

# PREA Facility Audit Report: Final

**Name of Facility:** Andromeda Girls Intensive Treatment Unit

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 08/18/2020

**Date Final Report Submitted:** 12/02/2020

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"/>
<b>Auditor Full Name as Signed:</b> Maureen G. Raquet	<b>Date of Signature:</b> 12/02/2020

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

FACILITY INFORMATION	
<b>Facility name:</b>	Andromeda Girls Intensive Treatment Unit
<b>Facility physical address:</b>	39132 Mount Pleasant Road, Union City, Pennsylvania - 16438
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Kathy Komenda
<b>Email Address:</b>	kkomenda@perseushouse.org
<b>Telephone Number:</b>	814-694-2324

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Kathy Komenda
<b>Email Address:</b>	kkomenda@perseushouse.org
<b>Telephone Number:</b>	814-694-2324

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kathy Komenda
<b>Email Address:</b>	kkomenda@perseushouse.org
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	24
<b>Current population of facility:</b>	21
<b>Average daily population for the past 12 months:</b>	18
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	non-secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	18
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Mario Mezzacapo	<b>Email Address:</b>	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 Andromeda House Residential Treatment Facility and Intensive Treatment Unit was conducted on July 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 Perseus facility Audit during this same time period.

Only the Intensive Treatment Unit program at this facility was audited during the first PREA cycle in May 2015 and was found to be in full compliance on July 24, 2015. The first re-Audit, conducted on July 17, 18,19, 20, 2017, during the first year of the second three year cycle was conducted on both the Residential Treatment Program and the Girls' Intensive Treatment Unit. This re-audit was conducted during the first year of the third PREA three year cycle. Notice of the Audit in both Spanish and English was posted on 4-6-20. I received an email with pictures of the posting in the living units and common areas on this date. This Audit was postponed due to the Covid pandemic and was posted again on 5-14-20. I again received email on this date with pictures of the postings in both Spanish and English. 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 29, 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 PREA On Line Audit System. During the three month 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 and additional information was provided. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on July 13, 2020.

The onsite portion of the Audit commenced with a brief entrance interview with the retiring Executive Director, the newly appointed Executive Director, the Associate Executive Director/PREA Coordinator, and the Director of Human Resources. The tour of the facility took place on July 29, 2020. During the tour, I saw postings for the upcoming Audit in every living unit and every common area that the residents have access to. 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 the staff office in the RTF program and in the Director's office in the ITU program. I asked for a volunteer and the only girl who was not in school showed me how this procedure worked. She pushed the dedicated button, but instead of going to the CVC, it went to Pa. Child Line, another reporting Hotline. This was fixed prior to the end of the day and was due to a new phone system having been recently installed. I tested the phone again at the end of the day and it worked as described. During the pre-Audit time period, I contacted the Director of Clinical Services 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 and providing a victim advocate for the residents. CVC also provides

emotional support services. The CVC Clinical Director also stated she was not aware of any incidents or problems at Perseus House.

During the tour, I spoke to staff 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. The residents were in summer school at a school in the community where Perseus rents classrooms that are staffed by Intermediate Unit Teachers. Only the one girl who had graduated already was at the facility. The other residents from both programs returned at lunchtime. There are single bathrooms with one curtained shower/tub, toilet and sink. I saw signs for knock and announce at each doorway and at the bottom of the stairway leading to the second floor bedrooms in the ITU. This facility has no cameras.

I observed the medical office, located between both programs, and observed where a resident could be seen privately by Medical staff. There is a Nurse who conducts Health and Safety Assessments and the Vulnerability assessment as part of Intake. Physicals and other medical appointments are provided in the community. Medical records are kept electronically in a system called "Bluestep". I reviewed these electronic files with the assistance of the PREA Coordinator.

I had the opportunity to see the residents supervised in a group setting during lunch in each program and during afternoon recreation on the day of the tour. The girls in the ITU were in the living room and crocheting with two staff present. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations, which are both 1:8 and 1:16.

During the four day onsite Audit, I interviewed the following at the Agency Administration Building:

- Executive Director
- Associate Executive Director/PREA Coordinator
- Director of Human Resources
- Nursing Coordinator
- Four Contracted employees, one in person, three by phone

The day of the tour in private offices at Andromeda, I interviewed the following:

- The RTF Program Director /PREA Manager who monitors retaliation and participates in the sexual incident review
- The Nurse who conducts the Vulnerability Assessment
- A supervisor who conducts PREA education and conducts random unannounced rounds
- A Mental Health Therapist
- Ten (10) residents (5 from each program)
- Twelve (12) staff from all three shifts and both programs

There are 18 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 interviewed twelve staff from from all three shifts including a second shift supervisor and a driver. This represents 66% of the staff. Both male and female staff work in this facility. There are two Nurses who serve both programs. There is a separate Facility Director for each program who serves as the PREA Manager and monitors retaliation. The RTF program has two full time Master's Level Therapists and the ITU program has one full time therapist. All residents receive a physical within 72 hours of admission conducted by a community provider. Every resident in the RTF receives a Mental Health Assessment on their first day in the program and sees a psychiatrist the first week. The residents in the ITU receive a Mental Health

Assessment within 14 days of identification on the Vulnerability Assessment.

There were 18 residents (11 in RTF and 7 in the ITU) on the first day of the Audit. One girl from the RTF was discharged during the onsite and I interviewed her before she left. I was provided with a census of all residents and interviewed 10 girls, 5 from each program. This represents 55% of the total population. The residents in the current population identified as LGBTI (9), had disclosed a prior sexual abuse (6), that were disabled (0) or non English speaking (0) or who had reported a sexual abuse at the facility (1). Of those, I interviewed 6 girls who identified as bi-sexual and one who identified as transgender. I interviewed 5 girls who disclosed a previous victimization. One girl that I interviewed reported a resident on resident sexual abuse during our interview. At the end of the interview, she and her therapist immediately used the CVC Hotline to report this incident. The Pa. State Police responded while I was at the facility to conduct an initial investigation. Prior to the 45 day Interim report, the PREA Coordinator advised me that the PSP were not pursuing charges and this incident was unfounded. The facility provided documentation of retaliation monitoring and victim notification of the outcome for this report.

I reviewed the files of 10 random staff for required documentation including two hired within the past 12 months. There have been no promotions at Andromeda. I reviewed the files of 12 residents, 10 active and 2 discharges. 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 selected 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. There is also the grievance procedure, family visiting once a week and phone calls at least once a week, home visits for the RTF residents, and visits by attorneys, probation officers, and caseworkers. All residents attend school off site at a Perseus Alternative School that is staffed by Intermediate Unit 5 teachers; this is another reporting resource. 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 Pennsylvania State Police, Cory Barracks, who conduct Criminal Investigations. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months, there has been one unfounded allegation of resident on resident sexual abuse and this report was made to me during the interview. There have been no other reports of sexual abuse or sexual harassment. There have been no reports from other facilities of abuse at Andromeda 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 Executive Director, Associate Executive Director/PREA Coordinator, and the Director of Human Resources to discuss the preliminary findings of the Audit and for 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 Associate Executive Director of the Agency. He was previously a

PREA Manager in the Perseus Shelter program, 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 Andromeda 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.

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

The residents receive all education at Intake. All staff can 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. All residents demonstrated their knowledge during interviews and during the tour, however a review of the resident files and an interview with a staff who conducts PREA education showed that the residents are being educated within 24 hours, not at Intake, This is a drift from policy and will be part of the plan of correction.

