Department and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours. There have been no such reports in the past 12 months.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.364	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Sexual Assault Checklist • PREA Binder in Staff office <p>Interviews:</p> <ul style="list-style-type: none"> • Twelve Random Staff <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.</p> <p>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.</p> <p>While on the tour of the facility, I reviewed the "PREA binder " which is kept in the staff office on each unit. It contained the First Responder duties on laminated cards that staff can carry and consult.</p> <p>This standard has been met. There is no need for corrective action.</p>
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115.365	Coordinated response
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 568 360">Documents Reviewed:</p> <ul data-bbox="300 432 1094 546" style="list-style-type: none"> • Pre-Audit Questionnaire • Coordinated Response in the PREA Zero Tolerance Policy • Sexual Assault Checklist <p data-bbox="252 589 408 622">Interviews:</p> <ul data-bbox="300 689 954 723" style="list-style-type: none"> • Associate Executive Director/PREA Coordinator <p data-bbox="252 763 1458 1010">There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. There is a sexual assault checklist that is used in conjunction with the Coordinated Response. The Associate Executive Director stated during his interview that although not utilized for a report of sexual abuse, the Coordinated plan has been used for other types of incidents. This demonstrates that the policy is in practice.</p> <p data-bbox="252 1048 1129 1081">This standard has been met. There is no need for corrective action.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director <p>There are no Unions or collective bargaining units at any of the the Perseus House facilities. The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation.</p> <p>An interview with the Executive Director shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place. This always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.</p> <p>This standard has been met. There is no corrective action that is needed.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director • Associate Executive Director/PREA Coordinator • PREA Manager for RTF <p>There have been no incidents that have required the monitoring of retaliation in the past 12 months. The PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Perseus house is the PREA Manager. He does a status check daily or weekly if needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. He monitors, both in person and on video, any behavioral changes in residents, including kids' interactions, conversations and body language. He monitors work records of staff, including tardiness and absenteeism, among other variables.</p> <p>He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan. This 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, or the possible discharge of a child.</p> <p>In the case of staff, he would probably include Human Resources and this could include emotional support or disciplinary action. If a staff person is involved in an incident, the Human Resources Director would monitor retaliation against them.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. 3800 Child Care Regulations <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator <p>This standard does not apply. There is no use of isolation. It is prohibited by both the Perseus House Policy and the Pa. 3800 Child Care Regulations.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Management of Investigations document • PREA Policy • MOU with the City of Erie Police Department • Pa. Child Protective Services Law • Pa. 3800 Child Care Regulations <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator/Associate Executive Director • PREA Manager <p>There have been no sexual abuse or sexual harassment reports 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, the City of Erie Police Department, with whom the facility has an MOU. The facility has no investigators. 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. Facility staff do a minimal facts interview in order to report and implement a Safety plan. The PREA Coordinator states that they have a very cooperative relationship with the City of Erie Police Department, however he must make multiple calls to both the police and Pa. DHS to remain abreast of the situation.</p> <p>By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported. There is no use of the polygraph by the agency when an incident is reported.</p> <p>The policy meets the standard and no corrective action is needed.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Perseus House PREA Policy <p>The Standard of Proof is in the facility 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>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. Department of Human Services 3800 Child Care Regulations <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator <p>There have been no incidents of sexual abuse or sexual harassment in the past 12 months. The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. 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 and the parent and child is notified of this too. The Director stated that the resident and their parents would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility of the outcome upon completion of the investigation. If Child Line is not involved, the facility would notify the resident and parent and would document the notification. I feel that the policy and the interview confirm that the standard has been met.</p> <p>This standard has been met. There is no corrective action needed.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment. However, the PREA Coordinator did indicate that a staff person had been terminated two years ago for Violation of tje PREA Zero Tolerance Policy.</p> <p>The policy contains 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 and needs no corrective action.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator <p>There have been no incidents of this nature in the past twelve months.