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. Risk based housing is documented in the electronic files under housing logs. I reviewed these files and the documentation was appropriate. During the tour, I saw the rooms that are used to house these residents. In the ITU, there is a single room that is used and is close to the staff post. In the RTF program, there are three multi-person rooms. Room #2 is the observation room, because of line of sight and one bottom bunk is also assigned. Risk based housing is being practiced and documented.

All staff files were complete for both education/training, child abuse and criminal history clearances. The contractor files that were reviewed were complete for Child Abuse, Criminal History and FBI clearances, but one was missing the PREA education Acknowledgements. The one that was outstanding was provided prior to the 45 day Interim report.

During the pre-audit phase, I received the 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.

The following standard was not met:

Standard #333 Resident Education:

There was not timely PREA education at Intake in 4 of the resident files. The staff who conducts PREA education states that she conducts it within 24 hours. The standard and the Persueus PREA Zero Tolerance Policy require education to be conducted at Intake. This is a drift from policy. The staff must recieve remedial training regarding timely PREA education for residents and the Auditor will conduct a telephone interview to ensure compliance. The facility must also submit documentation of 120 days of Admisssions with timelyPREA education.

Documentation was submitted for employee training and resident education. Staff interviews by



telephone were conducted. The documentation and interviews demonstrate compliance with the standard and satisfy the plan of correction.

The following standards were exceeded:

Standard #331 Employee Training

Standard #381 Medical and Mental Health Screenings

Standard #383 Ongoing Medical and Mental Health Care

All policy has been reviewed and contains all required verbiage and all other standards have been met.

## 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. 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. Most of the residential students attend these schools.

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, who is retiring at the end of the year. The new Executive Director, Nick Vigloine, also participated in this Audit. Perseus House (Residential Services) has 140 full and part time employees. The direct care or line staff are called Behavioral Specialists or Behavioral Technicians depending on their college degree. At Andromeda, there are two full time Nurses and two facility directors, one for each program. There are 18 staff assigned to this program. All staff can and sometimes do count as direct care 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.

Andromeda House is comprised of two different programs: a 12 bed Girls' Intensive Treatment Unit and a 12 bed Girls' Residential Treatment Facility. The programs are physically in the same building and are separated by a locked door. They share a Nurse and a driver but have separate directors, therapists and staff. The RTF accepts court adjudicated dependent and delinquent children as well as those placed through a Mental Health Commitment. The Intensive Treatment Unit accepts both dependent and delinquent girls from both the Office of Children and Youth and Juvenile Probation Departments in several Pennsylvania Counties. In 2019, there have been 24 admissions and the length of stay is about 6-9 months. On the first day of the Audit, the facility had 18 residents. There was one discharge during the Audit time period. All residents attend school year round at an off site alternative school run by Perseus House. Perseus rents classrooms at a church in Union City Pa. and it is staffed by Intermediate Unit #5 Teachers. Residents are transported to the school year round by facility staff. All residents participate in several groups including Aggression Replacement Training (ART), an evidence based curriculum. Drug and Alcohol counseling is conducted by a contracted agency, Pyramid. All residents have an individual therapist who they see at least once a week. They are seen by a Psychiatrist for medication evaluation. Residents also receive family therapy either in person or by Skype or conference

call. Parents' groups are conducted every Thursday evening in the State street facility for any local resident. The residents in both programs participate in community outings such as movies, the Erie Zoo, hiking, and swimming at local lakes. The residents also have home visits if permitted by their committing agency. The Parents Group, facility visits, and home visits were halted in March due to the Covid restrictions in the Commonwealth of Pa. Parental visiting was resuming in July on an appointment basis and they were being conducted outside.

The ITU is licensed by the Pa. Department of Human Services under the 3800 regulations and is JCAHO accredited. The RTF is also licensed by the Pa. Department of Human Services under the 3800 regulations and 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.

Andromeda House is located in Spartansburg, Crawford County, Pa. It sits on about 10 acres in a very rural area of Northwestern Pennsylvania. The 4,365 square foot log cabin is a former hunting lodge and has two floors and a basement. This space houses the Girls' ITU program. The modern 4,185 square foot, one story addition was built in 1997 and houses the Girls' RTF program. The programs are separated by a locked door and have a separate entrance and a separate staff including separate Program Directors/PREA Managers.

The front door of the Girls' ITU opens into a beautiful wood paneled room with a stone fireplace with a wood stove insert. This living room is used for group and also has a television and comfortable furnishings. Directly behind this room is the dining room with a long table for eating family type meals prepared in the adjacent kitchen by residents and staff. Off the dining area are sliding glass doors leading onto a small wooden deck with a grill and an enormous backyard. There are vegetable and flower gardens. A small therapist's office is located off of the dining area. Next to the kitchen is a hallway with two bathrooms across from each other; one for staff and one for residents. These are kept locked at all times. There is an administrative/director's office which houses the "CVC Hotline", and a laundry room. Three steps down there is a large therapist's office that was formerly a classroom.

The second floor is accessed by a stairway near the front door. There are 6 bedrooms, one triple, one single, and four doubles. Each resident has a single bed or bunk bed and a bureau. There is a closet in most rooms with no doors. Doors to bedrooms are permanently open. There are two bathrooms with a tub/shower combo, sink and toilet. All residents shower separately.

A basement is accessed from the first floor and the door is always locked. It is not accessed by the residents.

To the left of the log cabin entrance is an addition with a separate entrance to the Girls' RTF. As you enter the front door, you are immediately in a large open area with offices to the left and a glassed-in staff office to the right. This area also contains the kitchen, laundry, the staff bathroom and storage. The addition is all on one floor and was designed to accommodate lines of sight. There is a large open communal area to the right with windows and natural light. There are comfortable furnishings and a television. This area opens onto an outside yard and a patio area. Further down this hall are two single back to back bathrooms with a curtained tub/shower combo, toilet and sink. At the end of the hall are three bedrooms, which can house four girls each. There are bunk beds and dressers. The room directly at the end of the hall is used to house those residents that require extra staff supervision.

The office area in the front of the building was initially used as a classroom but when the residents began to attend school off site, the space was reconfigured to offices. This area contains therapists' offices and a conference room which is used for family therapy and for visiting. I used this family therapy room to

conduct private interviews of both staff and residents during the Audit. Bi-lingual reporting posters were posted in this room because it is used for family visitation.

The building does not have cameras and it is staff secure

## 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.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

The following standards were exceeded:

#### #331 Employee Training:

All employees receive PREA training during Orientation and then again yearly. They along with their supervisor sign a training form indicating that they receive the training and could demonstrate competency in that area. That form is completed yearly and is part of their personnel file. Staff receive a general PREA training, a separate LGBTI training and a separate mandated reported training. The curricula are excellent and the PREA training is specific to Perseus house. The staff could demonstrate through interviews that they understand this training.

#### #381 Medical and Mental Health Screening/ History of Sexual Abuse

The residents receive a physical within 72 hours of Admission. The Residential Treatment Facility residents see a Mental Health Therapist within 24 hours and a psychiatrist within a week. Many of these girls are here under a Mental Health Commitment. The ITU residents see a Mental Health Therapist within 14 days. All residents have these assessments, not just those identified as having disclosed a Prior Victimization.

#### #383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Perpetrators

The residents have ongoing therapy in both programs at Andromeda. The residents in the Residential Treatment Facility have a monthly therapeutic team meeting which includes a psychiatrist. The Mental Health Therapist in the ITU has received specialized training in Trauma Focused Cognitive Behavior which she offers to all girls including those who have disclosed a prior sexual abuse. All girls participate in weekly individual therapy and various groups.

The following standard requires corrective action:

#### #333 Resident Education

Interviews with residents and staff who conduct education as well as a review of resident files show that Intake education was being conducted within 24 hours of Intake, not at Intake as both the Standard and Perseus policy require. This is a drift from practice.

Corrective Action:

The facility must provide documentation of 120 days of admissions with PREA education being conducted at Intake. The staff who conduct PREA Education must receive remedial training regarding timely education. This documentation will be provided to the Auditor, who will conduct telephone interviews of these staff.

Documentation of staff training was submitted on 10-15-20 and staff interviews by telephone were conducted on this date. Logs of 120 days of admissions were submitted on Dec. 1, 2020, along with individual signed acknowledgement of resident education at Intake.

This documentation and the interviews demonstrate compliance with the standard and satisfy the plan of correction.

This standard has been met.

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• Perseus House PREA Zero Tolerance Policy</li> <li>• Perseus House Mission Statement</li> <li>• Perseus House/Andromeda Organizational Chart</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PREA Manager</li> </ul> <p>Perseus House/Andromeda Girls' Intensive Treatment Unit and Residential Treatment Facility has a Zero Tolerance Policy for preventing, detecting, reporting and responding to sexual abuse and harassment. It contains the definitions required by the standard and mandates that the Agency shall have a PREA Coordinator and that each program at Andromeda should have a PREA Manager. I have thoroughly reviewed this policy.</p> <p>The PREA Coordinator is the Agency Associate Executive Director. He was interviewed and he states that he has enough time to meet his responsibilities in this role. There are 5 PREA Managers who report to him, one for each program that is required to be PREA compliant. The PREA Coordinator devotes some of his time to PREA compliance, by training new staff during orientation and revamping existing PREA training.</p> <p>There is a PREA Manager in each program at Andromeda House. The Organizational Chart shows them reporting directly to the PREA Coordinator. Their PREA responsibilities include the monitoring of retaliation and conducting random unannounced rounds. I interviewed the PREA Manager for the RTF program. The PREA Manager for the Intensive Treatment Unit was unavailable. The PREA Manager states that she does have enough time for her PREA related responsibilities.</p> <p>This standard has been met. There is no need for corrective action</p>



115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Perseus House does not contract with any other Agency for the care of its residents. This standard has been met.

115.313	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre- Audit Questionnaire</li> <li>• Pa. 3800 Child Care Regulations</li> <li>• Staff Schedule for Shelter and Detention randomly requested for the week to include March 17, 2020</li> <li>• Perseus House Zero Tolerance Policy: Policy requiring random documented unannounced rounds</li> <li>• Logs of unannounced rounds</li> <li>• Documentation of Annual staffing reviews: 2019</li> <li>• Pa. Department of Human Services Licensing Annual Licensing Summaries for ITU and RTF 2019</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Perseus House Associate Executive Director/PREA Coordinator</li> <li>• PREA Manager/ Program Supervisor</li> <li>• Second shift supervisor who conducts random unannounced rounds</li> </ul> <p><b>Tour Observations:</b></p> <p>Supervision of residents in group settings during lunch on 7-29-20.</p> <p>Conversations with on-duty staff and resident during tour of facility on 7-29-20</p> <p>The facility has two residential programs. The ratio that is required by the Pa. 3800 Child Care regulations is 1:8 , 1:16. The Associate Executive Director states that they staff 1:6 and in some programs, such as the RTF, they staff 1:3 or 1:2. He states that the use of voluntary and mandatory overtime is used to cover call outs so that there are no deviations. He also stated that staff can be temporarily transferred to different Perseus House programs, if the number of residents are down in their program. This would facilitate one on one supervision that may be required or additional staffing due to programming. During Covid restrictions, Crisis Team Pay was used to pay salaried employees to work the floor so that ratio was always maintained.</p> <p>While at the facility, I saw supervision of the residents as they were escorted throughout the building, in the hallways going from room and eating lunch in their dining rooms. They were properly supervised at all times and the required ratio was exceeded in group settings. On the day of the onsite, I ate lunch with the RTF girls. There were four staff with the 11 residents in RTF not including the supervisor or therapists. In the ITU there were 7 residents and three staff not including the caseworker or Mental Health Therapist.</p> <p>I was provided with randomly selected staff schedules for each program. They show appropriate ratio for each program. They are prepared at least two weeks ahead of time and posted in the staff office. They are reviewed on a daily basis to meet the needs of the</p>

population including one on one supervision and transportation. I interviewed the PREA Manager who states that when schedules are prepared, they take into account programming on different shifts, the ever changing needs of the population, as well as generally accepted juvenile detention/correctional practices, blind spots in the facility and the placement of staff. This is all delineated in the policy which contains all necessary procedure as required by the standard. The girls attend school off site and are transported by staff and monitored in the classroom by a Teacher's Aide, who is a Perseus employee. One staff is a transporter. Her primary job duty is to transport girls to and from appointments. She is trained as a direct care staff.

The PREA Coordinator, who was interviewed, provided an annual review of staffing that is conducted along with the Facility Director/PREA Manager where they look at population numbers, the number of part time staff, staff turnover, and the physical plant as well.

The policy requires that random, unannounced, documented rounds are conducted on all shifts. The policy requires administrative staff to conduct rounds on all three shifts at least once a month. These logs were provided to me prior to the on-site. I interviewed the second shift supervisor who conducts them on all three shifts when she is not working and documents them. The third shift supervisor also conducts them when she is not working and the PREA Managers conduct them as well. They never tell anyone they are going to conduct them. I reviewed the logs in the RTF office while at the facility.

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

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre- Audit Questionnaire</li> <li>• Resident Search Policy</li> <li>• PREA Zero Tolerance Policy</li> <li>• Gender Variant Search Form</li> <li>• Knock and Announce Posting</li> <li>• Employee Training Curriculum</li> <li>• Employee Training Logs</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Twelve Random Staff</li> <li>• Ten residents from RTF and ITU</li> <li>• One resident who identified as Transgender</li> </ul> <p>The Perseus House Policy prohibits all cross gender pat down searches. There have been no cross gender searches of any kind in the past 12 months. The PREA Zero Tolerance Policy allows for Transgender and Intersex residents to express a preference for a male or female staff to conduct a search. This procedure entails the completion of a Gender Variant Search Form during Intake that both the resident and the staff sign off on. All 12 random staff interviewed were able to discuss this policy and were also able to state that searching or physically examining a transgender or intersex resident for the sole purpose of determining that resident’s genital status is prohibited.</p> <p>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. Staff stated that if a hands on search was necessary, they would contact the nurse. They conduct a visual “shake out” search, where a child pulls out her pocket, pulls out her waist band and shakes her clothing.</p> <p>Residents state that they have never been subject to a cross gender pat down search or any 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. There was one resident who identified as a Transgender boy. When she first was admitted to the program, he identified as a bi-sexual girl. He stated he has not been subject to any pat down searches. Subsequent to the onsite Audit, a Gender Variant Search form was completed for this resident. He indicated that he had no preference in regard to searches. This documentation was provided.</p> <p>Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the bottom of the stairway and I saw "knock and announce" practiced during the tour.</p>

Residents state that they shower one at a time. The bathrooms have a single curtained tub/shower. Same sex staff conduct showers. The resident who identifies as Transgender stated that he can dress, shower and toilet without being viewed by staff of the opposite gender. This resident has not publicly identified yet, because his parents do not know. He is working with his therapist and psychiatrist on this transition.

I interviewed 10 random residents, 5 from each program . All stated they had never been subject to a cross gender pat down search and all could shower, dress and toilet in privacy without being viewed by an opposite gender staff. All residents shower one at a time. The residents were able to demonstrate “knock and announce” by telling me that staff say, “male on the floor”. There are two male staff who work in Andromeda.

Policy and practice meet the standard. There is no need for corrective action

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• PREA Zero Tolerance Policy</li> <li>• Spanish and English Posters</li> <li>• Contract with Multicultural Community Resource Center for Translation Services</li> <li>• Resident PREA Education Video</li> <li>• Employee Curriculum</li> <li>• Employee Training Logs</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director</li> <li>• 12 Random Staff</li> <li>• PREA Coordinator</li> </ul> <p>There were no residents who were non-English proficient or who had any physical or mental disabilities in the population during the on-site portion of the Audit. During the tour, I saw all postings in Spanish and English. There is a contract with a translator through the Multicultural Community Resource Center.</p> <p>Although there were no residents that were not English proficient, staff stated that they would use the services of the contracted translator rather than have another resident act as a translator to make a report of sexual abuse. One staff person stated she remembered a non-English speaking resident about 12 years ago, but there have been none since then.</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. The PREA policy requires these accommodations.</p> <p>Admission to any of the Perseus House 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.</p> <p>This standard has been met. There is no need for corrective action.</p> <p>A review of the policy along with the Director's interview shows compliance with the standard.</p> <p>This standard has been met. No corrective action is needed</p>

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 568 360"><b>Documents Reviewed:</b></p> <ul data-bbox="300 427 1359 808" style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• PREA Zero Tolerance Policy</li> <li>• Employee Hiring Process Document</li> <li>• PREA Orientation document</li> <li>• Pa. Child Protective Services Law</li> <li>• Pa. 3800 Child Care Regulations</li> <li>• Pa. Department of Human Services 2019 Licensing and Inspection Summaries</li> <li>• Personnel Files of 8 Random Staff</li> <li>• Contractor (4) files</li> </ul> <p data-bbox="252 842 408 875"><b>Interviews:</b></p> <ul data-bbox="300 943 746 1021" style="list-style-type: none"> <li>• Human Resources Staff Person</li> <li>• PREA Coordinator</li> </ul> <p data-bbox="252 1055 1461 1312">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 data-bbox="252 1346 1461 1469">The Pa. Child Protective Services Law requires these clearances prior to employment and all employee files are inspected during the annual licensing inspection. This includes the files of contractors and volunteers. There have been no citations for non-compliance in this area.</p> <p data-bbox="252 1503 1477 1626">I checked the files of 8 staff, including four who had most recently been hired, and four contractors and all had the required clearances. The clearances for all contractors are kept by Human Resources.</p> <p data-bbox="252 1659 1477 1783">The policy and the interview with the HR Director state that all clearances of all employees will be conducted every 30 months. I saw the required rechecks in 2 of the employee files that were reviewed and that required them and in three of the contractor files I reviewed.</p> <p data-bbox="252 1816 1129 1850">This standard has been met. There is no need for corrective action.</p>

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Schematic of Facility</li> <li>• Pre- Audit Questionnaire</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director/PREA Coordinator</li> <li>• Agency Executive Director</li> </ul> <p>There have been no physical changes to the facility since the last PREA Audit in 2017. There are no cameras in this facility.</p> <p>This standard has been met. There is no need for corrective action.</p>



115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Zero Tolerance Policy</li> <li>• MOU with Hamot Medical Center</li> <li>• MOU with the Erie Crime Victims' Center (a PCAR)</li> <li>• MOU with the Pennsylvania State Police, Cory barracks</li> <li>• Sexual Assault Checklist</li> <li>• SAFE/SANE Posting</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director</li> <li>• PREA Coordinator</li> <li>• Nursing Coordinator</li> <li>• 12 Random Staff</li> <li>• Phone Interview with the Clinical Director of the Crime Victims' Center (a PCAR) prior to onsite</li> </ul> <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 Pa. State Police and their responsibilities are outlined in the MOU. The Erie Crime Victims' Center, a PCAR, provides a victim advocate to provide crisis intervention, emotional support, information and referrals. I spoke to the 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 Center.</p> <p>The Nurse confirmed SAFE/SANEs at Hamot Medical Center.</p> <p>There was one resident, who when interviewed stated she had been the victim of resident on resident sexual abuse several months prior. I escorted her to her therapist at the conclusion of our interview and she immediately used the hotline to call the Crime Victims Center. They in turn called the Pa. State Police, Cory Barracks, who responded while I was still onsite. This allegation was unfounded prior to the 45 day Interim report.</p> <p>This website contains the reporting information.</p> <p>This standard has been met. There is no need for corrective action</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 568 360"><b>Documents Reviewed:</b></p> <ul data-bbox="300 427 903 674" style="list-style-type: none"> <li>• PREA Zero Tolerance Policy</li> <li>• Pre- Audi Questionnaire</li> <li>• Pennsylvania Child Protective Services Law</li> <li>• Perseus House Website</li> <li>• MOU with the Pa. State Police</li> <li>• Sexual Assault Checklist</li> </ul> <p data-bbox="252 719 408 752"><b>Interviews:</b></p> <ul data-bbox="300 819 895 976" style="list-style-type: none"> <li>• Executive Director</li> <li>• PREACoordinator</li> <li>• PREA Manager</li> <li>• Resident who reported sexual harassment.</li> </ul> <p data-bbox="252 1088 1485 1379">I interviewed the Executive Director, the PREA Coordinator and the PREA Manager. I reviewed the PREA Policy and the MOU with the Pa. State Police. 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 Pa. State Police and Pa. Child Line and that the facility does not investigate any allegation but reports all of them. The contact information for the Pa. State Police, Pa. Child Line and Perseus House is on the website.</p> <p data-bbox="252 1424 1477 1671">There was one allegation of resident on resident sexual abuse that was reported to me during our interview. She stated that it occurred several months prior and was not of the kind that would have required medical or forensic exams. At the conclusion of our interview, I escorted her to her therapist. She immediatly used the hotline to call the Crime Victims Center and they in turn notified the Pa. State Police who responded while I was there. This incident was unfounded prior to the 45 day Interim report.</p> <p data-bbox="252 1715 1129 1749">This standard has been met. There is no need for corrective action.</p>

115.331	<b>Employee training</b>
	<p data-bbox="248 170 927 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="248 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="248 327 568 360"><b>Documents Reviewed:</b></p> <ul data-bbox="296 427 1094 629" style="list-style-type: none"> <li>• PREA Policy</li> <li>• PREA Curricula for Employees</li> <li>• Pa. Dept. of Human Services 3800 Child Care Regulations</li> <li>• Logs of employee training</li> <li>• Eight Random employee files</li> </ul> <p data-bbox="248 674 408 707"><b>Interviews:</b></p> <ul data-bbox="296 775 616 842" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Twelve Random Staff</li> </ul> <p data-bbox="248 887 1477 1391">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. The curriculum was designed by Perseus House staff to be specific to this Agency. It was presented by a local expert and videotaped so that it can be used for all new staff. The LGBTI training is a separate comprehensive curriculum presented by a member of an organization entitled Transfamily of NWPa. I saw a form entitled Annual Employee Training Plan. It is in each employee HR file. It is completed yearly by both the staff person and the supervisor. It logs all training for that year and there is a box that is checked for competency for that specific training. It is signed by both the supervisor and the staff and demonstrates receipt and understanding of the subject matter. I reviewed 8 random staff files to ensure yearly training that is appropriate. All eight files contained appropriate documentation.</p> <p data-bbox="248 1435 1477 1715">The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The twelve random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents and how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI.</p> <p data-bbox="248 1760 1477 1917">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 as well as their first responder responsibilities. There is a separate certificate for this training in each staff file.</p> <p data-bbox="248 1962 1445 2029">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="248 2074 1477 2107">Due to the excellent curricula and the extent of the training, this standard has been exceeded.</p>

There is no corrective action needed.

115.332	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Zero Tolerance Policy</li> <li>• PREA Brochure for Volunteers and Contractors</li> <li>• PREA Volunteer and Contractor Acknowledgement Form</li> <li>• Files of Four Contracted Employees</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Four Contracted Employees- 1 in person, 3 by phone</li> </ul> <p>There are currently no volunteers at Andromeda House. I interviewed 4 Contracted Employees. I interviewed the following by phone: Psychiatrist, 2 staff from Pyramid Drug and Alcohol. I interviewed the Psychologist in person. They were able to tell me that they received training and the extent of the training. They signed off on the Zero Tolerance Policy after reviewing the contractor brochure. I reviewed this documentation. One of the contractor signed acknowledgements was not in the file. It was provided to me prior to the 45 day Interim report. They are all mandated reporters by law due to their job. The Psychologist and Psychiatrist must receive mandated reporter training every 2 years to maintain licensure. I saw these certificates in their files. They reported that they would contact Child Line and advise the PREA Coordinator or the Supervisor on duty if they became aware of any Sexual Abuse or Sexual Harassment at a facility.</p> <p>Each facility has a logbook by the front door for any contractor who enters the facility. He/she are given a PREA brochure and sign an acknowledgement form. I saw this during the tour.</p> <p>This standard has been met. There is no need for corrective action.</p>
---------	---

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Zero Tolerance Policy</li> <li>• Resident PREA Intake Brochures in Spanish and English</li> <li>• Resident PREA Orientation Acknowledgement Forms</li> <li>• Resident PREA Orientation Quiz</li> <li>• Resident PREA Education Video Sign Off</li> <li>• Posters for Reporting and Education in Spanish and English</li> <li>• Resident Education Logs</li> <li>• 12 Resident Files (10 active and 2 discharges)</li> <li>• 120 days of Intake logs as part of corrective action</li> <li>• 12 Individual resident education acknowledgements as part of corrective action</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Supervisor who performs Intake education</li> <li>• 10 residents.</li> <li>• 2 Staff via telephone as part of corrective action</li> </ul> <p>All staff in the RTF conduct PREA education and the Caseworker in the ITU conducts it. All education is conducted as part of Intake. The supervisor that was interviewed states that she does the education within 24 hours. A resident is given a brochure and is shown a PREA Orientation Video. This video was obtained from the PREA Resource Center. The staff verbally reviews the PREA Orientation form that both the staff and resident sign. The residents also take a PREA quiz while watching the video. The PREA Quiz and the signed acknowledgement are scanned into the resident's electronic file. If a question on the quiz is left blank or is incorrect the staff person goes over it with the resident. Staff also shows the resident where the CVC button is on the phone. The 2nd shift supervisor that I interviewed states that she does almost all of the education, if she does not do it, she reviews it and signs off on it.</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 12 residents, 10 active and 2 discharges and four of the files reviewed had the PREA education within 24 hours and one file did not have a PREA education sign off.</p> <p>I interviewed ten residents and eight stated that they received education when they first arrived at the facility. One resident stated that she received it the second day and another resident stated that she received it the first week. They said that the education advised them of their 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 she had received education several times because of placement in several facilities. All ten residents</p>

stated they knew about services offered outside of the facility and all but one of them could tell me about services offered through the Crime Victims' Center. They told me they learned of this during their education and also from the posters in the facility. 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.

In addition to the posters and brochures throughout the facility, the Intake video is shown quarterly to every resident as a refresher.

Although the PREA Zero Tolerance Policy requires PREA education at the time of Intake, the staff who administer believe that it can be conducted within 24 hours of Intake and the review of the resident files show that 4 of the residents received education within 24 hours not at Intake. Two residents who were interviewed stated that they had not received education at the time of Intake.

This standard has not been met. There is a need for corrective action.

#### CORRECTIVE ACTION:

Staff must receive remedial training regarding the timeliness of PREA education for the residents. Documentation of this training will be provided to the Auditor. The Auditor will interview by telephone the staff person responsible for educating residents at Intake. The facility will provide 120 days of admissions with documentation of PREA education conducted at Intake.

On 10-15-20, the Auditor received logs of remedial education for all Andromeda staff regarding the timely education of residents at Intake. This education took place primarily during staff meetings. The Auditor interviewed two staff, one from the RTF, and one from the ITU, who are responsible for Intake Education of residents on this date. Both stated they had received remedial instruction and described the procedure that would ensure that a new resident receives education during Admission.

On 12-1-20, documentation of 120 days of admissions and 12 individual acknowledgements of PREA education at Intake was uploaded. All residents admitted during the 120 day corrective action period were educated in a timely fashion at Intake.

The documentation of training and education as well as phone interviews of staff demonstrate compliance with the standard and satisfy the plan of correction. This standard has been met.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>There are no investigators at this facility. By law, a facility cannot conduct or interfere with an investigation. It must be reported to the police agency and Pa. Child Line. A minimal facts interview can be conducted for reporting and to implement a safety plan. After the official investigation is concluded the facility can and does conduct an internal investigation in the form of a sexual abuse incident review. The two PREA Managers have received investigator training to facilitate the police investigation, only.</p> <p>This standard has been met. There is no need for corrective action.</p>



115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Employee Training Curriculum</li> <li>• Employee Training Logs</li> <li>• Certificates of Completion of NIC Medical Training</li> <li>• File of a MHT</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Coordinator of Nursing</li> <li>• Mental Health Therapist</li> </ul> <p>This facility does not perform 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 an Andromeda Mental Health Therapist. Both have completed PREA Training for all employees and the specialized training. 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 PREA Coordinator or the Facility Director and to Child Line. They would both document any reports they received. The Nursing Coordinator supervises all Nurses at all Persus facilities and is responsible for ensuring that their staff receive PREA training. The Andromeda MHT has received special training in Trauma Focused Cognitive Behavioral Therapy.</p> <p>I received certificates of completion for the NIC PREA online course for all Medical and Mental Health staff.</p> <p>I examined the file of a MHT assigned to Andromeda House and it had documentation of training that all employees receive as well as the specialized NIC online Medical Training.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.341	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Zero Tolerance Policy</li> <li>• Vulnerability Assessment Instrument</li> <li>• Completed Vulnerability Assessment Instruments for 12 Residents (10Active, 2 discharges)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PREA Manager</li> <li>• Nurse who completes Vulnerability Assessment</li> <li>• 10 residents</li> </ul> <p>The Vulnerability Assessment Instrument is a commonly used objective tool 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 tool is completed and results in a score. The Nurse conducts a Health and Safety Assessment along with the Vulnerability Assessment at Intake or within 24 hours of 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 VAIs are kept in the electronic resident files. Only the direct care staff working at Andromeda and medical and administrative staff have access to them. A staff who fills in at Andromeda can be given 24 hour access to these electronic files according to the PREA Coordinator. I reviewed the electronic files of 12 residents: 10 active ( 8 from those I interviewed) and 2 discharges (that I chose randomly from those admitted during the past 12 months). All had timely administration of the VAI.</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. Not all could remember being asked all these questions, but a file review showed they had.</p> <p>The facility policy requires a re-assessment at 6 months. There were four resident files which required a six month review and three were completed according to the policy timeline and one was late.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Zero Tolerance Policy</li> <li>• Pa. Department of Human Services 3800 Child Care Regulations</li> <li>• Shower Policy</li> <li>• Vulnerability Assessments of 12 residents (10 active, 2 discharges)</li> <li>• Documentation of Risk Based Housing Log (electronic file)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PREA Manager</li> <li>• Nurse who conducts Vulnerability Assessment</li> <li>• 6 Residents identified as bi-sexual and one Transgender resident</li> </ul> <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>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. I observed a single room in the ITU that is used for this purpose and I saw the bedroom at the end of the hall( room #2) that has direct staff supervision in the RTF. I observed the bathrooms that have single shower/tub combos, a toilet and a sink and doors that close. All residents shower by themselves.</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 6 months as every resident is, but would also be informally reviewed by the therapist weekly. 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. I interviewed six residents who identified as bi-sexual and they state they have not been discriminated against in any way due to their identification. There was one resident who at admission identified as Bi-sexual and now identifies as a Transgender boy. He states there is no housing discrimination as a result of either identification.</p> <p>I reviewed the files of 12 residents (10 active and 2 discharges). 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, five residents were identified as sexually vulnerable. There was documentation of housing that was appropriate. There were no residents identified as sexually aggressive.</p> <p>The zero tolerance policy contains all necessary verbiage and the protocol is in practice as evidenced by interviews and documentation.</p>

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

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● PREA Zero Tolerance Policy</li> <li>● Grievance Policy</li> <li>● Telephone Policy</li> <li>● Visiting Policy</li> <li>● Pa.Child Protective Services Law</li> <li>● Pa. Bureau of Human Services 3800 Child Care Regulations</li> <li>● PREA Intake Pamphlet</li> <li>● MOU with Erie Crime Victims' Center, CVC</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● PREA Manager</li> <li>● Clinical Director of the Erie CVC, a PCAR (by phone, prior to Audit)</li> <li>● Twelve Random Staff</li> <li>● Ten random Residents</li> </ul> <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. There was one resident who reported a sexual abuse to me during the interview. I took her to her therapist after our interview and she used the CVC Hotline to report. CVC contacted Child Line and the Pa. State Police, who arrived while I was there.</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. This can be anonymously if requested. The reporting mechanism is that when a resident calls the CVC to make a report, CVC contacts Pa. Child Line, who in turn would contact the facility to notify them and request a Safety Plan. This reporting arrangement protects the anonymity of the reporter. Prior to the onsite, I completed 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. The private "hotline" is located in the Director's office and the Staff office. There is a dedicated button on the phone. During the tour, the one resident who was not in school showed me how she would request to use the hotline and how it worked. When we tested it, it did not go to CVC, but instead went to Pa. Child Line another reporting Agency. The phones were new and had been pre-programmed by IT. Before I left the facility, the speed dial was changed. I tried it and it went to CVC. The resident who reported during my interview used the hotline button to report and it went to CVC. The residents can also call Child Line and the staff are required to call</p>

Child Line as mandated reporters.

The Pa. Department of Human Services 3800 Child Care Regulations require 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. BHSL.

Residents can call home at least twice a week and some residents stated they receive calls every day. Residents can receive visits from parents and grandparents once a week, but accommodations are made for those parents who must travel to get there or who work during regular visiting hours. There is a parent group every Thursday night for all the facilities at the Perseus House State Street facility. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. Many of these residents also receive therapeutic home visits. This visiting schedule was prior to Covid restrictions and was resuming slowly. There have been increased phone calls and the use of Skype during the pandemic.

There are tools, such as pencils and paper, throughout the living units for the residents to write letters, grievances or to report. The residents "journal" as part of their treatment so they have access to these tools.

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	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 568 365"><b>Documents Reviewed:</b></p> <ul data-bbox="300 432 1457 719" style="list-style-type: none"> <li>• PREA Policy</li> <li>• Grievance Policy for Clients and Family Members</li> <li>• Pa. Department of Human Services 3800 Child Care Regulations</li> <li>• Pa. Bureau of Human Services Licensing Annual Licensing and Inspection Summaries</li> <li>• Resident PREA Orientation Forms</li> <li>• Grievance Forms</li> <li>• Files of 10 residents (10Active, 2 discharges)</li> </ul> <p data-bbox="248 757 571 792"><b>Interviews Conducted:</b></p> <ul data-bbox="300 860 574 936" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• 10 residents</li> </ul> <p data-bbox="248 974 1469 1261">There were no incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 months using a grievance. 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="248 1305 1469 1682">During resident interviews, one resident stated she had filed a grievance several months before stating that a girl was sexually harassing her and that no one had ever contacted her regarding the grievance. Staff stated that there had been no grievance filed by this resident. The resident described sexually inappropriate remarks directed at her by another resident. The staff stated that this other resident had been discharged from the program. The resident who reported this to me stated that she felt safe. The PREA Coordinator was advised of this situation. The description of the incident did not meet the criteria for sexual harassment. Prior to the 45 day Interim report, the PREA Coordinator stated that he conducted an inquiry into this and there was no indication that a grievance had ever been filed.</p> <p data-bbox="248 1727 1461 1839">During the tour, I saw grievance forms readily available on a door and I saw the locked grievance box. Residents have access to tools to write grievances, because they "journal" as part of their therapy.</p> <p data-bbox="248 1883 1453 2130">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. Pa. DHS requires that all grievances be maintained in a file and are subject to review during the Annual Licensing Inspection The most recent Licensing and Inspection</p>

Summary did not contain any citations for non compliance in this area.

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.

This standard has been met and does not require corrective action.



115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● PREA Policy</li> <li>● Visiting Policy</li> <li>● Telephone Policy</li> <li>● Resident PREA Orientation Form</li> <li>● Resident CVC Pamphlets</li> <li>● Spanish and English Posters</li> <li>● MOU with Erie Crime Victims' Center</li> <li>● Client Visiting and Therapeutic Leave Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● PREA Manager</li> <li>● PREA Coordinator/Associate Executive Director</li> <li>● Ten Random residents</li> <li>● CVC Director (by phone prior to onsite)</li> </ul> <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.</p> <p>The Director described the MOU with CVC, a 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. The confidential services would be ongoing and 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 twice a week and some can do so every day. Visiting by parents/grandparents/guardians is once a week and accommodations are made for parents that must travel far or whose work schedule conflicts with regular visiting. Many of these residents also receive home visits. There is a parents' group that is conducted every Thursday at the Perseus House State Street Facility for all Perseus residents' parents.</p> <p>Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit or call when it is convenient for them. Several of the residents said that they could speak to their attorney but have no reason to at this point. It should be noted that some of the residents in the RTF are there voluntarily or through the Mental Health system</p>

and have no attorney.

This visiting schedule was prior to the Covid restrictions and were slowly resuming. Frequent phone calls and Skype calls were used in lieu of visits.

Nine out of 10 residents were able to tell me about the counseling services offered through the CVC because they received this information during Intake and it is posted throughout the facility. Several of these residents could even tell me where the posters were located with this information.

This standard has been met and requires no corrective action.

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Perseus House website</li> </ul> <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, and it is also posted in the visiting area in both Spanish and English.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.361	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● PREA Policy</li> <li>● Pa. Child Protective Services Law</li> <li>● Training Logs</li> <li>● Pa. Department of Human Services 3800 Child Care Regulations</li> <li>● Sexual Abuse Checklist</li> <li>● Files of 8 staff</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Associate Executive Director/PREA Coordinator</li> <li>● PREA Manager</li> <li>● Twelve Random Staff</li> <li>● Nursing Coordinator</li> <li>● MHT</li> </ul> <p>There has been one unfounded allegation of resident on resident sexual abuse that was reported to me during interviews. The resident reported this to the therapist after the interview and they immediately called the Crime Victims Center, who in turn notified the Pa. State Police and Pa. Child Line. The PREA policy as well as the Pennsylvania Child Protective Services Law 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. I saw mandated reporter training completion certificates in 8 staff files. 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. If there was a court order prohibiting a parent from notification, they would contact a guardian.</p> <p>In the case of the resident on resident sexual abuse allegation, the resident verbally reported to the therapist who immediately notified her supervisor, documented it and called the Crime Victims' Center. I was provided with a copy of the HCSIS report ( an acronym for the mandatory report of notifications required by Pa. DHS)</p> <p>This standard has been met and there is no need for corrective action.</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Zero Tolerance policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Executive Director</li> <li>• Associate Executive Director</li> <li>• Twelve Random staff</li> </ul> <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 and the 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. The Administrators as well as the direct care staff stated that the victim and the threat would be separated immediately, by changing rooms, changing seating, possibly transferring the victim or the other resident or staff to a different program. Line staff stated that they would keep the resident with them until satisfactory safe arrangements could be made.</p> <p>This standard has been met. There is no corrective action necessary.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pa. Child Protective Services Law</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Executive Director</li> <li>• Associate Executive Director/PREA Coordinator</li> </ul> <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 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 Director and/or PREA Coordinator who will contact Child Line and the Pa. State Police. They will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Sexual Assault Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Twelve Random Staff</li> </ul> <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 resident who reported the unfounded sexual abuse incident during our interview, did not describe an incident that would require first responder actions.</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. At Andromeda, all staff are trained and sometimes act as direct care staff.</p> <p>This standard has been met. There is no need for corrective action</p>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Coordinated Response in the PREA Zero Tolerance Policy</li> <li>• Sexual Assault Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director/PREA Coordinator</li> </ul> <p>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 the Coordinated Plan has not been utilized for a report of sexual abuse, it has been used for other types of incidents. This demonstrates that the policy is in practice.</p> <p>This standard has been met. There is no need for corrective action.</p>



115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pa. Child Protective Services Law</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Executive Director</li> </ul> <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 determined 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. He stated that there is nothing that prohibits this at Perseus.</p> <p>This standard has been met. There is no corrective action that is needed.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Executive Director</li> <li>• Associate Executive Director/PREA Coordinator</li> <li>• PREA Manager</li> </ul> <p>During the onsite portion of the Audit, on 7-29-20, one resident reported a Resident on Resident Sexual Abuse that allegedly occurred several months earlier to the Auditor. This incident was unfounded by the Pa. State Police on 8-13-20. The resident who reported and the alleged perpetrator were placed on no peer interaction and documentation was provided regarding the monitoring of retaliation. The PREA policy requires that a staff person monitor retaliation toward anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Andromeda is the PREA Manager. Both programs have their own PREA Manager and I interviewed the Director/PREA Manager for the RTF. She would do 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. She monitors behavioral changes in residents that include acting out, depression and self harm, sly comments by other residents and non-verbals. She would monitor work records of staff including tardiness, absenteeism and interactions with the residents. She would definitely contact the PREA Coordinator and Human Resources if it was a staff for possible emotional support or disciplinary action.</p> <p>She stated that any time 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, program or the possible discharge of a child. It could also result in a lateral transfer to another Perseus girls' RTF.</p> <p>After reviewing policy, reviewing documentation and conducting interviews, I believe this standard has been met. There is no need for corrective action.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Both the Pa. 3800 Child Care regulations and the Perseus House Policy prohibit the use of isolation.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• MOU with the Pennsylvania State Police, Cory Barracks.</li> <li>• Pa. Child Protective Services Law</li> <li>• Pa. 3800 Child Care Regulations</li> <li>• Sexual Abuse Checklist</li> <li>• Sexual Abuse Allegation documentation</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator/Associate Executive Director</li> <li>• PREA Manager</li> </ul> <p>The only Sexual Abuse that was reported was during the resident interviews. One resident told me that she had been victimized by another resident several months prior. She and her therapist immediately contacted the Crime Victim' Center and the Pa. State Police responded immediately, while I was still at the facility. The investigation has concluded and the allegation was unfounded.</p> <p>The PREA Policy contains all necessary verbiage and provisions however, most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, 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. Both the PREA Coordinator and the Director state that they have a very cooperative relationship with the Pa. State Police, but must call both them and Child Line to stay abreast of the investigation.</p> <p>The facility would conduct a minimal facts interview to gather only enough information to report the allegation and to institute a safety plan as required by the Pa. 3800 child care regulations and the Coordinated Response. They would conduct an incident review after the investigation was completed.</p> <p>By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported. The facility does not require residents to take a polygraph exam.</p> <p>The policy meets the standard and no corrective action is needed.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Perseus House PREA Policy</li> <li>• Pr- Audit Questionnaire</li> </ul> <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	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre- Audit Questionnaire</li> <li>• Pa. Department of Human Services 3800 Child Care Regulations</li> <li>• HCSIS report</li> <li>• Notification of Outcome Documentation</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director</li> <li>• Resident who reported Sexual Abuse</li> </ul> <p>One resident reported a Resident on Resident Sexual Abuse during the Resident interviews during the onsite on 7-29-20. This was immediately reported to the Crime Victims' Center via the Hotline. The Pa. State Police responded to the facility while I was still there. Subsequent to the onsite, I was provided with documentation of this incident and it was unfounded. The parents and placing agency were notified of the resident on resident allegation of sexual abuse within 24 hours. I saw the HCSIS report documenting notification. HCSIS is an acronym for a report to parents, guardians and placing agencies that is required by the Pa. Department of Human Services. This incident was unfounded on 8-13-20 by the Pa. State Police and the reporting resident was notified of the outcome on this date. Documentation of this notification was provided.</p> <p>There have been no other allegations of sexual abuse or sexual harassment that have occurred 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 and the Safety Plan. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The PREA Coordinator 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 upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• Pa. Child Protective Services Law</li> </ul> <p><b>Interview:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director/PREA Coordinator</li> </ul> <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment or any violation of the 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 otherwise no longer employed.</p> <p>This standard has been met and needs no corrective action.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• Pa. Child Protective Services Law</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director/PREA Coordinator</li> </ul> <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 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's or volunteer's agency.</p> <p>The policy and the interview confirm that this standard is met. No corrective action is needed</p>



115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• Pa. Child Protective Services Law</li> <li>• Pa. Department of Human Services 3800 Child Care regulations.</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director</li> <li>• Nursing Director</li> <li>• Mental Health Therapist</li> </ul> <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. The Andromeda House Policy prohibits residents from any consensual sexual contact.</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. During resident interviews, one resident reported consensual sexual activity between two other residents. I reported this to the PREA Coordinator, who was aware of this and stated these two residents were on peer restriction and that it had been reported to DHS as consensual resident sexual interaction, which is prohibited by regulation and by policy.</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 and, depending on the severity of the incident and if there were criminal charges, it could result in removal from the program. 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.</p> <p>Both the Nursing Director 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 and,</p>

if they did not cooperate, it is possible that they would be discharged from the program or removed by the court.

This standard has been met. There is no corrective action needed

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 566 358"><b>Documents Reviewed:</b></p> <ul data-bbox="300 425 1061 683" style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre- Audit Questionnaire</li> <li>• Vulnerability Assessment Instrument</li> <li>• Health and Safety Assessment</li> <li>• Logs of all Admissions</li> <li>• Electronic Files of 12 residents (10 active, 2 discharges)</li> </ul> <p data-bbox="252 712 406 745"><b>Interviews:</b></p> <ul data-bbox="300 813 965 981" style="list-style-type: none"> <li>• Nurse who administers Risk Assessment</li> <li>• PREA Coordinator</li> <li>• Nursing Coordinator</li> <li>• Five residents who disclosed Prior Sexual Abuse</li> </ul> <p data-bbox="252 1014 1484 1261">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 include the identification in “Bluestep”, the Electronic record. A banner with this identification appears in their file.</p> <p data-bbox="252 1299 1428 1467">All residents receive a physical in the community within 72 hours of admission and all RTF residents see their Mental Health Therapist usually the same day as admission. The RTF residents also see a Psychiatrist within a week. The ITU residents see a Mental Health provider within 14 days if necessary and their therapist within the first week.</p> <p data-bbox="252 1505 1476 1718">I reviewed the electronic health records of 12 residents. A spread sheet of all follow up is generated by this “Bluestep” system. Of the files I reviewed, five active residents required and received timely Medical and Mental Health follow up and one discharged resident required and received timely Mental Health follow up. These assessments are provided for all residents, not jsut those identified as prior victims or perpetrators. This is a best practice.</p> <p data-bbox="252 1751 1420 1830">I interviewed five residents who disclosed prior sexual abuse and all stated that they were offered and received Mental Health follow up within 14 days.</p> <p data-bbox="252 1863 1484 2121">Interviews and documentation demonstrate that this standard has been exceeded because all residents recieve a physical within 72 hours and all residents see a Mental Health professional within 14 days. The Residential Treatment Facility requires these timely Mental Health Assessments and is audited by the State for compliance. The per diem is paid by Managed Health Care Organizations . The ITU residents have access to these services because they are in the same facility.</p>

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

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre- Audit Questionnaire</li> <li>• MOU with UPMC Hamot</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Nursing Coordinator</li> <li>• MHT</li> <li>• Twelve Random Staff</li> </ul> <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 during their admission and at any time throughout their stay. All residents are offered pregnancy testing at admission and throughout their stay. Any resident who became pregnant while at the facility would be offered all lawful pregnancy related information and services. There is an Ob/Gyn in the community that provides services to these residents. Interviews with the Nursing Director 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	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Nursing Coordinator</li> <li>• MHT</li> </ul> <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. The resident's treatment plan is updated to include any follow up that is needed. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.</p> <p>All residents are offered pregnancy and STD testing. The facility provides the residents with Ob/Gyn care in the community.</p> <p>Any resident on resident offender would be assessed immediately upon staff learning of it and it would be dealt with therapeutically.</p> <p>The facility offers intensive treatment for the girls committed there. They receive individual, group and family therapy and drug and alcohol counseling if needed. Many of these girls have been victims of prior sexual abuse. The Mental Health Therapist has received specialized training in Trauma Focused Cognitive Therapy.</p> <p>All RTF residents are committed to the facility due to a mental health diagnosis and are there for treatment, which is provided. The ITU girls are committed by their respective juvenile courts for treatment and rehabilitation. They have a primary therapist who they see several times a week and also see a psychiatrist.</p> <p>This standard has been exceeded and there is no need for corrective action</p>

115.386	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• Sexual Abuse Incident Review Form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator/Associate Executive Director</li> <li>• PREA Manger who is a member of the Incident Review Team</li> </ul> <p>There have been no incidents within the past twelve months that have required an incident review. The one sexual abuse allegation reported to the Auditor during the onsite was unfounded. and therefore does not require a Sexual abuse 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 PREA Manger. 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 PREA Manager states that this policy would be followed and has been in the past at other Perseus facilities.</p> <p>This standard has been met. There is no need for corrective action</p>
---------	---

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• PREA Annual Report, 2019</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Associate Executive Director/PREA Coordinator</li> </ul> <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.</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. This report was completed and submitted to the Auditor during the pre-audit time period. The PREA Coordinator is responsible for compiling this information.</p> <p>This standard has been met. There is no need for corrective action</p>



115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• PREA Annual Report 2019</li> <li>• Perseus House website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Executive Director</li> </ul> <p>There is an Annual PREA Report for 2019 and it is posted on the website. This report was completed and submitted to the Auditor during the pre-audit time period. The PREA Coordinator states that 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>Corrective action is ongoing. If there is an incident, a review is conducted, a recommendation is made and implemented. There are quarterly directors' meetings with the PREA Coordinator where corrective action can be discussed and changes can be made to training and procedure to prevent future occurrences.</p> <p>All personal identifiers in any public report. would be removed and noted.</p> <p>This standard has been met. No corrective action is needed</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Policy</li> <li>• Pre-Audit Questionnaire</li> <li>• Annual PREA Report 2019</li> <li>• Perseus House website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• ExecutiveDirector</li> </ul> <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 Policy states "specific material that would present a clear and specific threat to the safety and security of the facility: and personal information, will note the nature of the material redacted". The Perseus House website contains the Annual PREA Report for 2019. It contains the most recent PREA 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	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Perseus House currently has licenses for 9 programs from the Pa. Department of Human Services. Not all programs require a PREA Audit. Perseus has had PREA Audits of all its facilities that have required a PREA Audit, starting in 2015 during the second year of the first PREA cycle. All facilities were re-audited during the second cycle. This Audit of Andromeda is the third Audit of this facility being conducted in the first year of the third year cycle.</p> <p>This Audit was originally scheduled for May 18, 19, 20, 21, 2020 but was postponed until July 26, 27, 28, 29, 2020, due to Covid restrictions in the Commonwealth of Pa. In the past, Perseus has had all of its required facilities Audited in the first year of the cycle.</p> <p>All Final Reports are posted on the Agency website until replaced by a new Audit report. This was verified by the Auditor.</p> <p>The Auditor had access to all areas of the facility during the tour on July 29, 2020.</p> <p>The Auditor was provided with all requested documentation and was aided by the PREA Coordinator in the review of the Electronic Health Records. There are no cameras at Andromeda.</p> <p>The Audit was posted on 4-6-20 for the postponed May Audit and was posted with the new July dates on 5-14-20. Pictures of the posting were sent to the Auditor by email on this date. They were still posted and observed by the Auditor during the tour on July 29, 2020. The Auditor did not receive any mail or communication as a result of this posting.</p> <p>The Auditor conducted private interviews of both staff and residents in a private room in the Andromeda RTF with the door closed.</p> <p>This standard has been met. There is no need for corrective action</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Final PREA Report for each Perseus House Facility is posted on the website within 14 days of its receipt. All Final Reports remain posted on the website until replaced by a current Audit report. The Auditor is advised when the report has been posted and then visits the website to verify this.</p> <p>Prior to this Audit, the Auditor verified that 3 separate Facility reports were posted on the website and the 2019 Annual PREA report was posted as well.</p> <p>This standard has been met. There is no need for corrective action</p>

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

	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes



<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	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?	
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

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

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes



115.322 (c)	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

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

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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	no
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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



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

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	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

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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



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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

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

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

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

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

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

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



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

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

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

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

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

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

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

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



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

<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the 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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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