</p> <p>Both PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy and would probably terminate them. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. The Director states he would also contact the contractor or volunteer's agency and notify them as well.</p> <p>The policy and the interview confirm that this standard is met. No corrective action is needed.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Pa. Child Protective Services Law • Pa. Department of Human Services 3800 Child Care regulations. <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator • Nursing Coordinator • Mental Health Therapist <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months.</p> <p>The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse.</p> <p>Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.</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, because that resident could no longer be trusted with privileges and must earn them. 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. Any incident would be considered a behavior that would be addressed in therapy. He stated if the incident resulted in criminal charges the resident would most likely be removed from the facility.</p> <p>Both the Nursing Coordinator and the Mental Health Therapist state that counseling is offered at Perseus House for both the victim and perpetrator. The assessment and/or treatment is voluntary and a resident would not be prohibited from program or educational participation. However, a resident is court committed or under a mental health commitment for therapy in the RTF program. If they did not cooperate, it is possible that they would be discharged from the program.</p> <p>This standard has been met. There is no corrective action needed</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Vulnerability Assessment Instrument • Health and Safety Assessment • Logs of all Admissions (ongoing) • Secondary Medical Documentation • Electronic Files of 13 residents (10 active, 2 discharges, 1 temp leave) <p>Interviews:</p> <ul style="list-style-type: none"> • Nurse who administers Risk Assessment • PREA Coordinator • Nursing Coordinator • Mental Health Therapist • Two residents who disclosed Prior Sexual Abuse <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 requires the Nurse who administers the risk assessment to notify the Mental Health therapist of the need for a follow up for residents in the Shelter. All residents in the RTF see a therapist as part of their admission process. All residents have a physical completed within 72 hours of admission.</p> <p>I reviewed the electronic health records of 13 residents with the PREA Coordinator. Ten of the files were chosen from those of residents I interviewed, two were discharges, one from Shelter and one from RTF and one was of a Shelter resident who was on temp leave. The files showed that all residents had a physical within 72 hours and all RTF residents met with a Mental Health Therapist within 24 hours and a psychiatrist within a week.</p> <p>I interviewed two residents who disclosed prior sexual abuse and one stated that he declined both Medical and Mental Health follow up, but his file showed he received both prior to 14 days. Another resident stated she received a physical when she first arrive but was not offered a MH assessment and if possible she wanted to see a therapist. She was immediately seen by a MH therapist. The Nurse who conducted her VAI stated that the resident denied a prior victimization but other information that was received stated she had been victimized and that was why she was identified. A third file of a Shelter resident on temporary leave showed he was identified as a previous perpetrator and had also disclosed previous victimization. He received both a physical and a mental health assessment within 14 days of Intake. Logs of Admissions were uploaded and reviewed.</p>

Interviews and documentation demonstrate compliance with the standard. There is no corrective action needed.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre- Audit Questionnaire • PREA Zero Tolerance Policy <p>Interviews:</p> <ul style="list-style-type: none"> • Nursing Coordinator • Mental Health Therapist • Twelve Random Staff <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 Hamot Medical Center for a Forensic Medical Exam by a SAFE/SANE. 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 judgement. This would be done immediately and would be free of charge to the resident.</p> <p>All residents are offered STD testing and follow up and all female residents are offered all pregnancy testing and related services required by law. Interviews with the Nursing Coordinator and the Mental Health Therapist 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>There is no need for corrective action. This standard has been met.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> • Nursing Coordinator • Mental Health Therapist <p>There were no incidents of sexual abuse or sexual harassment in the past twelve months.</p> <p>The two Medical staff who were interviewed both stated that the level of care that the residents receive is comparable to community level of care. 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. Treatment plans are updated.</p> <p>If a female becomes pregnant as a result of an assault, she is offered pregnancy testing, STD testing and all lawful pregnancy related services. This is free of charge to the resident whether she names the perpetrator or not.</p> <p>All residents are offered STD testing and all female residents are offered pregnancy testing as part of Intake. Any resident on resident offender would be assessed immediately upon learning of it and it would be dealt with therapeutically.</p> <p>The Residential Treatment Facility offers intensive treatment for the boys committed there. They receive individual, group, and family therapy. Many of these boys have been victims of prior sexual abuse. Residents are committed to the RTF program either through their respective Juvenile Court or through a mental health commitment. They must have a mental health diagnosis and they are sent to the program for therapy.</p> <p>The Shelter residents benefit from being in the same building as the RTF because these enhanced Medical and Mental health Services are also available to them .</p> <p>This standard has been exceeded and there is no need for corrective action.</p>

115.386	<p>Sexual abuse incident reviews</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • Sexual Incident Review Form <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator/Associate Executive Director • RTF Director who is a member of the Incident Review team • PREA Manager/ Shelter Coordinator <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 Associate Director/PREA Coordinator, PREA Manager, and Medical and Mental Health staff with input from line staff. I interviewed the RTF Director who stated he participated in a review about 2 years ago. The 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 team will complete a report with a recommendation which will be submitted to the Perseus House Administrative Team. The recommendation would be followed or the reason for not doing so would be documented.</p> <p>Although there have been no incidents to review, the Director states that this policy would be 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: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • PREA Annual Report 2019 • Survey of Sexual Violence Form <p>Interviews:</p> <ul style="list-style-type: none"> • Associate Executive Director/PREA Coordinator <p>The policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. It is collected using information from reports and any other resources. The form that they use to collect this information was submitted.</p> <p>The DOJ has requested information in the past but not recently. There were no DOJ reports to provide to me.</p> <p>The annual report from 2019 is posted on the website. The PREA Coordinator is responsible for compiling this information. The report is approved by the Executive Director. This report was submitted to and reviewed by the Auditor prior to the onsite portion of the Audit. It contains the information needed to meet this standard.</p> <p>This standard has been met. There is no need for corrective action</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Policy • PREA Annual Report 2019 • Perseus House website <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Executive Director <p>There is an Annual PREA Report for 2019 and it is posted on the website. The PREA Coordinator states he prepares the report and the Executive Director approves it. The reports compare data from year to year and discuss the facility's efforts at prevention, detection, and response. The Executive Director states that Perseus House relies heavily on data and produced a comprehensive report of each residential program with several measurable outcomes. He states that any PREA data would also be treated in the same manner.</p> <p>All personal identifiers would be removed and noted.</p> <p>This report was submitted to and reviewed by the Auditor prior to the onsite portion of the Audit. It contains the information needed to meet this standard.</p> <p>Although there have been no incidents, this standard has been met. No corrective action is needed</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA policy • Annual PREA Report 2019 • Perseus website <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • ExecutiveDirector <p>There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The Perseus House website contains the Annual PREA Report for 2019. It contains the PREA re-Audit from 2017. The policy states that all records will be retained for ten years. The PREA Coordinator securely keeps all records and reports related to any PREA incident.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Electronic Files for Residents • Emailed Postings • Perseus Website <p>Perseus has 5 programs in 3 Facilities that require a PREA Audit. In 2015, three facility Audits for four programs were conducted in the second year of the first PREA cycle. In 2017, three Facility Audits for 5 programs were conducted in the first year of the second PREA cycle. This Audit of Shelter/Boys RTF is being conducted in the same time period as the Audit of Andromeda Girls' Residential Treatment Facility and Girls' Intensive Treatment Unit in the first year of the third PREA cycle. This Audit was originally scheduled for May 2020, but due to Covid restrictions it was rescheduled until July 2020. The third Facility Audit was postponed and will be conducted at a later time.</p> <p>Both the May Audit that was postponed and the July Audit were posted 6 weeks ahead of time and emails of the postings in Spanish and English were emailed to the Auditor. They were still posted during the tour on July 27, 2020. The Auditor did not receive any communication from staff or residents in her post office box as a result of the postings.</p> <p>The Auditor interviewed all staff and residents in a private room with the door closed. The Auditor was able to observe all areas of all facilities that the residents have access to. The Auditor was able to review electronic files as well as paper files.</p> <p>This Standard has been met. There is no need for corrective action.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Perseus House Website • 2017 Facility Audits • 2019 Annual PREA Report <p>The website has the re-Audits from 2017 for all three facilities posted. The Agency posts the Final PREA Report within 14 days of receipt and notifies the Auditor when it has been posted. This posting is then verified by the Auditor.</p> <p>The PREA Annual Report for 2019 has been posted.</p> <p>This standard has been met. There is no need for corrective action.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	no
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

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

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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 or the agency does not employ medical staff.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	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?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
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
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes