

PREA Facility Audit Report: Final

Name of Facility: Boys Intensive Treatment Program

Facility Type: Juvenile

Date Interim Report Submitted: 04/19/2021

Date Final Report Submitted: 08/18/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 08/18/2021

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	03/08/2021
End Date of On-Site Audit:	03/09/2021

FACILITY INFORMATION	
Facility name:	Boys Intensive Treatment Program
Facility physical address:	516 West Seventh Street, Erie, Pennsylvania - 16501
Facility Phone	
Facility mailing address:	516 West Seventh Street, Erie, Pennsylvania - 16502

Primary Contact	
Name:	Debra Malory
Email Address:	dmalory@perseushouse.org
Telephone Number:	8144536389

Superintendent/Director/Administrator	
Name:	Debra Malory
Email Address:	dmalory@perseushouse.org
Telephone Number:	8144536389

Facility PREA Compliance Manager	
Name:	Debra Malory
Email Address:	dmalory@perseushouse.org
Telephone Number:	O: (814) 453-6389

Facility Characteristics	
Designed facility capacity:	10
Current population of facility:	6
Average daily population for the past 12 months:	4
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-18
Facility security levels/resident custody levels:	children and youth, court system
Number of staff currently employed at the facility who may have contact with residents:	11
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site portion of the PREA Audit at Perseus House Boys Intensive Treatment Program (BITP) took place on March 8, 2021 and March 9, 2021 and covered the audit period of March 8, 2020 to March 8, 2021. The on-site portion of the audit was originally scheduled to be completed on December 7 – 8, 2020. However, the on-site portion of the audit was postponed and rescheduled for the above-mentioned dates due to the COVID-19 pandemic.

BITP was last audited during the second PREA cycle on July 17 – 20, 2017 and was found to be in full compliance on August 30, 2017. Prior to the on-site visit, this auditor used the PREA Online Audit System (OAS) to review the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 43 PREA Juvenile Standards. On November 11, 2020, this auditor received notification of an online Pre-Audit Questionnaire being completed. Each standard contained uploaded BITP policies, protocols, and documentation which were relevant to that particular standard. After the pre-audit review of the Pre-Audit Questionnaire and supporting documentation, this auditor sent questions generated from those documents to the Agency PREA Coordinator. These questions were answered to the satisfaction of this auditor. The Agency PREA Coordinator was also courteous and provided additional information in an expeditious manner. The agenda for the on-site portion of this audit was reviewed with the agency PREA Coordinator and agreed upon on February 8, 2021.

Notifications of the on-site portion of this audit were posted throughout the facility and accessible to staff, residents, and visitors on January 6, 2021. These notifications were in both English and Spanish. Photographs were taken of the various sites where the notifications had been posted and the photographs were emailed to this auditor noting their locations. Email correspondence between this auditor and the Agency PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process and schedule, and to request any additional information that was needed to review.

Upon arriving at the facility on March 8, 2021, at approximately 8:30am, this auditor met with the Program Supervisor/Facility PREA Compliance Manager at BITP, to discuss the audit schedule and review any questions or concerns she may have had about the on-site portion of the audit.

This meeting was followed by a detailed tour of the facility which took approximately one hour. During the tour, this auditor noticed PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the common areas and lobby. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses. It was noted during the tour of the facility that there is no video surveillance system. All staff supervise residents using line of sight supervision and no residents are permitted in any area of the facility besides the bathroom and their bedrooms at night without a staff member present.

Following the tour, this auditor met with the Program Supervisor to review the resident and staff rosters/schedules at the facility. This auditor then proceeded to interview staff on shift, specialty staff on shift, and residents at the facility the rest of the day. Staff from second shift (3:00pm to 11:00pm) were interviewed.

This auditor arrived at BITP at approximately 6:30am on the second day of the audit in order to interview two staff who work third shift (11:00pm to 7:00am). The rest of the day was spent interviewing specialty staff and staff from first shift (7:00am to 3:00pm). This auditor interviewed the Program Supervisor as she is also the Facility PREA Compliance Manager, serves on the Incident Review Team, completes Unannounced Rounds, and monitors retaliation at the facility, the Associate Chief Executive Officer as he is the Agency PREA Coordinator and serves on the Sexual Abuse Incident Review Team, a Registered Nurse who administers risk assessments (Vulnerability Assessment Instruments), and two intake staff. Due to the small size of the facility, several staff served multiple roles, including the Program Supervisor and Registered Nurse. After these interviews were completed, this auditor reviewed all seven current resident files and three closed resident files for documentation verifying PREA education and risk assessments were completed as noted in the Perseus House Zero-Tolerance Policy. It was noted that all of the residents at the facility were not being educated at intake and residents were not being re-screened periodically during their stay at the facility. These issues were addressed during the Corrective Action period and all residents at the facility are now being educated at intake and are now being re-screened periodically throughout their stay at the facility (residents are now re-screened every six months).

During the on-site portion of this audit, a Human Resources staff was interviewed and staff training records were reviewed by this auditor and it was confirmed all staff had successfully completed the annual PREA trainings and had appropriate background checks completed. It also should be noted; there are two mental health staff and one medical staff working at the facility and all three completed the on-line specialty training specific to Medical Health and Mental Health in a Confinement Setting. This training was offered by the PREA Resource Center as an online course. Training records were also reviewed by this auditor to confirm the completion of specialty trainings for the medical staff and mental health staff at BITP. Interviews with these staff confirmed they completed and understood the trainings and also

completed the annual PREA training all staff at the facility are required to complete.

All seven residents (100% of the population was interviewed) residing at the facility were interviewed in a private and confidential area of the facility. This auditor also interviewed two residents who had a cognitive disability, one resident who reported an allegation of sexual abuse at the facility during the past 12 months, and two residents who disclosed prior victimization on the risk screening. There were no residents who identified as lesbian, gay, or bi-sexual, transgender/intersex residents, or any residents who were limited English proficient. Ages of the residents interviewed ranged from 14 years old to 17 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and were aware of the services which were available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at BITP. The residents also reported they feel PREA is taken seriously at the facility and that they have been educated about PREA (by watching an educational PREA video). Overall, interviewed residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting. No residents had requested to speak with this auditor nor has this auditor received any written or email correspondence from any resident or staff member at BITP.

A total of 22 staff interviews took place (15 of the staff interviewed were Specialized Staff). These interviews included the following:

- Agency Head
- Agency PREA Coordinator
- Program Supervisor
- Facility PREA Compliance Manager
- 2 Mental Health Staff
- 1 Medical Staff
- 1 Staff who conducts Risk Assessments
- 2 Intake Staff
- 1 Staff who Completes Unannounced Rounds
- 1 Person who Monitors Retaliation
- 2 Members of the Incident Review Team
- 1 Human Resources Staff

In addition, this auditor also interviewed representatives from the following facilities/agencies via telephone:

- Representative from the Erie Police Department (Conducts investigations at BITP)
- Representative from UPMC Hamot (Conducts forensic examinations)
- Representative from Erie County Crime Victims Center (Provides advocacy services)

Randomly selected staff interviewed years of experience ranged from 1 year to 14 years. There are currently seven staff employed at BITP and all seven staff were interviewed by this auditor. Three staff interviewed worked 1st shift (7am – 3pm), three staff interviewed worked 2nd shift (3 – 11pm), and two staff interviewed worked 3rd shift (11pm – 7am). All staff interviewed were knowledgeable of PREA, the Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. All staff interviewed were aware of their roles as first responders. Staff interviewed were also professional and enthusiastic about their work and PREA knowledge. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters and how to contact the Pennsylvania Department of Human Services Childline Hotline to report allegations of sexual harassment and sexual abuse.

Unannounced Rounds are completed on a regular basis by the Program Supervisor and Assistant Program Supervisor. Logs of these Unannounced Rounds were reviewed by this auditor and met the standard. Shower and restroom areas provided privacy during showers and when residents used the restrooms. Only one resident is permitted to use the restroom/shower at a time. Male staff supervise showers to ensure only one resident enters the restroom/shower room at a time. Residents go to the shower area clothed and return to their bedrooms clothed. During interviews with residents and staff, it was confirmed that female staff announce their presence upon entering the living area by announcing "female staff".

The PREA education program for residents begins at intake (the first hour the resident enters the facility) and is completed by medical staff (Registered Nurse). It was noted after reviewing resident files during the on-site portion of the audit, that all residents did not receive PREA education at intake (5 of the 10 resident files reviewed did not contain timely signatures from residents noting they received PREA education at intake). This was corrected during the Corrective Action period as all intakes now receive comprehensive PREA education during their intake process and also receive a PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment". It was also noted during interviews with intake staff and residents that upon admission, residents also watch a PREA education video and receive a Resident Handbook. These materials describe PREA in depth, including definitions of sexual abuse and sexual harassment, ways to report sexual abuse and sexual harassment, and agencies that are available to victims of sexual abuse and sexual harassment. Residents sign and date an acknowledgement form noting they received the above-mentioned PREA education and the Resident Handbook. These signed acknowledgement forms are kept in the resident's files.

Risk Assessments are completed by medical staff (Registered Nurse) and are completed on the date of admission and a minimum of every six months following the initial screening, documented on the Vulnerability Assessment Instrument. The completed Vulnerability Assessment Instrument is stored in the resident's files that are available to all members of the resident's treatment team and allows for a high level of fidelity regarding treatment plans and service needs during the resident's continuum of care. It was noted after reviewing resident files at the facility, that several of the residents were not reassessed a minimum of every six months as noted in the agency Zero Tolerance Policy (4 of the 10 resident files reviewed did not meet this requirement and some were not reassessed until after one year at the facility). This was corrected during the Corrective Action period as the facility was able to create a database to better track the assessment and reassessment of the Vulnerability Assessment Instrument. All intakes admitted into the facility were assessed during their intake (5 intakes total) and three residents were reassessed periodically (every six months) during the Corrective Action period. There were several residents who reported prior sexual victimization during the screening process currently residing at the facility and two of these residents were interviewed by this auditor. Both residents interviewed stated they were referred to a mental health staff and medical practitioner immediately following their intake process.

Investigations regarding allegations of sexual abuse and sexual harassment are conducted by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services. The Erie Police Department oversees all criminal investigations while the Pennsylvania Department of Human Services oversees all administrative investigations regarding violations of Pennsylvania Department of Human Services 3800 Child Care Regulations. During the past 12 months, there was one allegation of sexual abuse. This allegation was reported through the Pennsylvania Department of Human Services Childline Hotline and was investigated by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services. This allegation was determined to be Unfounded as the resident recanted the allegation and there was no evidence to support the allegation. This auditor was able to review the resident file, allegation summary, determination letter from the Pennsylvania Department of Human Services, and interview a representative from the Erie Police Department to confirm this allegation was immediately reported and investigated properly.

An interview with the Agency PREA Coordinator confirmed any allegation of sexual harassment or sexual abuse is immediately reported to the Pennsylvania Department of Human Services via the Childline Hotline. The allegation is documented on a CY47 form that must be submitted to the Pennsylvania Department of Human Services by the staff who witnessed the incident or received the allegation. The allegation can be reported to the Pennsylvania Department of Human Services either by calling the 24-hour Childline Hotline or submitting a CY47 form online. If the allegation is criminal in nature, the Pennsylvania Department of Human Services will contact the Erie Police Department to lead the investigation. The Agency PREA Coordinator stated during an open investigation, communication is maintained between the administrative staff and the Pennsylvania Department of Human Services and the Erie Police Department via email, telephone calls, and facility visits. Following an investigation, upon learning of a determination, the facility would meet with the resident (if they were still residing at the facility) to inform them of the determination. The resident at the facility who made an allegation of sexual abuse stated he was immediately notified of the determination by the Program Supervisor. Perseus House recently developed and implemented a Resident Notification form to document any resident at a residential program who makes an allegation of sexual abuse or sexual harassment is notified of the determination in writing and verbally immediately following the completion of an investigation. It was noted, following any Substantiated or Unsubstantiated determination for allegations of sexual abuse, a PREA Sexual Abuse Incident Review would be completed within 30 days of learning of the determination. This would be documented on a PREA Sexual Abuse Incident Review form. This auditor was able to review a template of the PREA Sexual Abuse Incident Review form that would be used for documentation purposes.

Perseus House has developed a thorough and detailed policy (Perseus House Zero-Tolerance Policy) to address all the PREA standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of this policy indicates the seriousness with which BITP takes regarding sexual safety and their commitment to the PREA standards.

This auditor conducted an exit meeting with administrative team at BITP following the on-site portion of this audit on March 9, 2021. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the administrative team at BITP for their hospitality, hard work, and commitment to the full implementation of PREA in their facility.

During the Corrective Action period, BITP made the necessary adjustments to the following standards to become PREA Compliant:

Standard 115.333 (Resident education): BITP enhanced its PREA education curriculum by developing a pamphlet that includes definitions, ways to report sexual harassment and sexual abuse, and addresses and telephone numbers to outside agencies (including the Childline hotline and Erie County Crime Victim Center). This pamphlet is titled "End the Silence: Zero-Tolerance for Sexual Abuse and Sexual Harassment". The resident receives a copy of this pamphlet after reviewing the PREA education materials with the Registered Nurse, watching the PREA education video, and taking the PREA education quiz during the intake process. The resident then signs an acknowledgement form noting they received the PREA education and pamphlet at intake. This acknowledgement form is kept in the resident's file.

There were five intakes admitted into BITP during the past 120 days. The facility received intakes into the facility on May 5, 2021, May 13, 2021, June 6, 2021, June 15, 2021, and July 6, 2021. This auditor requested and received documentation noting each resident received comprehensive PREA education at intake (including receiving a copy of the PREA education pamphlet). This auditor received signed acknowledgement form noting each resident received the PREA education at intake as each acknowledgement form was signed during the

resident's first day at the facility. This auditor also received a copy of the resident roster on August 5, 2021, to confirm there were five residents admitted into the facility during the past 120 days.

Standard 115.341 (Obtaining information from residents): BITP was able to develop a tracking system to ensure all residents are assessed with 72 hours of intake and periodically throughout their stay at the facility (every six months). During the past 120 days, there were five intakes admitted into the facility. All five of these residents were administered the Vulnerability Assessment Instrument upon intake. In addition, there were also three residents reassessed during the past 120 days.

This auditor was able to confirm compliance by requesting and receiving completed Vulnerability Assessment Instruments that were administered within 72 hours of intake for each of the five residents admitted into the facility and the three residents who were scheduled to be reassessed during the past 120 days at BITP. All completed Vulnerability Assessment Instruments received confirmed the facility had successfully developed a tracking system to ensure residents were being administered the Vulnerability Assessment Instrument within 72 hours of intake and every six months during their stay at the facility.

Standard 115.342 (Placement of residents): BITP was able to develop a tracking system to ensure all residents are assessed with 72 hours of intake and periodically throughout their stay at the facility (every six months). During the past 120 days, there were five intakes admitted into the facility. All five of these residents were administered the Vulnerability Assessment Instrument upon intake. In addition, there were also three residents reassessed during the past 120 days as all residents are now reassessed consistently at six-month intervals throughout their stay at the facility.

BITP was able to use the information from the completed Vulnerability Assessment Instruments to develop Safety Plans, place the residents in appropriate bedrooms, and place the residents into appropriate work groups.

Standard 115.367 (Agency protection against retaliation): BITP was able to develop a Retaliation Monitoring form to ensure all residents who report allegations of sexual harassment and sexual harassment are monitored for retaliation for a minimum of 90 days, or until an allegation is investigated and determined to be Unfounded. This auditor received a copy of the form that the facility implemented to monitor retaliation. Each resident is monitored on a weekly basis for 13 weeks and documentation is kept on the Retaliation Monitoring Form. There are several different methods to monitor retaliation listed on this form including meeting face to face with the resident, reviewing incident reports, and reviewing educational reports. Upon completion of the 90 – day monitoring period, the Retaliation Monitoring form is then placed in the resident's file.

During the past 120 days, there were no allegations of sexual harassment or sexual abuse at BITP that required retaliation monitoring.

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 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 school and high school students in the Erie School District at three different sites and serves over 600 children. There is also an alternative school in neighboring Crawford County.

There are nine residential programs, with a total of 96 beds, including a mother/baby program, a shelter, an intensive treatment program for male sex offenders, three Residential Treatment Facilities, two "enhanced" Residential Treatment Facilities, and a girls intensive treatment program. Five of these programs require PREA audits due to the percentage of delinquent residents placed at those facilities by the Courts. Some of these programs share a building or physical plant and are considered 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 Residential Treatment Facility and the Girls Intensive Treatment Program located in Crawford County.

Perseus House is a private agency, and the residential programs have 140 full and part time staff. The direct care staff are called Behavioral Specialist or Behavioral Technicians depending on their college degree. BITP employs a Program Supervisor, medical staff (a Registered Nurse), and two mental health staff (Therapists). There are seven direct care staff assigned to this program. BITP is licensed by the Pennsylvania 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 Therapy. Perseus House has contracts with 25 Pennsylvania counties.

BITP is a ten-bed facility located at 516 West Seventh Street in the city of Erie, Pennsylvania. This is an all-male residential low-level sex offender treatment program. It accepts dependent and delinquent children, and the length of stay is approximately one year. During the past 12 months, prior to the on-site portion of this audit, there have been four admissions into the program. BITP receives residents from several Pennsylvania counties. During the on-site portion of this audit, there were seven residents residing at the facility. All residents attend school year-round at an off-site alternative school run by Perseus House for several of the residential facilities and children from the community. All residents participate in several groups including Aggression Replacement Training. Aggression Replacement Training is an evidence-based curriculum. All residents have an individual Therapist who they meet with at least once a week. Residents are also seen by a Psychiatrist for medication evaluation and receive family therapy either in person or via Skype.

BITP is located in a residential community in Erie, Pennsylvania. It sits on a large lot on a residential street. The street also has a Women's Shelter and College Fraternity. The 5,005 square foot, Victorian home, was purchased by Perseus House in the 1980's and has two floors and a basement. The front door opens into a foyer area with a television and then two separate living rooms/community rooms used for groups and visits. The house has large windows and built in shelving with ornate woodwork. On the other side of the house is the Nurse's station where intakes are conducted, a small office area with a computer and files, and a dining room with a large table for family-style meals. Directly behind the dining room is the kitchen and a stairway with access to the basement and an exit to the rear yard.

The second floor of the house is accessed by a wide stairway with a landing halfway up with large windows. There are three bedrooms (two bedrooms house four residents and the other bedroom houses two residents). The double room was not in use during the on-site portion of this audit. Each bedroom has an open closet and bunk beds. There is one bathroom located off the hallway that has a tub/shower combo, a sink, and a toilet. Only one resident is permitted to use the bathroom at a time and there is a sign-in sheet to track the residents who use the bathroom. The double bedroom has a bathroom attached with a shower, sink, and toilet. Also on the second floor is the Program Supervisor's office and a Caseworker office where the Erie County Crime Victims Center hotline is located. During sleeping hours, the overnight staff are positioned in the hallway and make regular rounds every 15 minutes.

A small basement is accessed from the first floor. It has an open recreational area that contains recreational/athletic equipment and two Therapist offices. Residents participate in therapy sessions with a Therapist in these offices.

BITP does not have a video surveillance system and is a staff-secure facility that utilizes line-of-sight supervision.

Resident education begins at intake. All residents admitted into BITP receive a Resident Handbook and watch a PREA education video. Following the video, residents are permitted to ask any questions they may have and then are required to take and pass a quiz to show competency in PREA and display they understood the material that was reviewed in the video.

All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire. Current employees who received this training, receive this training every two years. In years in which an employee does not receive this refresher training, BITP provides refresher information on current sexual abuse and sexual harassment policies to the employees as part of an annual PREA training.

BITP has Memorandum's of Understanding and/or Letters of Agreement with the following agencies:

1. UPMC Hamot (Forensic examinations with a SANE for victims of sexual assault)
2. Erie County Crime Victims Center (Advocacy services to victims of sexual assault)
3. Erie Police Department (Investigations)
4. Multicultural Community Resource Center (Provides language assistance to residents who are not English proficient)

Perseus House's vision statement reads "To excel in comprehensive and integrated care for youth and families."

Perseus House's mission statement reads "To serve youth and families through Evidence-Based programing designed to promote pro-social behavior and healthy lifestyles."

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0

Perseus House has implemented a Zero-Tolerance Policy which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency's training efforts with residents, staff, volunteers, and contractors.

The agency has designated a PREA Coordinator who reports directly to the Agency Head (Executive Director) and serves as the Associate Executive Director. BITP has a designated PREA Compliance Manager who reports directly to the Associate Executive Director/Agency PREA Coordinator and serves as the Program Supervisor. Interviews with the Agency Head, Agency PREA Coordinator, and Facility PREA Compliance Manager during the on-site portion of this audit demonstrated that BITP is committed to the sexual safety of the residents residing at the facility. All staff and residents interviewed demonstrated they not only received but understand the PREA education and training that was offered to them. Staff receive annual PREA trainings/refreshers and residents are educated at intake. There are numerous posters posted throughout the facility in order to educate staff and residents.

There is a Memorandum of Understanding with UPMC Hamot located in Erie, Pennsylvania. This Memorandum of Understanding states UPMC Hamot will provide SANE's for forensic examinations in the event of an incident of sexual abuse at the facility. The agency also has a Memorandum of Understanding with the Erie County Crime Victims Center to provide victim advocacy and emotional support services to sexual assault victims at the facility. Representatives from UPMC Hamot and the Erie County Crime Victims Center were contacted by this auditor and were able to confirm the processes noted in the Memorandum of Understandings, as well as discuss services that are available and would be provided to victims of sexual assault at BITP.

All criminal investigations regarding allegations of sexual abuse and sexual harassment are conducted by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services. Administrative investigations at the facility are completed by the Pennsylvania Department of Human Services. This auditor was able to interview a representative from the Erie Police Department. He was able to confirm the investigative process and follow up that occurs when his agency receives an allegation of abuse from the facility. There was one allegation of sexual abuse at BITP during the past 12 months. This allegation was investigated by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services and determined to be Unfounded. The facility received a Determination Letter from the Pennsylvania Department of Human Services noting the findings of the investigation at its conclusion.

All residents admitted into the facility receive timely PREA education at intake. Medical staff complete all PREA education during the intake process. The Vulnerability Assessment Instrument is also completed by medical staff and each resident is reassessed a minimum of every six months. The completed Vulnerability Assessment Instruments are stored electronically in the resident's files that are available to all direct contact staff employed at BITP and allows for a high level of fidelity regarding treatment plans and service needs during the resident's continuum of care.

All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire. Current employees who received this training, receive this training every two years. In years in which an employee does not receive this refresher training, the BITP provides refresher information on current sexual abuse and sexual harassment policies to the employees as part of an annual PREA training.

The trainings include 11 different topics required by the PREA standards:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;

7. 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;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

Volunteers and contractors who may have contact with residents are trained on their responsibilities, the agency zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with residents. Prior to entering the facility, all volunteers and contractors are given a Volunteer/Contractor Training Brochure titled "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers" and Acknowledgement Form to review and sign off indicating they have received the training and understood it. There are currently no contractors or volunteers authorized to enter the facility.

There is one medical staff and two mental health staff working at BITP and all of those staff received the specialized training offered by the PREA Resource Center (Specialized Training PREA Medical and Mental Health Care Standards) that are required by the PREA standards. In addition to the specialized trainings, these medical and mental health staff also received the PREA trainings/refreshers that all staff in the facility are mandated to complete on an annual basis.

During the on-site portion of the audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies. The agency also has PREA information for both residents and the public posted on its website.

This auditor was supplied with the following documentation to review prior to, during, and following the on-site portion of the audit:

1. BITP PREA Pre-Audit Questionnaire
2. Perseus House Zero-Tolerance Policy
3. Perseus House Resident Searches Policy
4. Perseus House Grievance Procedure for Clients and Family Members Policy
5. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Harassment Policy
6. Perseus House Organizational Chart
7. BITP Staffing Schedules
8. BITP Resident Roster
9. BITP Unannounced Rounds Logs
10. Letter of Agreement with Multicultural Community Resource Center
11. BITP Staff Background Checks
12. Disclosure Statement Template
13. Randomly Selected Staff Files
14. Randomly Selected Resident Files
15. Memorandum of Understanding with Erie Police Department
16. Memorandum of Understanding with UPMC Hamot
17. Memorandum of Understanding with Erie County Crime Victims Center
18. PREA Training Curriculums
19. Staff Training Records
20. Volunteer/Contractor Training Brochure "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers"
21. Volunteer/Contractor Training and Acknowledgement Form Template
22. First Responder Evidence Protocol for Sexual Assault Checklist
23. Determination Letter from Pennsylvania Department of Human Services
24. BITP Resident Handbook (English)
25. BITP Resident Handbook (Spanish)
26. Resident Zero-Tolerance Acknowledgement Forms
27. PREA Posters
28. Mental Health Staff Specialized Training Certificates
29. PREA Vulnerability Assessment Instrument Template
30. Completed Vulnerability Assessment Instruments
31. Pennsylvania Department of Human Services Chapter 3800 Child Care Regulations
32. Pennsylvania Child Protective Services Law
33. Review of Facility Grievance Records
34. Agency Website
35. BITP HSCIS Reports
36. Coordinated Response Plan
37. Health & Safety Plans

38. Resident Notification Form Template
39. PREA Sexual Abuse Incident Review Template
40. 2018 Perseus House Annual PREA Report
41. 2019 Perseus House Annual PREA Report
42. Perseus House Survey of Sexual Violence Summary
43. PREA Audit Notification
44. Photographs of PREA Audit Notification

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House has a Zero-Tolerance Policy concerning sexual abuse and sexual harassment of Perseus House residents and is committed to the prevention and elimination of sexual abuse and sexual harassment through compliance with the Prison Rape Elimination Act of 2003. This policy is titled "Zero Tolerance of Sexual Abuse and/or Sexual Harassment in Perseus House Residential Programs." Perseus House is committed to the equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the facility's training efforts with residents, staff, volunteers, and contractors.</p> <p>(b) Perseus House Zero-Tolerance Policy states "Perseus House shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee the Perseus House efforts to comply with the PREA Juvenile Facility Standards in all of its facilities."</p> <p>Perseus House has a designated PREA Coordinator who reports directly to the Chief Executive Officer. His official title is Associate Chief Executive Officer and Agency PREA Coordinator. The Agency Organizational Chart was reviewed by this auditor and confirmed the PREA Coordinator's position and noted he reports directly to the Chief Executive Officer. He is knowledgeable of the PREA standards and he stated he is committed to PREA and in implementing PREA at BITP and all Perseus House residential programs. The Agency PREA Coordinator also reported he oversees five PREA Compliance Managers in three different Perseus House residential facilities and that he has the support needed and sufficient time to develop, implement, and oversee the agency's efforts towards PREA compliance in this facility and to fulfill his PREA responsibilities. He was interviewed by this auditor on March 9, 2021 to confirm the above-mentioned statements.</p> <p>(c) Perseus House Zero-Tolerance Policy states "Each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Juvenile Facility Standards."</p> <p>BITP has a designated PREA Compliance Manager. Her official title is Program Supervisor and Facility PREA Compliance Manager. The Facility PREA Compliance Manager was knowledgeable of the PREA standards and their role in the facility. She was interviewed by this auditor during the on-site portion of this audit on March 8, 2021, and stated she has sufficient time and authority to develop, implement, and oversee BITP's efforts to comply with the PREA standards.</p> <p>This auditor was provided the BITP Organizational Chart that confirms the Agency PREA Coordinator reports directly to the Chief Executive Officer.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Perseus House Organizational Chart 3. BITP PREA Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1465 333">(a – b) Perseus House does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head and Agency PREA Coordinator during the on-site portion of this audit.</p> <p data-bbox="244 365 352 392">Interviews:</p> <ol data-bbox="276 443 719 506" style="list-style-type: none"> <li data-bbox="276 443 587 470">1. Interview with Agency Head <li data-bbox="276 474 719 501">2. Interview with Agency PREA Coordinator

115.313	Supervision and monitoring
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 398">(a) Perseus House Zero-Tolerance Policy states “Each facility within Perseus House shall develop, implement and document a plan for staffing to ensure compliance with the PREA Standard 115.313 to provide for mandated levels of staffing. In calculating the above staffing compliance levels and determining the need for video monitoring, each facility within the Perseus House shall take into consideration:</p> <ol data-bbox="272 452 1457 810" style="list-style-type: none"> 1. Generally accepted national standards for juveniles in residential facilities 2. Any judicial findings of inadequacy. 3. Any findings of inadequacy from Federal investigative agencies. 4. Any findings of inadequacy from internal or external oversight bodies. 5. All components of the facility’s physical plan (including blind spots or areas where staff or residents may be isolate). 6. The composition of the resident population. 7. The number and placement of supervisory staff. 8. Programming occurring on a particular shift. 9. Any applicable Commonwealth or local laws, regulations, or standards. 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse. 11. Any other relevant factors.” <p data-bbox="240 842 1430 904">There were seven residents residing at BITP during the on-site portion of this audit. The average daily population at the facility during the past 12 months has been five residents.</p> <p data-bbox="240 936 1457 1128">BITP did not have a Staffing Plan developed and implemented during the on-site portion of this audit as noted in the Zero-Tolerance Policy. The facility was able to develop and implement a detailed Staffing Plan prior to the submission of the interim report. This Staffing Plan was developed by reviewing the resident population, the number of direct staff available, and mandated Pennsylvania Department of Human Services staff to resident ratios. This auditor received a copy of the Staffing Plan from the Agency PREA Coordinator on April 13, 2021. This Staffing Plan is for the current year (2021) and will be reviewed on an annual basis.</p> <p data-bbox="240 1160 1489 1249">The facility is currently budgeted for 10 direct care staff; 7 of those positions are currently filled and 3 of those positions are currently vacant. BITP does not have a video surveillance system at the facility. Line of sight supervision is used to supervise and monitor residents.</p> <p data-bbox="240 1281 1489 1411">(b) Perseus House Zero-Tolerance Policy states “Facilities within Perseus House shall comply with the plan for staffing (the only exception being, during limited and discrete exigent circumstances). Each facility within Perseus House shall maintain a local policy outlining how it will document any deviations from the plan for staffing. This documentation shall be maintained by the Compliance Manager and retained in the PREA Audit shared folder.”</p> <p data-bbox="240 1442 1457 1505">BITP was able to develop and implement a detailed Staffing Plan prior to the submission of the interim report. This auditor received a copy of the Staffing Plan from the Agency PREA Coordinator on April 13, 2021.</p> <p data-bbox="240 1536 1473 1666">The Program Supervisor reported that minimum resident to staff ratios have been met and there have been no instances during the past 12 months where minimum ratios were not met at BITP. She also reported that in the event administrative staff feel staffing ratios cannot be maintained during an upcoming shift, staff would be paid overtime to meet the ratios. This was confirmed by reviewing staff schedules and resident population logs.</p> <p data-bbox="240 1697 1473 1787">(c) Perseus House Zero-Tolerance Policy states ““PREA Juvenile Facility Standards require that each facility within Perseus House shall maintain staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. Facilities within Perseus House shall continue to maintain established staff to resident ratios.”</p> <p data-bbox="240 1818 1489 1908">BITP was able to develop and implement a detailed Staffing Plan prior to the submission of the interim report. This auditor received a copy of the Staffing Plan from the Agency PREA Coordinator on April 13, 2021. Minimum resident to staff ratios is noted in this Staffing Plan.</p> <p data-bbox="240 1939 1473 2132">It was noted during interviews with the Program Supervisor and the Agency PREA Coordinator that the Pennsylvania Department of Human Services 3800 Child Care Regulations note all residential facilities must meet the minimum staffing requirements of 1:8 staff to resident during waking hours and 1:16 staff to resident during sleeping hours. It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios were being met on a regular basis at the facility. During the on-site portion of this audit, there were a total of seven residents residing at the facility. The 2021 BITP Staffing Plan notes the minimum staff to resident</p>

ratios at this facility are 1:6.

(d) Perseus House Zero-Tolerance Policy states "Each facility's PREA Compliance Manager will schedule and conduct an annual (or more frequently, as necessary) facility review using the Facility Operations Vulnerability Assessment for their respective facility, with, at a minimum, the PREA Coordinator and Program Director."

BITP was able to develop and implement a detailed Staffing Plan prior to the submission of the interim report. This auditor received a copy of the Staffing Plan from the Agency PREA Coordinator on April 13, 2021.

An interview with the Program Manager noted a Facility Operations Vulnerability Assessment is completed on an annual basis and was used to develop and implement the current Staffing Plan at BITP. The Facility Operations Vulnerability Assessment is used to review staffing patterns, the resident population, and any resources the facility has available to commit to sexual safety of the residents.

(e) Perseus House Zero-Tolerance Policy states "A management level employee shall conduct and document unannounced rounds, at a minimum of twice each month, (one during a waking shift and one during a sleeping shift) at each facility, to identify and deter staff sexual abuse and/or sexual harassment. All rounds shall be documented using the midnight audit and/or master log. Staff are prohibited from alerting other staff members or residents that the rounds are, or will be, occurring."

A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard and are completed by the Program Supervisor. This auditor interviewed the Program Supervisor, and she was able to discuss how she completes the rounds, assures minimum ratios are being met, and her inspections of the facility are completed. She discussed how she makes sure the rounds are random by selecting different times of the day/night and days of the week. This auditor was able to review the Unannounced Rounds Log with the Program Supervisor to confirm Unannounced Rounds were being completed a minimum of twice per month (once during waking hours and once during sleeping hours) during the past 12 months.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. BITP Staffing Schedules
3. BITP Resident Roster
4. 2021 BITP Staffing Plan
5. Facility Operations Vulnerability Assessment
6. Unannounced Rounds Logs
7. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor/Facility PREA Compliance Manager
3. Interview with Program Supervisor who completes Unannounced Rounds
4. Random Staff Interviews from all 3 Shifts

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Perseus House Resident Searches Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except for thoroughly documented exigent circumstances or when performed by medical practitioners.</p> <p>Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. During interviews, staff were able to describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by any staff at BITP.</p> <p>(b) Perseus House Resident Searches Policy states “Only employees of the same gender as the resident shall conduct clothed pat downs, clothed body searches, and visual unclothed body searches or when performed by a licensed health care professional.”</p> <p>Interviews with staff, residents, and the Program Supervisor confirmed there have been no cross-gender pat searches of residents during the past 12 months at BITP. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.</p> <p>(c) Perseus House Resident Searches Policy states “The results of the visual unclothed body search shall be documented in the client’s Progress Notes when contraband is discovered or not in the Health and Safety Screening when marks such as bruising and/or abrasions are discovered on the body.”</p> <p>Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the incident on an Incident Report and place a note in the resident’s Progress Notes detailing the search performed on the resident. Residents interviewed confirmed there have been no cross-gender pat searches, strip searches, or body cavity searches conducted at BITP during the past 12 months.</p> <p>(d) Perseus House Resident Searches and Zero-Tolerance Policies state “Staff shall enable residents to shower, perform all bodily functions and changes clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, when such viewing is incidental to routine checks. Staff of the opposite gender of the residents shall announce their presence when entering a resident housing unit or any areas where residents are likely to be showering, performing bodily functions, or changing clothing.”</p> <p>There are signs posted at BITP instructing staff to announce their presence prior to entering the resident living area. Interviews with staff and residents confirmed female staff announce their presence prior to entering the resident living area (second floor of the facility) by stating “female staff” prior to reaching that area. Staff and residents confirmed the female staff make the announcement loud enough for anyone in that area to hear when they reach the top of the stairs. In addition, staff and residents interviewed confirmed this policy was followed as only male staff are permitted to supervise showers/bathroom call. All residents at BITP shower one at a time with a privacy door with a staff of the same gender posted outside to ensure only one resident enters the restroom/shower room at a time.</p> <p>(e) Perseus House Resident Searches Zero-Tolerance Policies state “Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined 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.”</p> <p>Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident. There were no transgender or intersex residents admitted into the facility during the past 12 months.</p> <p>According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during an interview with the Program Supervisor, staff, and residents during the on-site portion of this audit.</p> <p>(f) Perseus House Zero-Tolerance Policy states “All direct supervision staff shall be trained to conduct resident searches.”</p> <p>Although the agency Zero-Tolerance Policy notes all staff will be trained to conduct resident searches, there is no training curriculum in place to train staff how to complete cross gender pat searches and searches of transgender and intersex</p>

residents in a professional and respectful manner during the on-site portion of this audit. This was confirmed during interviews with the Program Supervisor, Agency PREA Coordinator, and staff at BITP.

This issue was addressed prior to the interim report being submitted as all staff (including administrative staff, mental health staff, and medical staff) completed a training titled "Guidance on Cross Gender and Transgender Pat Searches" on March 24, 2021. This educational video was produced by the PREA Resource Center and was recommended to the Agency PREA Coordinator by this auditor during the exit meeting on March 9, 2021. This auditor was provided a completed training sign in sheet, signed acknowledgement form noting the staff received and understood the training they received, and training evaluation forms from each staff who completed the training on March 31, 2021 in order to confirm compliance with this standard.

Reviewed documentation to confirm compliance:

1. Perseus House Zero-Tolerance Policy
2. Perseus House Resident Searches Policy
3. Guidance on Cross Gender and Transgender Pat Searches Training
4. Staff Training Records
5. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Random Resident Interviews
4. Random Staff Interviews

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states "Residents with disabilities shall have equal opportunity to all aspects of Perseus House's efforts, to prevent, detect, and respond to sexual abuse and sexual harassment."</p> <p>There was one disabled resident (cognitively disabled) residing at BITP who was interviewed by this auditor during the on-site portion of this audit. This resident confirmed all his needs are met and anytime he does not comprehend something, he knows he can seek assistance from a staff, and they will take the time to review the material he does not understand to ensure he is able to comprehend the material. An interview with the Program Supervisor confirmed any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse. In addition to staff at the facility, the Educational Program also ensures all residents understand the agency's Zero-Tolerance Policy and the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by meeting with any residents individually who need additional support.</p> <p>(b) Perseus House Zero-Tolerance Policy states "Residents, who are limited in English proficiency, shall have equal opportunity to all aspects of efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."</p> <p>The BITP Resident Handbook which notes the agency Zero-Tolerance Policy and important, PREA related addresses and telephone numbers is available to residents in both English and Spanish. Both versions of this hand were reviewed by this auditor prior to the on-site portion of this audit. It was noted during the tour of the facility that PREA posters are posted in the living area, all commons areas, and hallways. These posters are in both English and Spanish.</p> <p>In addition, interpreters are available to limited English proficient residents through the Multicultural Community Resource Center. This auditor was provided a copy of a Letter of Agreement with this agency.</p> <p>There were no limited English proficient residents residing at BITP during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.</p> <p>(c) Perseus House Zero-Tolerance Policy states "The agency shall not rely 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 the first response duties, or the investigation of the resident's allegations."</p> <p>Staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff and the Program Supervisor that there have been no circumstances during the past 12 months at BITP where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters available for the residents through the Multicultural Community Resource Center.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Letter of Agreement with Multicultural Community Resource Center 3. Tour of Facility 4. Resident Handbook (English) 5. Resident Handbook (Spanish) 6. Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Program Supervisor 3. Random Staff Interviews 4. Interviews with Disabled Resident

115.317	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1457 331">(a) Perseus House Zero-Tolerance Policy states “Perseus House shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor with residents who:</p> <ol data-bbox="276 385 1485 546" style="list-style-type: none"> 1. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in the 42 U.S.C. 1997). 2. 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; or has been civilly or administratively adjudicated to have engaged in the activity described above.” <p data-bbox="240 573 1445 631">This practice was confirmed during an interview with a Human Resources representative as well as a review of randomly selected employee files.</p> <p data-bbox="240 667 1422 757">(b) Perseus House Zero-Tolerance Policy states “Perseus House shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor, that may have contact with residents.”</p> <p data-bbox="240 788 1445 882">This practice was confirmed during an interview with a Human Resources representative as well as a review of randomly selected employee files. In addition, it was noted during interviews with the Agency PREA Coordinator and the Program Supervisor that there are no contractors or volunteers currently approved to provide services at BITP.</p> <p data-bbox="240 913 1409 972">(c) Perseus House Zero-Tolerance Policy states “Before hiring new employees who may have contact with residents, Perseus House shall:</p> <ol data-bbox="276 1025 1481 1218" style="list-style-type: none"> 1. Perform a criminal background check (new employees will not be left alone with youth until clearances have been received by Human Resources). 2. Consult with any child abuse registry maintained by the State or locality in which the employee would work (Childline). 3. Perseus House will 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, consistent with Federal, State and local laws.” <p data-bbox="240 1249 1489 1473">During an interview with a Human Resources representative, she was able to describe the hiring and promotion process in detail to this auditor. It was noted she files applications for background clearances prior to any employee being offered employment and being able to work in the facility with any residents. It was noted all prospective employees go through three different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Upon receiving these three clearances, a copy is placed in the employee file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.</p> <p data-bbox="240 1505 1434 1563">During the past 12 months, there were two employees hired at BITP who may have contact with residents. All randomly selected staff member’s files contained the above-mentioned background information.</p> <p data-bbox="240 1594 1458 1724">(d) Perseus House Zero-Tolerance Policy states “Contractor agencies shall ensure all criminal background checks are conducted and documented prior to service for employees who may have contact with residents. Additionally, background checks will be completed no less than every five years. Proof of criminal background checks shall be provided to Perseus House.”</p> <p data-bbox="240 1756 1481 1917">There are currently no contractors or volunteers authorized to enter the facility. However, it was noted during an interview with the Human Resources Representative, that any contractor or volunteer would be required to complete all three background checks that a staff would be required to complete prior to gaining access to the facility. These three background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance.</p> <p data-bbox="240 1948 1474 2038">(e) Perseus House Zero-Tolerance Policy states “Perseus House shall conduct all criminal background checks no less than every two years for current employees and may have in place a system for otherwise capturing such information for current employees.”</p> <p data-bbox="240 2069 1449 2128">This practice was confirmed during an interview with a Human Resources Representative. She was able to describe the process of completing background clearances on current employees no less than every two years to ensure the facility is</p>

meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Child Care Regulations which require current employees and contractors to complete background clearances a minimum of every 5 years. This auditor was also able to review current staff files with the Human Resources Representative to ensure this practice is being followed as noted in the Zero-Tolerance Policy.

(f) Perseus House Zero-Tolerance Policy states "Perseus House shall ask directly, in written applications and/or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees, all applicants and employees who may have contact with residents, if they:

Have engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).

Have 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; or have been civilly or administratively adjudicated to have engaged in the activity described above.

Perseus House shall impose upon employees a continuing affirmative duty to disclose any such misconduct."

Perseus House requires all applicants and staff seeking a promotion to complete a Disclosure Statement during the interview process. This Disclosure Statement requires any applicant or staff seeking a promotion to disclose information about any previous misconduct. Failure to disclose information about previous misconducts shall exclude the applicant from hire. This was confirmed during an interview with a Human Resources Representative. In addition, this auditor was able to review the Disclosure Statement with the agency Human Resources Representative and the process in which it is used and given to applicants and employees seeking a promotion to complete.

(g) Perseus House Zero-Tolerance Policy states "Material omission regarding such misconduct or the provision of materially false information shall be grounds for termination."

This screening process noted above was confirmed during an interview with a Human Resources Representative as well as reviewing randomly selected employee background checks.

(h) Perseus House Zero-Tolerance Policy states "Perseus House shall 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."

When requested, Perseus House does 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. This is noted in the Perseus House Zero-Tolerance Policy and was also confirmed during an interview with a Human Resources Representative.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Review of Randomly Selected Staff Files
3. Disclosure Statement Template

Interviews:

1. Interview with Human Resources Representative

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Perseus House shall consider the effect of design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.”</p> <p>There have not been any substantial expansion projects at BITP since the last PREA Audit in 2017. It was noted during the tour of the facility that the basement area was remodeled to include two mental health staff offices to provide enhanced therapy to the residents in a private setting.</p> <p>(b) Perseus House Zero-Tolerance Policy states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring system, Perseus House shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.”</p> <p>There currently is not a video surveillance system at BITP. During an interview with the Agency Head, he noted the agency is currently exploring the possibility of installing a video surveillance system at this facility. He stated the agency will always take into consideration any options, including video surveillance, that would assist in protecting the residents at the facility from sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) The Erie Police Department conducts sexual abuse criminal investigations in conjunction with the Pennsylvania Department of Human Services. Administrative investigations which are not criminal in nature and involve possible staff/resident abuse are investigated by the Pennsylvania Department of Human Services (licensing body over all residential program in Pennsylvania). BITP asked the Erie Police Department to comply with all PREA investigative standards in a Memorandum of Understanding dated March 27, 2015. A representative from the Erie Police Department was interviewed by this auditor and stated that an investigator who would handle any sexual abuse investigation at BITP and has been trained in a uniform evidence protocol.</p> <p>(b) BITP does not have internal administrative investigators. BITP is not responsible for completing any form of criminal or administrative sexual abuse investigations. All sexual abuse investigations are completed by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services. If the allegation is not criminal in nature, an administrative investigation is completed by the Pennsylvania Department of Human Services. This was confirmed during an interview with the Agency PREA Coordinator.</p> <p>(c) The Agency PREA Coordinator stated during his interview that UPMC Hamot (located in Erie, Pennsylvania) is where a resident would be transported for a forensic examination by a SANE in the event of a sexual assault at the facility. The facility has a signed Memorandum of Understanding with UPMC Hamot which notes "UPMC Hamot will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner and collect and maintain the integrity of evidence collected during the examination for law enforcement." A representative from UPMC Hamot was contacted by this auditor and was able to confirm the details of the Memorandum of Understanding and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to their hospital.</p> <p>In reviewing documentation, there were no incidents of sexual abuse at BITP during the past 12 months that required a resident to be transported to UPMC Hamot for a forensic examination.</p> <p>(d) The Agency PREA Coordinator provided this auditor with a Memorandum of Understanding with the Erie County Crime Victims Center that states "Erie County Crime Victims Center agrees to respond to requests from BITP to provide advocacy when residents are brought to UPMC Hamot for sexual assault forensic examinations."</p> <p>A representative from the Erie County Crime Victims Center was interviewed by this auditor and confirmed an advocate from their agency would respond to UPMC Hamot to provide emotional support and rape crisis counseling to any victim of sexual abuse.</p> <p>(e) BITP has a Memorandum of Understanding with the Erie Crime Victims Center which states an advocate from the Erie Crime Victims Center would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This was confirmed during an interview with a representative from the Erie Crime Victims Center.</p> <p>(f) The Erie Police Department conducts sexual abuse and sexual harassment criminal investigations at BITP. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are also reported to other appropriate authorities as required (including the Pennsylvania Department of Human Services through the Childline Hotline). BITP asked the Erie Department to comply with all PREA investigative standards in a Memorandum of Understanding dated March 27, 2015 This auditor was provided a copy of the Memorandum of Understanding with the Erie Police Department to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Erie Police Department to discuss the investigation process for allegations of sexual abuse at the facility. He noted once an investigation is completed, an investigative report is shared with the Pennsylvania Department of Human Services. The Pennsylvania Department of Human Services then sends a Determination Letter to the facility noting the determination of the completed investigation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Memorandum of Understanding with Erie Police Department 3. Memorandum of Understanding with UPMC Hamot 4. Memorandum of Understanding with Erie County Crime Victims Center <p>Interviews:</p>

1. Interview with Agency PREA Coordinator
2. Interview with Representative from Erie Police Department
3. Interview with Representative from UPMC Hamot
4. Interview with Representative from Erie County Crime Victims Center

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy notes an investigation must be conducted and documented for any incident of sexual harassment or sexual abuse. All allegations must be reported through the Childline Hotline to the Pennsylvania Department of Human Resources and to the Erie Police Department for investigation.</p> <p>During the past 12 months, there was one allegation of sexual abuse at BITP. This allegation was immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline and the Erie Police Department. The allegation was investigated by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services and determined to be Unfounded after the resident who made the allegation recanted the allegation and stated it never happened during the investigation.</p> <p>(b) As noted in the Perseus House Zero-Tolerance Policy, all allegations of sexual abuse and sexual harassment are referred to the Pennsylvania Department of Human Services and the Erie Police Department for investigation. The Agency PREA Coordinator stated during an open investigation, communication is maintained between the facility and investigators from the Erie Police Department and the Pennsylvania Department of Human Services through telephone calls, emails, and on-site visits.</p> <p>Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. In addition, this information is also sent to the families of the residents and the contracting agencies when the resident arrives at the facility. PREA related information is also posted in the facility on an informational bulletin board in the living area and was observed by this auditor during the tour of the facility.</p> <p>All sexual abuse or sexual harassment allegations are referred to the Pennsylvania Department of Human Services through the Childline Hotline within 24 hours and are documented on a CY47 form. These allegations can be referred to Childline by calling the 24-hour hotline (1-800-932-0313) or by electronically submitting the CY47 form. In addition, the Erie Police Department would also be contacted by the Agency PREA Coordinator at the time of the incident.</p> <p>All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations are completed by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services.</p> <p>(c) BITP asked the Erie Police Department to comply with all PREA investigative standards in a Memorandum of Understanding. This Memorandum of Understanding was dated March 27, 2015. This auditor was provided a copy of the Memorandum of Understanding with the Erie Police Department to confirm compliance with this standard.</p> <p>A representative from the Erie Police Department was interviewed and stated his agency completes thorough investigations on each incident and will send a detailed report to the Pennsylvania Department of Human Services noting their findings and determinations at the completion of each investigation. The Pennsylvania Department of Human Services would then send a determination letter to the Program Supervisor noting the determination of the completed investigation. The Program Supervisor and Agency PREA Coordinator noted that following the facility receiving the final report from the Pennsylvania Department of Human Services indicating an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a PREA Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Facility PREA Compliance Manager. This auditor was able to review the PREA Sexual Abuse Incident Review template that is used to document all PREA Sexual Abuse Incident Reviews.</p> <p>As noted earlier, there was one allegation of sexual abuse at BITP during the past 12 months. This allegation was determined to be Unfounded after the resident who made the allegation recanted his allegation and there was no evidence revealed during the investigation. This auditor was able to review the Determination Letter that was received by the facility from the Pennsylvania Department of Human Services noting the determination of the completed investigation. There were no PREA Sexual Abuse Incident Reviews to review as there were none completed at the facility during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Perseus House Management of Investigations Policy 3. Memorandum of Understanding with Erie Police Department 4. Determination Letter 5. PREA Sexual Abuse Incident Review Template <p>Interviews:</p>

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Interview with Representative from Erie Police Department

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Perseus House Zero-Tolerance Policy states "Perseus House shall train all employees who may have contact with residents on:

1. The Zero Tolerance for Sexual Abuse and/or Sexual Harassment Policy
2. How to fulfill their responsibilities under the Perseus House sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
3. Residents' rights to be free from sexual abuse and sexual harassment.
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities and specific gender related issues.
6. The common reaction of juvenile victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with all residents, to include lesbian, gay, bi-sexual, transgender, intersex, or gender nonconforming residents.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

All staff receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire. Current employees who received this training, receive this training every two years. In years in which an employee does not receive this refresher training, BITP provides refresher information on current sexual abuse and sexual harassment policies to the employees as part of an annual PREA training/refresher.

All staff interviewed reported receiving the above-mentioned training/refreshers regarding PREA on an annual basis. Training logs were reviewed by this auditor and indicated all staff who may have contact with residents at BITP received the training/refresher on an annual basis.

(b) Perseus House Zero-Tolerance Policy states "Training shall be tailored to the unique needs and attributes of residents of the residential facility the employee is employed and to the gender of the residents at the employee's facility."

PREA training is provided specific to the facility annually. BITP houses male residents; therefore, the training is tailored to that population. This auditor reviewed the training specific to those staff working with the residents at BITP. After reviewing this training, it was confirmed the training is tailored to male residents.

During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

(c) Perseus House Zero Tolerance Policy states "All current employees shall receive initial training no later than April 7, 2015. All new employees shall receive initial training as part of orientation. Upon completion of initial training, employees shall receive biannual refresher training. In years in which an employee does not receive refresher training, Perseus House shall provide refresher training and Perseus House shall provide refresher information related to current sexual abuse and sexual harassment."

This auditor reviewed training records and confirmed all staff at BITP completed the PREA trainings/refreshers on an annual basis. Interviews with staff at the facility also confirmed they received the training and understood the material that was covered in the trainings they received.

(d) Perseus House Zero-Tolerance Policy states "Perseus House shall document through employee signature or electronic verification that employees understand the training they have received."

All staff who successfully complete the annual PREA training and/or refresher must sign a PREA acknowledgement form following the training to confirm they not only received the training/refresher, but they also understood the training/refresher. This auditor was able to review staff Training Logs for 2020 to confirm they received the annual training/refresher and signed an acknowledgement form noting they understood the training they received.

Interviews with randomly selected staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, the zero-tolerance policy, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment. Staff interviewed were able to describe the PREA trainings/refreshers they received and noted they receive these trainings/refreshers on an annual basis.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. PREA Training Curriculums
3. Staff Training Logs

Interviews:

1. Random Staff Interviews

115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states "All volunteers must provide the required clearances before being permitted to work with children. Perseus House shall ensure that all volunteers have been trained on their responsibilities with respect to the prevention, detection and response to sexual abuse and/or sexual harassment."</p> <p>BITP reported that there are no contractors or volunteers currently approved to enter the facility. It was noted during interviews with the Program Supervisor and Agency PREA Coordinator that any contractor or volunteer approved to enter the facility would be trained on agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Upon entering the facility, any approved contractors and volunteers would be given a Volunteer/Contractor Training Brochure titled "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers" and Acknowledgement Form to review and sign off indicating they have received the training and understood it. This auditor was able to review the brochure and PREA Training sign off sheets that have been created to educate any contractors or volunteers approved to enter the facility to confirm compliance.</p> <p>There were no contractors or volunteers to interview because there are none approved to enter this facility.</p> <p>(b) Perseus House Zero-Tolerance Policy states "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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."</p> <p>Prior to entering the facility, all volunteers and contractors are given a Volunteer/Contractor Training titled "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers" and an Acknowledgement Form to review and sign off noting they understand the material in the brochure. There are no contractors or volunteers currently approved to enter the facility. Therefore, there was no documentation for this auditor to review.</p> <p>(c) Perseus House Zero-Tolerance Policy states "All volunteers and contractors shall sign and document that they have received training on PREA and that they understand said training. Additionally, The Zero Tolerance for Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers pamphlet shall be provided and sign-off obtained and maintained on file."</p> <p>BITP does not have any contractors or volunteers approved to enter the facility. It was noted during an interview with the Program Supervisor that all contractor and volunteer training records would be kept in a file that is maintained by the Program Supervisor and a copy would also be sent to the Agency PREA Coordinator. The Program Supervisor was able to explain the process of educating a contractor or volunteer that would take place prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the importance of appropriate interactions with the residents.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Volunteer/Contractor Training Brochure "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers" 3. Volunteer/Contractor Training and Acknowledgement Form Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1469 432">(a) Perseus House Zero-Tolerance Policy states "All residents admitted to Perseus House residential facilities and all residents transferred from one Perseus House residential facility to another Perseus House residential facility are educated regarding their rights to be free from sexual abuse and sexual harassment at intake. Additionally, they are informed of their rights to be free from retaliation for reporting such incidents. Documentation of resident participation in this education is included in their case record."</p> <p data-bbox="240 465 1485 1025">This auditor was able to review the PREA education curriculum that all residents are to receive upon intake into the facility. Each resident receives a Resident Handbook, watches a PREA education video, and are permitted to ask any questions they may have after watching the video. This intake education is completed by medical staff (Registered Nurse) during the intake process. Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. However, three of the seven residents interviewed at the facility stated they did not receive PREA education at intake. They stated they received this education during their first week at the facility. This auditor was able to review ten resident files (all seven current resident files and three closed files) and it was confirmed residents are not consistently receiving their PREA education at intake. Five of the files reviewed contained signed resident acknowledgement form noting they received the PREA education after their intake (second or third day at the facility). In addition, the intake staff interviewed confirmed she did not consistently complete the PREA education at intake as noted in the agency Zero-Tolerance Policy. This was addressed during the Corrective Action period and all residents now receive PREA education during their intake process. This education includes the intake staff reviewing the PREA education material with each resident, the resident watching a PREA video, the resident taking a PREA education quiz to confirm they understood the material, and each resident receives a PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment". This pamphlet contains definitions of sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment internally and externally, and addresses and telephone numbers to emotional support services and the Pennsylvania Department of Human Services Childline hotline.</p> <p data-bbox="240 1059 1493 1182">(b) Perseus House Zero-Tolerance Policy states "Within 10 days of intake, residents must be provided information, in an age-appropriate manner, either in person or video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting allegations of sexual abuse and sexual harassment, and regarding agency policies and procedures for responding to such incidents."</p> <p data-bbox="240 1216 1485 1507">BITP reports there were four residents admitted into the facility during the past 12 months and all four of the residents received comprehensive PREA education within 10 days of intake into the facility. This education included their right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. This auditor reviewed ten resident's files and confirmed all ten of the resident's files noted these residents received their PREA education during their first week at the facility. This auditor reviewed seven current resident's files and three resident's files who have been released from the facility. All residents interviewed confirmed they received PREA Education during their first few days at the facility and each resident's file had a signed acknowledgement form noting they received comprehensive PREA education during their first 10 days at the facility. All residents interviewed were able to discuss the PREA education they received and the PREA education video they watched during their first few days at the facility.</p> <p data-bbox="240 1541 1493 1697">(c) Perseus House Zero-Tolerance Policy states "All residents admitted to a Perseus House residential facility and all residents transferred from one Perseus House residential facility to another Perseus House residential facility are educated regarding their rights to be free from sexual abuse and sexual harassment. Additionally, they are informed of their rights to be free from retaliation for reporting such incidents. Documentation of resident participation in this education is included in their case record."</p> <p data-bbox="240 1731 1477 1888">An intake staff who was interviewed reported each resident admitted into the facility is to receive PREA education during their first day at the facility. She was able to describe reviewing the agency zero tolerance policy, providing each resident with a Resident Handbook, and allowing the resident to watch a PREA education video. This auditor reviewed ten resident's files during the on-site portion of this audit and all ten files reviewed contained a signed copy of the receipt noting the resident received the PREA education.</p> <p data-bbox="240 1921 1477 2022">All residents interviewed confirmed they received comprehensive PREA education during their first week at the facility. They also acknowledged reviewing and receiving a copy of the Resident Handbook. In addition, residents interviewed stated they also watched a PREA education video during their first week at the facility.</p> <p data-bbox="240 2056 1469 2145">(d) Perseus House Zero-Tolerance Policy states "Perseus House shall ensure that key information is continuously and readily available to residents who are limited English proficient, deaf, visually impaired, or other disabilities including limited reading skills. This will be accomplished through posters, resident handbooks, videos, or other formats."</p>

Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through the Multicultural Community Resource Center. Perseus House has a Letter of Agreement in place with the Multicultural Community Resource Center to provide language assistance to residents at the facility. In addition, the Educational Program also provides assistance to any residents in need of assistance.

BITP ensures that key information about PREA is continuously and readily available or visible through posters and the Resident Handbook in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook that all residents receive. This auditor was also able to review a Letter of Agreement between Perseus House and the Multicultural Community Resource Center.

There were no limited English proficient residents at the facility to interview during the on-site portion of this audit.

(e) Perseus House Zero-Tolerance Policy states "The facilities shall maintain documentation of resident participation in education sessions in the residents file."

All resident education is documented on an acknowledgement form noting the resident received the education. This acknowledgement form is signed and dated by the resident upon receiving PREA education information and is also signed and dated by the staff who delivered the PREA education to the resident. This acknowledgement form is kept electronically in the resident's file. This auditor was able to review ten resident files and each file contained the above-mentioned documentation confirming the resident received PREA education at the facility.

(f) All residents receive a Resident Handbook upon admission into the facility. The Resident Handbook notes ways to report sexual abuse, sexual harassment, and retaliation, and contact numbers for the Erie County Crime Victims Center and Childline hotline.

In addition, there were visible posters (in both English and Spanish) in the hallways and common areas of the facility on bulletin boards that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA by attending an educational session with an intake staff (Registered Nurse), receiving a Resident Handbook, and watching a PREA education video. Each resident interviewed was knowledgeable of the PREA standards and their role in the facility.

Corrective Action:

BITP will develop a PREA education curriculum that is delivered to all residents at intake. Once a PREA education curriculum is developed, the facility will ensure all residents receive this education at intake and sign an acknowledgement form noting they received this education at intake. It has been recommended the facility develops and implements a PREA Zero-Tolerance pamphlet that each resident will receive at intake and a staff will review this pamphlet with the residents during the intake process. After 120 days, this auditor will review all intake paperwork/documentation for all intakes admitted into the facility during that time period to confirm compliance in this area.

Resolution:

During the Corrective Action period, BITP enhanced its PREA education curriculum by developing a pamphlet that includes definitions, ways to report sexual harassment and sexual abuse, and addresses and telephone numbers to outside agencies (including the Childline hotline and Erie County Crime Victim Center). This pamphlet is titled "End the Silence: Zero-Tolerance for Sexual Abuse and Sexual Harassment". The resident receives a copy of this pamphlet after reviewing the PREA education materials with the Registered Nurse, watching the PREA education video, and taking the PREA education quiz during the intake process. The resident then signs an acknowledgement form noting they received the PREA education and pamphlet at intake. This acknowledgement form is kept in the resident's file.

There were five intakes admitted into BITP during the past 120 days. The facility received intakes into the facility on May 5, 2021, May 13, 2021, June 6, 2021, June 15, 2021, and July 6, 2021. This auditor requested and received documentation noting each resident received comprehensive PREA education at intake (including receiving a copy of the PREA education pamphlet). This auditor received signed acknowledgement form noting each resident received the PREA education at intake as each acknowledgement form was signed during the resident's first day at the facility. This auditor also received a copy of the resident roster on August 5, 2021, to confirm there were five residents admitted into the facility during the past 120 days.

BITP is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. BITP Resident Handbook
3. Signed Resident Zero Tolerance Acknowledgements

4. Letter of Agreement with Multicultural Community Resource Center
5. PREA Pamphlet – End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment
6. PREA Posters
7. Resident Roster
8. Tour of Facility

Interviews:

1. Intake Staff Interviews
2. Resident Interviews

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) The Erie Police Department is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment at BITP. Perseus House Zero-Tolerance Policy states “All Perseus House employees assigned to investigate sexual abuse and/or sexual harassment allegations shall be trained in conducting administrative sexual abuse investigations to include, but not limited to:</p> <ol style="list-style-type: none"> 1. Techniques for interviewing juvenile sexual abuse victim 2. Sexual abuse evidence preservation 3. Criteria and evidence necessary to substantiate a case for administrative action and in accordance with Perseus House Policies Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment and Responding to Reports of Sexual Abuse and/or Sexual Harassment.” <p>BITP has formally asked the Erie Police Department to comply with PREA investigative standards. This was requested in Memorandum of Understanding with the Erie Police Department requesting investigations be conducted in compliance with the PREA standards. This Memorandum of Understanding was dated March 27, 2015, and a copy was provided to this auditor for review to confirm compliance with this standard.</p> <p>It was noted during an interview with the Program Supervisor that she has received the specialized training Investigation Protocols offered by the PREA Resource Center. She noted that she would complete any allegation of sexual harassment at the facility that is not criminal in nature. If, at any point during her investigation is determined to be criminal in nature, it is immediately referred to the Erie Police Department.</p> <p>(b) The Erie Police Department is responsible for the investigation of all allegations of sexual abuse at BITP. A representative from the Erie Police Department was interviewed by this auditor and stated investigators have completed various investigative trainings. He was able to describe these training to this auditor and stated his department would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual harassment or sexual abuse at BITP.</p> <p>(c) Perseus House Zero-Tolerance Policy states “Perseus House Policy and Human Resource Department shall maintain information received, documenting that agency investigators have completed the required training.”</p> <p>This auditor reviewed training records for the Program Supervisor at BITP and it was confirmed she successfully completed the training titled Investigation Protocols offered by the PREA Resource Center.</p> <p>(d) A representative from the Erie Police Department was interviewed by this auditor and was able to confirm investigators have completed various trainings including investigating sexual abuse allegations in a confinement facility.</p> <p>In addition, the Program Supervisor and Agency PREA Coordinator were able to confirm any allegations of sexual abuse and sexual harassment are referred to the Erie Police Department for investigation. There was one allegation of sexual abuse at BITP during the past 12 months. This allegation was referred to the Erie Police Department and was investigated in conjunction with the Pennsylvania Department of Human Services. This allegation was determined to be Unfounded.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Memorandum of Understanding with Erie Police Department 3. Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator 3. Interview with Representative from the Erie Police Department

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states "All full time and part time medical and mental health practitioners who work with Perseus House facilities shall be trained, in no less than:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." <p>There is currently one medical staff and two mental health staff employed at BITP. The title of these staff are Registered Nurse (medical staff) and Therapists (mental health staff). Training records for all three staff were reviewed by this auditor to confirm they completed the specialized training for medical and mental health staff. During a review of training records, it was confirmed all three specialized staff completed the training titled "Specialized Training PREA Medical and Mental Care Standards." This training was offered as an online training by the PREA Resource Center and contained four modules (Detecting and Assessing Signs of Sexual Abuse and Harassment, Reporting and the PREA Standards, Effective and Professional Response, and The Medical Forensic Examination and Forensic Evidence Preservation).</p> <p>This auditor was able to interview all three specialty staff and they confirmed they received and completed the specialized training and understood the training they received.</p> <p>(b) In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at UPMC Hamot by a SANE/SAFE. A Memorandum of Understanding is in place with UPMC Hamot that confirms a SANE/SAFE completes forensic examinations. This auditor was able to interview a representative from UPMC Hamot who confirmed forensic examinations are conducted at UPMC Hamot by a SANE/SAFE in the event of an incident of sexual abuse at BITP.</p> <p>(c) This auditor received and reviewed training records and training curriculums for specialized staff at BITP. In addition, this auditor interviewed the medical staff and two mental health staff at the facility, and they all confirmed they had received and understood the specialized training they received.</p> <p>(d) Perseus House Zero-Tolerance Policy notes medical staff and mental health staff also receive the PREA training that all staff at the facility are required to complete on an annual basis. One medical staff and two mental health staff are employed at the facility and were interviewed by this auditor. They were all knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response at BITP. This auditor was able to review the medical staff and mental health staff training records to confirm they received and successfully completed the annual PREA training that all staff at BITP are required to complete.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. PREA Training Curriculums 3. Training Logs 4. Memorandum of Understanding with UPMC Hamot <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical Staff 2. Interviews with Mental Health Staff 3. Interview with Representative from UPMC Hamot

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 398">(a) Perseus House Zero-Tolerance Policy states “Within 72 hours of intake, and periodically thereafter, but at least every six months throughout a resident’s placement, the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior (Appendix E) shall be administered to obtain information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or to a resident.”</p> <p data-bbox="240 432 1485 925">This auditor discussed the risk assessment screening with a staff who completes the Vulnerability Assessment Instrument and the Program Supervisor during the on-site portion of this audit. It was noted the Vulnerability Assessment Instrument is completed by medical staff upon intake and no later than 72 hours after admission and is to be completed a minimum of every six months following the initial screening to ensure all residents are reassessed periodically throughout their stay at the facility. Both the Program Supervisor and the medical staff who completes the Vulnerability Assessment Instrument stated this risk assessment is completed at intake; however, residents have not been reassessed periodically throughout their stay at the facility. This auditor was able to review ten resident files (seven resident files of residents currently residing at the facility and three closed resident files of resident who have been released during the past 12 months). After reviewing these files, it was determined the Vulnerability Assessment Instrument is being administered to residents within 72 hours of intake but it not being administered to residents periodically throughout the residents stay at the facility as several residents were reassessed in the days leading up to the on-site portion of this audit (they had not been reassessed prior to that and had been residing at the facility for up to one year). During the Corrective Action period, BITP was able to develop a tracking system to ensure all residents are reassessed periodically throughout their stay (a minimum of every six months and each time a resident is either a victim or abuser in a sexual abuse allegation). This auditor requested and received all reassessments completed during the past 120 days at the facility to confirm compliance.</p> <p data-bbox="240 958 1485 1115">(b) The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident upon admission to the facility and at least every six months after the initial screening is completed for all residents during their stay at the facility. The Vulnerability Assessment Instrument is completed by medical staff at the facility. The medical staff who administers the Vulnerability Assessment Instrument was interviewed and understood how to administer this screening and was aware of its importance in keeping residents safe from sexual abuse.</p> <p data-bbox="240 1149 1485 1373">(c) Perseus House Zero-Tolerance Policy states “At a minimum, Perseus House facilities must attempt to ascertain information about: prior sexual victimization or abusiveness; any gender non-conforming appearance or manner of identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the resident’s own perception of vulnerability; and any other specific information about the individual resident that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other residents.”</p> <p data-bbox="240 1406 1461 1664">This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at BITP and confirmed this screening captures the information required in this standard. A review of ten resident files (seven current resident files and three closed files of residents who have been released from the facility) confirmed the Vulnerability Assessment Instrument is being administered within 72 hours of intake. However, it was noted residents are not being reassessed periodically throughout their stay at the facility. This was corrected during the Corrective Action period as all residents who were due to the reassessed according to the Zero-Tolerance Policy were reassessed during the past 120 days. Completed reassessments were forwarded to this auditor upon request to confirm the facility was in compliance with this standard.</p> <p data-bbox="240 1697 1477 1753">(d) Perseus House Zero-Tolerance Policy states “Information shall also be obtained through conversations with the resident, by reviewing court records, resident files, psychological assessments and other relative documentation.”</p> <p data-bbox="240 1787 1485 1977">Interviews with the Program Supervisor, Agency PREA Coordinator, and a medical staff that administers the Vulnerability Assessment Instrument revealed that a medical staff interviews each resident upon admission and is expected to interview each resident periodically throughout their stay at the facility. All residents interviewed noted they were interviewed and administered the Vulnerability Assessment Instrument upon intake into the facility by a medical staff. A medical staff interviewed that administers the Vulnerability Assessment Instrument also stated she uses case history notes and behavioral records when completing the initial screening.</p> <p data-bbox="240 2011 1445 2067">(e) Perseus House Zero-Tolerance Policy states “Perseus House shall follow appropriate procedures and controls on the dissemination of sensitive information to ensure that information is protected.”</p> <p data-bbox="240 2101 1461 2157">All completed Vulnerability Assessment Instruments are securely kept in the resident’s files. The resident files are electronically stored in a database at the facility and the only persons with access to these files are staff employed at BITP.</p>

All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Corrective Action:

BITP will develop a system to track the Vulnerability Assessment Instrument and when each resident is assessed and reassessed to ensure all residents are assessed at intake or within 72 hours of intake and periodically throughout their stay at the facility. Completed Vulnerability Assessments will be shared with this auditor to confirm they are completed within 72 hours of intake and periodically throughout the residents stay at the facility.

Resolution:

BITP was able to develop a tracking system to ensure all residents are assessed with 72 hours of intake and periodically throughout their stay at the facility (every six months). During the past 120 days, there were five intakes admitted into the facility. All five of these residents were administered the Vulnerability Assessment Instrument upon intake. In addition, there were also three residents reassessed during the past 120 days.

This auditor was able to confirm compliance by requesting and receiving completed Vulnerability Assessment Instruments that were administered within 72 hours of intake for each of the five residents admitted into the facility and the three residents who were scheduled to be reassessed during the past 120 days at BITP. All completed Vulnerability Assessment Instruments received confirmed the facility had successfully developed a tracking system to ensure residents were being administered the Vulnerability Assessment Instrument within 72 hours of intake and every six months during their stay at the facility.

BITP is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Vulnerability Assessment Instrument
3. Completed Vulnerability Assessment Instruments
4. Review of Residents Files

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
4. Resident Interviews

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1414 360">(a) Perseus House Zero-Tolerance Policy states “Perseus House will use information obtained from the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior to make housing, bed, program, education and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.”</p> <p data-bbox="240 396 1490 719">Interviews with the Program Supervisor, Agency PREA Coordinator, and staff confirmed the Vulnerability Assessment Instrument is completed by a medical staff within 72 hours of intake and room, program, educational, and work assignments are made accordingly to keep all residents at BITP free from sexual abuse and sexual harassment. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate rooms, programs, educational assignments, and work assignments to ensure residents are kept safe while residing in the facility. Although the Vulnerability Assessment Instrument was being completed within 72 hours of intake and appropriate room assignments are made accordingly, this assessment was not completed periodically throughout the residents stay at the facility. Therefore, BITP was unable to use the Vulnerability Assessment Instrument consistently to determine appropriate room assignments for residents at the facility. During the Corrective Action period, all residents who were scheduled to be reassessed were reassessed using the</p> <p data-bbox="240 754 1469 813">Vulnerability Assessment Instrument to ensure room, program, educational, and work assignments were made accordingly, using any new information, to keep all residents free from sexual abuse and sexual harassment.</p> <p data-bbox="240 848 1485 1205">Residents confirmed through interviews that screenings were being administered at intake but not periodically throughout their stay at the facility. A review of resident files during the on-site portion of this audit confirmed these statements. This was corrected during the Corrective Action period as all residents at the facility are now being reassessed periodically (every six months) throughout their stay at the facility. All residents who were identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, had a Safety Plan developed for them and communicated to all staff to keep them safe. In addition, all residents identified as sexually aggressive from the information noted on the Vulnerability Assessment Instruments also had Safety Plans developed for them and communicated to all staff to keep all residents safe. Safety Plans for both sexually vulnerable and sexually aggressive residents included increased supervision during waking hours and appropriate bedroom assignments to increase supervision. This auditor was able to review Safety Plans for residents at the facility who were determined to be sexually vulnerable and sexually aggressive to confirm compliance with this standard.</p> <p data-bbox="240 1240 1378 1299">(b) Isolation is prohibited in this facility. The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations prohibit isolation of residents in all residential facility in Pennsylvania.</p> <p data-bbox="240 1335 1490 1482">It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at BITP. Interviews with the Program Supervisor and Agency PREA Coordinator confirmed BITP has not used isolation to protect any residents at risk for sexual victimization during the past 12 months as isolation is prohibited by the Pennsylvania Department of Human Services 3800 Childcare Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.</p> <p data-bbox="240 1518 1474 1644">(c) Perseus House Zero-Tolerance Policy states “Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall Perseus House consider lesbian, gay, bisexual, transgender, or intersex identification of status as an indicator of likelihood of being sexually abusive.”</p> <p data-bbox="240 1680 1453 1805">There were no residents who identified as LGBTI residing at the facility during the time of the on-site audit. Therefore, this auditor was not able to interview any residents. The Program Supervisor and Agency PREA Coordinator both stated that under no circumstance would a resident be placed in a specific housing area or bedroom based solely on their sexual identification.</p> <p data-bbox="240 1841 1477 1966">(d) Perseus House Zero-Tolerance Policy states “In reaching a determination of whether to assign a transgender or intersex resident to a facility for male or female residents, as well as in making other housing and programming assignments, Perseus House shall consider, on a case-by-case basis, whether placement would ensure the resident’s health and safety, and whether the placement would present programmatic management or security problems.”</p> <p data-bbox="240 2002 1458 2092">There have been no transgender or intersex residents admitted to BITP during the past 12 months. Interviews with the Program Supervisor and Agency PREA Coordinator confirmed a decision on which Perseus House residential program to place any transgender resident is to be made at the administrative level and be in the best interest of the resident’s safety.</p> <p data-bbox="240 2128 1490 2157">(e) Perseus House Zero-Tolerance Policy states “Placement and programming assignments for each transgender or intersex</p>

resident shall be reassessed at a minimum of every six months (twice each year) to review any threats to safety that may have been experienced by the resident.”

There have been no transgender or intersex residents admitted to BITP during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. An interview with the Program Supervisor confirmed she would follow agency policy and ensure placement and programming for any transgender or intersex resident would be reassessed at least twice a year while the resident is placed at BITP.

(f) Perseus House Zero-Tolerance Policy states “A transgender or intersex resident’s own views with respect to his or her own safety shall be considered seriously.”

There were no transgender or intersex residents admitted to BITP during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. An interview with the Program Supervisor confirmed she would ensure the resident’s views would be given serious consideration in the event a transgender or intersex resident would be admitted to BITP.

(g) Perseus House Zero-Tolerance Policy states “A transgender or intersex residents shall be provided the opportunity to shower separately from other residents.”

There were no transgender or intersex residents admitted to BITP during the past 12 months. Interviews with the Program Supervisor and Agency PREA Coordinator confirmed any transgender or intersex resident admitted into the facility is given the opportunity to shower separately from the other residents in the program. Both stated all residents in the facility shower separately as only one resident is permitted to use the restroom/shower at a time.

(h) Isolation is prohibited in this facility. The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations prohibit isolation of residents in all residential facility in Pennsylvania.

There were no residents at BITP who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. Interviews with the Program Supervisor, Agency PREA Coordinator, staff, and residents at the facility confirmed isolation is not used at this facility.

(i) Isolation is prohibited in this facility. The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations prohibit isolation of residents in all residential facility in Pennsylvania.

There were no residents at BITP who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review.

Corrective Action:

BITP will develop a system to track the Vulnerability Assessment Instrument and when each resident is assessed and reassessed to ensure all residents are assessed at intake or within 72 hours of intake and periodically throughout their stay at the facility. Information from these Vulnerability Assessment Instruments will be used to ensure room, program, educational, and work assignments are made accordingly to keep all residents free from sexual abuse and sexual harassment. Completed Vulnerability Assessments will be shared with this auditor to confirm they are completed within 72 hours of intake and periodically throughout the residents stay at the facility.

Resolution:

BITP was able to develop a tracking system to ensure all residents are assessed with 72 hours of intake and periodically throughout their stay at the facility (every six months). During the past 120 days, there were five intakes admitted into the facility. All five of these residents were administered the Vulnerability Assessment Instrument upon intake. In addition, there were also three residents reassessed during the past 120 days as all residents are now reassessed consistently at six-month intervals throughout their stay at the facility.

BITP was able to use the information from the completed Vulnerability Assessment Instruments to develop Safety Plans, place the residents in appropriate bedrooms, and place the residents into appropriate work groups.

BITP is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
3. Vulnerability Assessment Instrument
4. Completed Vulnerability Assessment Instruments
5. Safety Plans

6. Review of Residents Files

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness
4. Random Staff Interviews
5. Resident Interviews

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1458 360">(a) Perseus House Zero-Tolerance Policy states “Perseus House shall provide multiple internal methods for residents to privately report sexual abuse and/or sexual harassment, and/or staff neglect or violation of responsibilities that may have contributed to such incidents.”</p> <p data-bbox="240 396 1485 555">Reporting information is delivered to the residents through the intake process, Resident Handbook, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment. In addition, the Resident Handbook notes that a resident can report an allegation of abuse to any staff, medical staff, mental health staff, the grievance process, or reporting the allegation to the Agency PREA Coordinator.</p> <p data-bbox="240 589 1453 712">Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations internally to staff, medical staff, mental health staff, or administrative staff. Residents are also aware ways to report allegations of abuse are listed in the Resident Handbook.</p> <p data-bbox="240 745 1485 869">(b) Perseus House Zero-Tolerance Policy states “Perseus House shall also provide at least one method for residents to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of Perseus House and that is able to receive and immediately forward resident reports of sexual abuse and/or sexual harassment to Perseus House allowing the resident to remain anonymous upon request”</p> <p data-bbox="240 902 1477 992">Reporting information is delivered to the residents through the intake process, Resident Handbook, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 1025 1485 1149">In addition, the Resident Handbook was reviewed by this auditor and they contained telephone numbers and addresses for residents to report allegations of sexual abuse and sexual harassment to offices outside of BITP. Both contained the toll-free telephone number to contact the Pennsylvania Department of Human Services through the Childline Hotline and the Erie County Crime Victims Center.</p> <p data-bbox="240 1182 1458 1272">All residents interviewed were aware of their right to contact the Pennsylvania Department of Human Services through the Childline Hotline and the Erie County Crime Victims Center. Residents interviewed also confirmed they received this information through posters around the facility, the Resident Handbook, and PREA education received at intake.</p> <p data-bbox="240 1305 1485 1429">There are no residents placed at BITP (or any Perseus House facility) solely for civil immigration purposes. However, during an interview with the Agency PREA Coordinator, it was determined the facility would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment.</p> <p data-bbox="240 1462 1485 1529">(c) Perseus House Zero-Tolerance Policy states “Staff shall accept reports made verbally, in writing, anonymously, and from third parties. These reports shall be immediately processed according to child abuse regulations.”</p> <p data-bbox="240 1563 1458 1686">Staff interviewed were also knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing a Special Incident Report, notify the administrative staff on duty, and contact the Pennsylvania Department of Human Services via the Childline Hotline immediately to report the allegation.</p> <p data-bbox="240 1720 1458 1776">(d) Perseus House Zero-Tolerance Policy states “Perseus House shall provide residents with access to tools necessary to create a written report.”</p> <p data-bbox="240 1809 1469 2000">Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility and throughout their stay at the facility. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation by contacting the Pennsylvania Department of Human Services through the Childline Hotline or the Erie County Crime Victims Center. Telephone numbers for these agencies are listed in the Resident Handbook and on posters posted throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.</p> <p data-bbox="240 2033 1458 2089">(e) Perseus House Zero-Tolerance Policy states “Staff shall be provided the ability to privately report sexual abuse and/or sexual harassment of residents.”</p> <p data-bbox="240 2123 1458 2145">Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and</p>

sexual harassment. All staff interviewed stated they would contact the Agency PREA Coordinator or the Pennsylvania Department of Human Services via the Childline Hotline to make a private report. This was also confirmed during interviews with the Program Supervisor and Agency PREA Coordinator.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. BITP Resident Handbook
3. Posters in Living Units

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interviews with Randomly Selected Staff
4. Resident Interviews

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1461 331">(a) Perseus House Grievance Procedure for Clients and Family Members Policy states “Grievances alleging sexual abuse should be submitted directly to the Associate Executive Director, unless he is the subject of the complaint.”</p> <p data-bbox="240 362 1474 488">The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all residents be advised of the grievance procedure upon intake into the facility. Once residents are educated on the grievance procedure, they sign an acknowledgement form noting they have been educated on the grievance procedure and understand the procedure. This signed acknowledgement form is kept in the resident’s files.</p> <p data-bbox="240 519 1461 613">All residents interviewed were aware of the grievance procedure. All the resident’s files reviewed contained notification (signed acknowledgement form) of the grievance process. The grievance process is also noted in the Resident Handbook. All residents receive a copy of the Resident Handbook during their first day at the facility (during the intake process).</p> <p data-bbox="240 645 1493 703">(b) Perseus House Grievance Procedure for Clients and Family Members Policy states “There is no time constraint for filing a grievance for sexual abuse and sexual harassment.”</p> <p data-bbox="240 734 1449 860">Interviews with staff and residents confirmed they are aware of the grievance policy. Both residents and staff understood there is no time limit to submit a grievance alleging sexual abuse at the facility. Residents noted they are educated on the grievance procedure during intake (during their first day at the facility). All resident files included a signed copy of the Grievance Policy noting the resident was educated on this process and understood the process.</p> <p data-bbox="240 891 1477 949">(c) Perseus House Grievance Procedure for Clients and Family Members Policy states “No grievance alleging sexual abuse shall be submitted or referred to the person who is the subject of the complaint.”</p> <p data-bbox="240 981 1484 1106">Interviews with the Program Supervisor and Agency PREA Coordinator noted any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Pennsylvania Department of Human Services and the Erie Police Department for investigation. It was noted during this interview that the grievance submitted would not be referred to the staff who is the subject of the complaint as all grievances are to be submitted to the Program Supervisor.</p> <p data-bbox="240 1137 1461 1196">There were no grievances alleging sexual abuse at BITP during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.</p> <p data-bbox="240 1227 1439 1321">(d) Perseus House Grievance Procedure for Clients and Family Members Policy states “In cases involving grievances alleging sexual abuse, Perseus House shall issue a final decision in writing within 90 days of the initial filing. The 90-day timeframe will exclude any time used by residents to prepare and administrative appeal.”</p> <p data-bbox="240 1352 1477 1545">An interview with the Agency PREA Coordinator noted any decision on a grievance regarding sexual abuse or sexual harassment would be made by the administrative staff (Associate Executive Director and Program Supervisor) and that decision would be shared with the resident who submitted the grievance within 90 days. It was noted if the subject of the grievance submitted was an administrative staff, the grievance would be referred to the Agency Head or Agency Head designee to make a final decision. There were no grievances alleging sexual abuse at BITP during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.</p> <p data-bbox="240 1576 1468 1671">(e) Perseus House Zero-Tolerance Policy states “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing a request for administrative remedy relating to allegations of sexual abuse, and shall also be permitted to file such a request on behalf of residents.”</p> <p data-bbox="240 1702 1445 1796">All parents, family members, and/or legal guardians receive an intake packet including the Perseus House grievance procedure when the resident is admitted into the facility. This intake packet notes third-party reporting in regard to filing a grievance on behalf of a resident alleging sexual abuse or sexual harassment.</p> <p data-bbox="240 1827 1471 1953">The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all parents/legal guardians be advised of the grievance procedure at intake. The grievance procedure is noted in the intake packet that all parents/legal guardians receive when the resident is admitted into the facility. There is an acknowledgement form that the parents/legal guardians are required to sign and return noting they were educated on the grievance procedure at the facility.</p> <p data-bbox="240 1984 1477 2042">Residents interviewed were aware of third-party reports and understood parents, family members, and legal guardians were able to file a grievance alleging sexual abuse on their behalf.</p> <p data-bbox="240 2074 1461 2132">There were no third-party grievances filed at BITP during the past 12 months. This was confirmed by reviewing grievances submitted at the facility during the past 12 months.</p>

(f) Perseus House Grievance Procedure for Clients and Family Members Policy states “Any allegations that a client is subject substantial risk of imminent sexual abuse must be forwarded to the Associate Executive Director immediately. An initial response must be provided within 48 hours, with a final decision issued within five calendar days. The initial response and the final decision must document Perseus House’s determination whether the resident faces substantial risk of imminent sexual abuse as well as any action taken in response to the filing of the grievance.”

An interview with the Agency PREA Coordinator (Associate Executive Director) revealed if anyone at BITP would receive a grievance alleging sexual abuse or sexual harassment, it would be treated as an Emergency Report. He stated he would receive this grievance and a Safety Plan would then be implemented (this plan would include referring the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and the Erie Police Department for investigation) within 48 hours and a final decision would be made within 5 days of receiving the grievance.

There were no grievances alleging sexual abuse or sexual harassment during the past 12 months at BITP. This was confirmed by this auditor by reviewing grievances filed at the facility during the past 12 months.

(g) Perseus House Zero-Tolerance Policy states “A facility within Perseus House may discipline a resident for filing a grievance related to alleged sexual abuse, only where the facility demonstrates that the resident filed the grievance in bad faith.”

An interview with the Program Supervisor confirmed any resident who files a grievance alleging sexual abuse or sexual harassment in good faith would not be disciplined regardless of the outcome of the grievance submitted. In addition, she stated any resident who files a grievance alleging sexual abuse or sexual harassment in bad faith would be held accountable by losing privileges at the facility.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Perseus House Grievance Procedure for Clients and Family Members Policy
3. Pennsylvania Department of Human Services 3800 Child Care Regulations
4. BITP Resident Handbook
5. Review of Residents Files
6. Review of Facility Grievance Records

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interviews with Randomly Selected Staff
4. Resident Interviews

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 465">(a) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The facility shall provide residents access to outside victim advocates for emotional support services related to child/resident abuse, sexual abuse, and/or sexual harassment, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers of local, state, or national victim advocacy or rape crisis organization agencies with which Perseus House has formal agreements. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.”</p> <p data-bbox="240 499 1485 757">BITP’s Resident Handbook contains telephone numbers and addresses for victim advocates from the Erie County Crime Victims Center. In addition, Perseus House has a Memorandum of Understanding with the Erie County Crime Victims Center. This Memorandum of Understanding states, the Erie County Crime Victims Center will provide any victim of sexual abuse a victim advocate. In addition to residents receiving a copy of the above-mentioned Resident Handbook, there are numerous posters posted around the facility with the telephone number and address to victim advocate services (Erie County Crime Victims Center). Residents are permitted to take the telephone number from the posters as there are rip off sections of the posters that contain the telephone number to the Erie County Crime Victims Center. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility.</p> <p data-bbox="240 790 1485 880">Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual assault at BITP. Residents reported they would be able to make a telephone call to the Erie County Crime Victims Center in private or can write the agency at the address provided to them.</p> <p data-bbox="240 913 1485 1037">(b) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The facility shall inform residents, prior to giving them access, of the extent which such communications will be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws.”</p> <p data-bbox="240 1070 1485 1261">All residents interviewed were aware of the services available to them in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with the Erie County Crime Victims Center is confidential and private. In addition, the residents understood the responsibility of the victim advocate to report new information of sexual abuse to the authorities as they are mandated to report that information. Residents noted during interviews this information is provided to them during their intake and is noted in Resident Handbook they receive during their intake into the facility and posters that are posted throughout the facility.</p> <p data-bbox="240 1294 1485 1384">There was one resident who was a victim of sexual abuse that was interviewed by this auditor during the on-site portion of this audit. This resident stated he declined services offered to him after he reported an allegation of sexual abuse but was advised they were available to him.</p> <p data-bbox="240 1417 1485 1541">(c) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Perseus House maintains an agreement with the Erie County Crime Victims Center. The Crime Victims Center is able to provide residents with confidential emotional support services related to sexual abuse. Perseus House maintains records of such agreements.”</p> <p data-bbox="240 1574 1485 1765">A Memorandum of Understanding is in place with the Erie County Crime Victims Center in accordance with this standard. This Memorandum of Understanding confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator discussed this Memorandum of Understanding and the services that are provided by the Erie County Crime Victims Center (to provide emotional support services to any victims of sexual assault at BITP). This auditor contacted a representative from the Erie County Crime Victims Center and she confirmed the services offered in the Memorandum of Understanding to provide confidential emotional support services to any victim of sexual abuse at BITP.</p> <p data-bbox="240 1798 1485 1888">(d) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The facility shall also provide residents with confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.”</p> <p data-bbox="240 1921 1485 2112">BITP provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to family members on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits.</p>

The Agency PREA Coordinator confirmed all resident visits with their attorney and/or legal representation would be in private.

Reviewed documentation to determine compliance:

1. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. BITP Resident Handbook
3. Memorandum of Understanding with Erie County Crime Victims Center
4. PREA Posters

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Erie County Crime Victims Center
4. Interviews with Randomly Selected Staff
5. Resident Interviews

115.354	Third-party reporting
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1492 398">(a) Perseus House Zero-Tolerance Policy describes multiple methods used to receive third party reports of sexual abuse or sexual harassment and is posted on the agency's website to inform the public about reporting resident sexual abuse and sexual harassment on behalf of residents. Third party reports can also be made to any staff, Program Supervisor, Erie Police Department, or Pennsylvania Department of Human Services via the Childline Hotline.</p> <p data-bbox="242 432 1492 521">This auditor was able to review the agency's website and confirmed multiple methods to file a third-party report are posted on the website. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the visiting area of the facility and were observed by this auditor during the tour of the facility.</p> <p data-bbox="242 555 1492 712">Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. They also noted any information from a third-party report of abuse would be documented on an Incident Report and turned in to the Program Supervisor.</p> <p data-bbox="242 745 1444 775">There were no allegations of sexual abuse or sexual harassment filed by third-parties at BITP during the past 12 months.</p> <p data-bbox="242 801 758 831">Reviewed documentation to determine compliance:</p> <ol data-bbox="274 880 694 976" style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Agency Website 3. PREA Posters <p data-bbox="242 1003 359 1032">Interviews:</p> <ol data-bbox="274 1081 710 1144" style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Resident Interviews

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “When an employee observes, or has reason to suspect child/resident abuse, sexual abuse, sexual harassment, and/or retaliation against residents or staff who report such an incident, that employee must immediately notify the Department of Human Services through Childline. After notifying Childline, the employee will immediately notify the Program Supervisor or designee.”</p> <p>All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment or information regarding an incident of sexual abuse, sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline and the Erie Police Department for investigation as they are Mandated Reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact an administrative staff (Program Supervisor) to report any information related to sexual abuse or sexual harassment and report the allegation to the proper investigating agencies (Erie Police Department and the Pennsylvania Department of Human Services). Staff also reported they could report any allegations of sexual abuse, sexual harassment, neglect, or retaliation privately by contacting the Agency PREA Coordinator or the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p>(b) The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations and Pennsylvania Child Protective Services Law requires all staff to comply with Pennsylvania mandatory child abuse reporting laws.</p> <p>All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment. The staff were able to describe their role as Mandated Reporters to this auditor during interviews and were aware of the Pennsylvania Department of Human Services Childline Hotline to report allegations.</p> <p>(c) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Apart from reporting to the designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to an abuse, sexual abuse, and/or sexual harassment report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.”</p> <p>Interviews with staff (including Medical and Mental Health Staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse.</p> <p>(d) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials as well as to the designated State or local services agency where required by mandatory reporting laws.”</p> <p>This auditor was able to interview one medical staff and two mental health staff during the on-site portion of this audit. All staff interviewed indicated that they provide a disclosure statement to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services. In addition, they stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to administrative staff (Program Supervisor) immediately upon learning of the allegation. This information is also forwarded to the Erie Police Department and Pennsylvania Department of Human Services for investigation.</p> <p>(e) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Upon receiving any allegations of sexual abuse, the Director (or designee) will report the allegation to the appropriate external authorities, the referring agent and the alleged victim’s parents/guardian (unless the facility has official documentation showing the parents or legal guardians should not be notified). If the alleged victim is under the guardianship of a Children’s Bureau, the report shall be made to the alleged victim’s caseworker instead of the parents/guardians. If the juvenile court retains jurisdiction over the alleged victim, the Director (or designee) shall also report the allegation to the juvenile’s attorney or other legal representative of record within 48 hours of receiving the allegation.”</p> <p>All staff interviewed stated that in addition to reporting the allegation to the Program Supervisor or an administrative staff (Agency PREA Coordinator), they are also required to report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and document the allegation/incident on a Special Incident Report.</p> <p>(f) All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the Pennsylvania Department of Human Services and/or the Erie Police Department for investigation.</p> <p>It should be noted; all staff are trained to treat third party reports the same as if they witnessed the incident themselves when</p>

receiving a report from a third party. Staff interviewed noted they would document this information on a Special Incident Report if they received a third-party report.

Interviews with the Program Supervisor, Agency PREA Coordinator, and staff (including Medical and Mental Health Staff) confirmed they are aware of how to report an allegation and were aware all allegations are investigated by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services. The Program Supervisor was able to describe the reporting process as well as the investigative process once an allegation is referred to the Erie Police Department and the Pennsylvania Department of Human Services.

There was one allegation of sexual abuse made during the past 12 months at BITP. This auditor was provided with completed Special Incident Reports as well as reporting documentation to confirm this allegation was immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline by the staff who the allegation was reported to.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
3. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
4. Pennsylvania Child Protective Services Law

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Medical Staff
4. Interviews with Mental Health Staff
5. Interviews with Randomly Selected Staff

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1415 331">(a) Perseus House Zero-Tolerance Policy states "When Perseus House learns that a resident is subject to substantial imminent sexual abuse, they shall take immediate action to protect the resident from such abuse."</p> <p data-bbox="242 362 1469 524">The Program Supervisor was interviewed regarding the protective action the agency takes when learning that a resident to subject to substantial risk of imminent sexual abuse. She reported BITP would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser and/or moving the alleged threat to another Perseus House residential program. The staff could also be removed from the facility or placed on Administrative Leave pending an investigation.</p> <p data-bbox="242 555 1485 680">The Program Supervisor also confirmed staff would be expected to act immediately to separate the resident at risk from the potential abuser/threat. In addition, she reported a Safety Plan would be developed and implemented by either herself or the Assistant Director to ensure the safety of the resident at risk. This Safety Plan would include increased supervisor/monitoring, separation from the potential abuser, and making a room change if necessary.</p> <p data-bbox="242 712 1485 806">Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to the Program Supervisor. The Program Supervisor would then contact the Agency PREA Coordinator to determine the best course of action to ensure the safety of the resident.</p> <p data-bbox="242 837 1453 864">There were no residents the facility determined was subject to substantial risk of sexual abuse during the past 12 months.</p> <p data-bbox="242 896 756 922">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 976 691 1003" style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy <p data-bbox="242 1034 352 1061">Interviews:</p> <ol data-bbox="277 1115 711 1176" style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interviews with Randomly Selected Staff

115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1469 365">(a) Perseus House Zero-Tolerance Policy states "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director that received the allegation shall notify the facility head or appropriate office of the agency where the alleged abuse occurred."</p> <p data-bbox="242 396 1457 521">An interview with the Agency PREA Coordinator confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. This was confirmed by this auditor by reviewing HCSIS (The Home and Community Services Information System) reports that were filed during the past 12 months.</p> <p data-bbox="242 553 1493 647">(b) Perseus House Zero-Tolerance Policy states "Notification to the facility head or appropriate office of the agency where the alleged abuse occurred shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation."</p> <p data-bbox="242 678 1461 772">An interview with the Agency PREA Coordinator confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. He stated there have not been any allegations of abuse received that a resident was sexually abused while in another facility during the past 12 months.</p> <p data-bbox="242 804 1425 864">(c) Perseus House Zero-Tolerance Policy states "The facility shall document that it has provided such notification. This information shall be documented as a Special Incident Report."</p> <p data-bbox="242 896 1490 1055">An interview with the Agency PREA Coordinator confirmed he would document any notification of alleged abuse on a Special Incident Report, generate a HCSIS report, and contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation. In addition, he stated, an email would also be sent to the Facility Director of the facility or Agency Head of the agency where the alleged abuse occurred (after he contacted this person by telephone) to provide further documentation.</p> <p data-bbox="242 1086 1482 1245">(d) The Agency PREA Coordinator was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused or sexually harassed while residing at BITP. He stated he would immediately generate a HCSIS report and contact the Pennsylvania Department of Human Services via the Childline Hotline and the Erie Police Department to report the allegation of abuse. He stated if the alleged abuser were still residing or employed at BITP, a Safety Plan would be developed immediately to ensure the safety of all residents.</p> <p data-bbox="242 1276 1457 1370">BITP did not receive any allegations or notifications from other facilities that a resident was sexually abused or sexually harassed during the past 12 months. This was confirmed by this auditor by reviewing HCSIS reports that were filed during the past 12 months.</p> <p data-bbox="242 1402 754 1431">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1480 691 1541" style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Facility HCSIS Reports <p data-bbox="242 1572 352 1601">Interviews:</p> <ol data-bbox="276 1650 719 1680" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a) Perseus House Zero-Tolerance Policy states “Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.” <p>All staff are trained on first responder duties on an annual basis. In addition, there is a First Responder Evidence Protocol for Sexual Assault Checklist available for all staff to reference in the event there is an incident of sexual abuse. This checklist is in a binder in the staff office on the first floor of the facility. During the past 12 months, there were no allegations of sexual abuse at BITP that required first responder actions to be taken by staff.</p> <p>Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with Perseus House policy. All of the staff interviewed were able to discuss the First Responder training they receive on an annual basis.</p> <p>(b) Perseus House Zero-Tolerance Policy states “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”</p> <p>All non-security staff who can enter the facility have been trained appropriately in the above-mentioned duties as a first responder. There were no non-security staff at the facility during the on-site portion of this audit for this auditor to interview.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. First Responder Evidence Protocol for Sexual Assault Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff

115.365	Coordinated response
	<p data-bbox="240 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="240 210 454 239">Auditor Discussion</p> <p data-bbox="240 271 1489 566">(a) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Once the Facility Program Director or designee has been notified of an alleged incident of child/resident abuse, including sexual abuse, immediate arrangements shall be made by supervisory and/or management employees to have the child/resident examined by a medical practitioner at the facility or the resident is to be transported to a medical facility to be examined by a medical practitioner. The medical practitioner examining the child/resident shall be advised by the designated supervisory/management employee, of the alleged abuse and shall document the findings, including the types of injuries and treatment provided. In instances of sexual abuse, the examination shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners."</p> <p data-bbox="240 598 1489 824">BITP has developed a detailed Coordinated Response Plan that notes the role of each facility staff and facility leadership in the event of an incident of sexual abuse occurs at the facility. This plan is easy to read and review. This plan was forwarded to this auditor for review and exceeded the requirements of this standard. In addition to the Coordinated Response Plan, the facility also has developed an Alleged Abuse and Sexual Assault Checklist that staff and/or facility leadership are to use to ensure policy and the Coordinated Response Plan is followed in the event an incident of sexual abuse occurs at the facility. This checklist was forwarded to this auditor for review and was also reviewed with the Program Supervisor during the on-site portion of this audit.</p> <p data-bbox="240 855 1489 983">Interviews with the Program Supervisor, Agency PREA Coordinator, staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault. All staff interviewed stated they were familiar with the Coordinated Response Plan and their duties as they were trained on how to respond and what actions to take in the event an incident of sexual abuse occurs at the facility.</p> <p data-bbox="240 1014 758 1043">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1093 1489 1220" style="list-style-type: none"> 1. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy 2. Coordinated Response Plan 3. Alleged Abuse and Sexual Assault Checklist <p data-bbox="240 1252 352 1281">Interviews:</p> <ol data-bbox="276 1330 719 1489" style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator 3. Interview with Medical Staff 4. Interview with Mental Health Staff 5. Interviews with Randomly Selected Staff

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1485 398">(a – b) Perseus House Zero-Tolerance Policy states “Perseus House maintains its right and ability to remove alleged staff sexual abusers from contact with residents pending the outcome a DHS investigation.” In addition, “Perseus House maintains its right and ability to make determinations of whether and to what extent discipline is warranted in cases of sexual abuse and harassment.”</p> <p data-bbox="242 432 1465 557">There are no unions or collective bargaining units at any of the Perseus House facilities. Interviews with the Program Supervisor and Agency PREA Coordinator confirmed anytime there is an allegation of abuse, a Safety Plan is immediately put in place to protect the resident(s). This always includes removing the staff from contact with the resident(s) as it is required by Pennsylvania Child Protective Services Law during an active investigation.</p> <p data-bbox="242 591 756 618">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 667 691 694" style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy <p data-bbox="242 728 352 754">Interviews:</p> <ol data-bbox="277 804 719 866" style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a – e) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Perseus House shall protect all residents and staffs that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Protective measures may include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor and perform status checks of the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the facility shall monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The facility's obligation to monitor shall cease if the allegation is determined to be unfounded.”

The Program Supervisor is the person charged with monitoring retaliation at BITP. An interview with the Program Supervisor indicated she serves as the retaliation monitor at the facility for the monitoring of residents who report allegations of sexual abuse or sexual harassment. She noted that there was one allegation of sexual abuse during the past 12 months at BITP. However, there was no documentation noting the resident was monitored for retaliation after the allegation was made. The Program Supervisor also stated that retaliation was not monitored after this allegation was made by a resident at the facility. During the Corrective Action period, there were no allegations of sexual abuse or sexual harassment at the facility. However, the facility was able to develop a Retaliation Monitoring form that documents retaliation monitoring is being completed on a weekly basis for 90 days following an allegation of sexual abuse or sexual harassment. A copy of this Retaliation Monitoring form was shared with this auditor to confirm compliance. It was noted during interviews with the Agency PREA Coordinator and representative from Human Resources that in the event a staff needs to be monitored for retaliation, monitoring would be completed by Human Resources staff. There were no incidents of retaliation, known or suspected, during the past 12 months at BITP.

Corrective Action:

BITP will develop a retaliation monitoring form/tracking system to ensure all residents and staff who report allegations of sexual abuse or sexual harassment are monitored for a minimum of 90 days following the submission of an allegation. This retaliation form/tracking system will be forwarded to this auditor for review. In addition, any retaliation monitoring during the next 120 days will be forwarded to this auditor for review.

Resolution:

BITP was able to develop a Retaliation Monitoring form to ensure all residents who report allegations of sexual harassment and sexual harassment are monitored for retaliation for a minimum of 90 days, or until an allegation is investigated and determined to be Unfounded. This auditor received a copy of the form that the facility implemented to monitor retaliation. Each resident is monitored on a weekly basis for 13 weeks and documentation is kept on the Retaliation Monitoring Form. There are several different methods to monitor retaliation listed on this form including meeting face to face with the resident, reviewing incident reports, and reviewing educational reports. Upon completion of the 90 – day monitoring period, the Retaliation Monitoring form is then placed in the resident's file.

During the past 120 days, there were no allegations of sexual harassment or sexual abuse at BITP that required retaliation monitoring.

BITP is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Retaliation Monitoring Form

Interviews:

1. Interview with Person Responsible for Monitoring Retaliation
2. Interview with Agency PREA Coordinator

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">(a) Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. This includes BITP and all residential facilities in the Commonwealth of Pennsylvania.</p> <p data-bbox="240 360 1469 456">Interviews with the Program Supervisor and Agency PREA Coordinator confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p data-bbox="240 486 756 512">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 564 1054 627" style="list-style-type: none"> 1. Pennsylvania Department of Human Services 3800 Child Care Regulations 2. Tour of Facility <p data-bbox="240 656 352 683">Interviews:</p> <ol data-bbox="276 734 719 831" style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator 3. Resident Interviews

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 398">(a) Perseus House Zero-Tolerance Policy notes that it is the policy of Perseus House to refer criminal and administrative investigations over to local child welfare and law enforcement authorities. In addition, internal investigations are conducted to confirm policies and protocols are followed. Internal investigations of sexual harassment that appear to be criminal are referred to law enforcement authorities.</p> <p data-bbox="240 432 1485 656">An interview with the Agency PREA Coordinator confirmed all PREA related allegations are immediately referred to the Pennsylvania Department of Human Services through the Childline hotline. Criminal investigations are referred to the Erie Police Department by the Pennsylvania Department of Human Services. There was one PREA related allegation reported to the Pennsylvania Department of Human Services and the Erie Police Department for investigation during the past 12 months. This allegation was investigated by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services and the allegation of sexual abuse was determined to be Unfounded after the resident recanted the allegation and stated it did not happen during the investigation.</p> <p data-bbox="240 689 1485 779">(b) As noted in Perseus House Zero-Tolerance Policy, BITP does not complete investigations for allegations of sexual abuse or sexual harassment. These investigations are completed by the Pennsylvania Department of Human Services (non-criminal/administrative investigations) and the Erie Police Department (criminal investigations).</p> <p data-bbox="240 813 1485 902">An interview with the Agency PREA Coordinator confirmed any allegations of sexual harassment or sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline. If the allegation is criminal in nature, the allegation is referred to the Erie Police Department for investigation.</p> <p data-bbox="240 936 1485 992">An interview with a representative from the Erie Police Department confirmed investigators assigned to investigate criminal allegations of sexual abuse at BITP completed a training specific to juvenile sexual abuse victims.</p> <p data-bbox="240 1025 1485 1182">(c) An interview with a representative from the Erie Police Department noted an officer/investigator would report to the scene of the allegation immediately after being notified. He stated the officer/investigator would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if the department was notified within 96 hours of the incident. The representative noted the officer/investigator would also interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.</p> <p data-bbox="240 1216 1485 1272">(d) Perseus House Zero-Tolerance Policy states “Perseus House shall not terminate an investigation solely because the source of the allegation recants the allegation.”</p> <p data-bbox="240 1305 1485 1429">An interview with a representative from the Erie Police Department confirmed investigations are not terminated because the source of the allegation recants the allegation. There was one allegation of sexual abuse at the facility during the past 12 months. During the investigative process, the source of the allegation recanted the allegation. However, the investigation was not terminated and the investigation continued to completion.</p> <p data-bbox="240 1462 1485 1518">(e) An interview with a representative from the Erie Police Department confirmed whenever evidence supports criminal prosecution, he consults with the Erie County District Attorney to avoid obstacles to subsequent criminal prosecution.</p> <p data-bbox="240 1552 1485 1675">(f) Perseus House Zero-Tolerance Policy states “Perseus House will not make a determination of credibility based on the alleged victim, suspect, or witness’ status as a resident or staff. Determinations of credibility will be made on an individual basis. Perseus House will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.”</p> <p data-bbox="240 1709 1485 1865">An interview with a representative from the Erie Police Department noted the alleged victim’s credibility will be assessed on an individual basis and not determined by their status as a resident or staff. The representative from the Erie Police Department also stated all investigations are conducted in the same manner, investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.</p> <p data-bbox="240 1899 1485 2000">There was one allegation of sexual abuse at BITP during the past 12 months. This allegation was investigated, and the resident recanted the allegation and stated during the interview process that it never happened. The investigation continued to completion and was determined to be Unfounded.</p> <p data-bbox="240 2033 1485 2145">(g) All investigative reports are completed by the Pennsylvania Department of Human Services (non-criminal investigations) and the Erie Police Department (criminal investigations). Investigative reports note whether staff actions or failures to act contributed to the alleged abuse. Each investigative report clearly notes if the allegation is Substantiated, Unsubstantiated, or Unfounded.</p>

There was one allegation of sexual abuse reported to the Pennsylvania Department of Human Services and the Erie Police Department during the past 12 months. This allegation was investigated by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services and was determined to be Unfounded.

(h) There was one allegation of sexual abuse during the past 12 months at BITP. This auditor was able to review a determination letter/report that was sent to the facility from the Pennsylvania Department of Human Services at the completion of the investigation. This letter/report clearly noted the determination (Unfounded) and findings of the investigation that was completed in regards to the allegation of sexual abuse that was made against a staff by a resident at the facility.

(i) Perseus House Zero-Tolerance Policy states "Substantiated allegations of conduct that appears to be criminal shall be referred to the Erie County District Attorney's Office for prosecution."

All substantiated allegations of sexual abuse are referred to the Erie County District Attorney for prosecution by the Erie Police Department. This was confirmed during an interview with a representative from the Erie Police Department.

During the past 12 months, there were no allegations of sexual abuse referred to the Erie County District Attorney for prosecution. This was confirmed during an interview with a representative from the Erie Police Department.

(j) Perseus House Zero-Tolerance Policy states "Reports of investigations involving sexual abuse by staff shall be turned over to the Perseus House Human Resources Department for inclusion in the staff's member's file, which are kept for at least 10 years past termination date. Any and all written reports that Perseus House receives as a result of any criminal or administrative investigation completed as a result of an allegation, report of grievance involving sexual abuse shall be kept for at least ten (10) years past the resident's 18th birthday."

It was confirmed during an interview with the Agency PREA Coordinator that investigative reports involving sexual abuse by staff are kept in the staff's file for a minimum of 10 years past the staff's termination date. In addition, investigative reports involving sexual abuse by residents are kept in the resident's files for their entire length of time residing at the facility plus 10 years past the resident's 18th birthday.

(k) Perseus House Zero-Tolerance Policy states "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

An interview with a representative from the Erie Police Department confirmed the departure of an alleged or abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation.

(l) Perseus House has a Memorandum of Understanding with the Erie Police Department to comply with PREA investigative standards. This Memorandum of Understanding was reviewed by this auditor to confirm compliance.

(m) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Perseus House shall provide full cooperation."

The Program Supervisor and Agency PREA Coordinator stated they would maintain contact with the Pennsylvania Department of Human Services and the Erie Police Department during an open investigation via telephone calls, emails, and on-site visits.

There was one allegation of sexual abuse reported in the past 12 months at BITP. The Program Supervisor and Agency PREA Coordinator stated they cooperated with the investigation and remained informed of the status of the investigation through regular contact with the Pennsylvania Department of Human Services throughout the investigation until a determination was shared with the facility.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
3. Memorandum of Understanding with the Erie Police Department
4. Determination Letter from Pennsylvania Department of Human Services

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Representative from the Erie Police Department

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states "Perseus House shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>Perseus House has a Memorandum of Understanding with the Erie Police Department to comply with PREA investigative standards regarding investigations completed at BITP. This Memorandum of Understanding was reviewed by this auditor to confirm compliance.</p> <p>An interview with a representative from the Erie Police Department confirmed the department uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment investigations.</p> <p>In addition, an interview with the Agency PREA Coordinator confirmed the Pennsylvania Department of Human Services would send the facility a Determination Letter noting the findings of the investigation upon the completion of any investigation. He stated that all allegations are reported to the Pennsylvania Department of Human Services through the Childline Hotline. If the allegation is criminal in nature, the allegation is immediately referred to the Erie Police Department by the Pennsylvania Department of Human Services. The Erie Police Department would then take the lead on the investigation and work in conjunction with the Pennsylvania Department of Human Services.</p> <p>There was one allegation of sexual abuse investigated during the past 12 months at BITP. This auditor was provided the Determination Letter from the Pennsylvania Department of Human Services noting this allegation was determined to be Unfounded.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Memorandum of Understanding with Erie Police Department 3. Determination Letter from Pennsylvania Department of Human Services <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Representative from Erie Police Department
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 398">(a) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Following an investigation into a resident's allegation of abuse, sexual abuse, and/or sexual harassment in a facility, the facility shall inform the resident as to whether the allegation has been determined to be unfounded, indicated, or founded."</p> <p data-bbox="240 432 1401 488">All investigations of sexual abuse are completed by the Erie Police Department in conjunction with the Pennsylvania Department of Human Services.</p> <p data-bbox="240 521 1489 645">There was one allegation of sexual abuse during the past 12 months at BITP. This allegation was investigated and was determined to be Unfounded. Upon the facility learning of the determination, the Program Supervisor immediately notified the resident verbally. This was confirmed during interviews with the Program Supervisor and resident who made the allegation of abuse.</p> <p data-bbox="240 678 1453 869">This auditor was able to meet with the Agency PREA Coordinator during the on-site portion of the audit and it was agreed upon that the agency would develop a "Resident Notification Form" which documents the resident was notified of the determination of an investigation if the resident is still in custody at BITP or any other Perseus House residential program. This auditor was provided a template of the "Resident Notification Form" that will be used to document the resident was notified of any determination at the completion of an investigation. The Program Supervisor will also continue to notify the resident verbally of any determination at the conclusion of an investigation.</p> <p data-bbox="240 902 1461 992">(b) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident."</p> <p data-bbox="240 1025 1414 1081">During the past 12 months, there was one allegation of sexual abuse investigated by the Pennsylvania Department of Human Services and/or the Erie Police Department.</p> <p data-bbox="240 1115 1489 1238">BITP received relevant information regarding the investigation and a Determination Letter from the Pennsylvania Department of Human Services upon completion of the investigation. The resident was notified of the outcome of the investigation verbally by the Program Supervisor. This was confirmed by interviewing the Program Supervisor and the resident who made the allegation of abuse.</p> <p data-bbox="240 1272 1449 1373">(c) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless it has been determined that the allegation is unfounded) whenever:</p> <ol data-bbox="276 1417 1453 1552" style="list-style-type: none"> 1. The staff member will no longer be posted within the resident's unit. 2. The staff member is no longer employed at the facility. 3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility. 4. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility." <p data-bbox="240 1574 1469 1664">During the past 12 months, there was one allegation of sexual abuse made by a resident against a staff at BITP. Interviews with the Program Supervisor and resident who made the allegation of abuse confirmed the process noted in the policy was followed following this allegation.</p> <p data-bbox="240 1697 1489 1798">(d) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</p> <ol data-bbox="276 1843 1477 1910" style="list-style-type: none"> 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." <p data-bbox="240 1933 1485 2067">During the past 12 months, there were no allegations of sexual abuse made by residents against other residents at BITP. Therefore, there was no documentation to review and no residents to interview. Interviews with the Program Supervisor and Agency PREA Coordinator confirmed the process noted in the policy would be followed whenever a resident alleges a staff has committed sexual abuse against the resident.</p> <p data-bbox="240 2089 1485 2157">(e – f) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "An agency's obligation to report under this standard shall cease if the resident is released from the agency's</p>

custody.”

Interviews with the Program Supervisor and Agency PREA Coordinator confirmed they are aware that their obligation to report shall cease if the resident who made the allegation is released from a Perseus House residential facility.

Reviewed documentation to determine compliance:

1. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Resident Notification Form Template

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Resident who Made Allegation of Abuse

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “Perseus House employees who violate agency sexual abuse and/or sexual harassment policies; or who engage in behavior that contributes to the sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination.”</p> <p>An interview with the Agency PREA Coordinator confirmed any staff will be subject to disciplinary sanctions, up to and including termination, for violation of Perseus House Zero-Tolerance Policy referring to incidents of sexual harassment and sexual abuse.</p> <p>(b) Perseus House Zero-Tolerance Policy states “Perseus House employees who violate agency sexual abuse and/or sexual harassment policies; or who engage in behavior that contributes to the sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination.”</p> <p>There were no staff terminated (or resigned prior to termination) for violating Perseus House Zero-Tolerance Policy by sexually abusing a resident during the past 12 months at BITP. This was confirmed during interviews with the Program Supervisor, Agency PREA Coordinator, and a Human Resources representative.</p> <p>(c) Perseus House Zero-Tolerance Policy states “Disciplinary sanctions shall be 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.”</p> <p>During the past 12 months, there have been no staff disciplined or terminated for violation of Perseus House Zero-Tolerance Policy regarding sexual abuse or sexual harassment. This was confirmed during interviews with the Program Supervisor, Agency PREA Coordinator, and a Human Resources representative.</p> <p>(d) Perseus House Zero-Tolerance Policy states “All terminations for violations of agency sexual abuse and/or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>During an interview with the Agency PREA Coordinator, it was reported the Pennsylvania Department of Human Services will contact the Erie Police Department if it is determined, during an investigation, the staff’s actions were criminal.</p> <p>There were no staff reported to law enforcement for violation of Perseus House Zero-Tolerance Policy during the past 12 months at BITP.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator 3. Interview with Agency Human Resources Representative

115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents shall be reported to law enforcement agencies and to relevant licensing bodies.”</p> <p>There are no contractors or volunteers currently approved to enter the facility at BITP. Therefore, there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past 12 months at BITP. This was confirmed during interviews with the Program Supervisor and Agency PREA Coordinator.</p> <p>(b) Perseus House Zero-Tolerance Policy states “Perseus House shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>Interviews with the Agency Head and Agency PREA Coordinator confirmed that the facility would immediately remove the contractor or volunteer from the facility, contact the Pennsylvania Department of Human Services through the Childline Hotline and the Erie Police Department, and would not allow the contractor or volunteer to return to the facility until the completion of an investigation. There are no contractors or volunteers currently approved to enter the facility at BITP. Therefore, there were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past 12 months at BITP. This was confirmed during an interview with the Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Program Supervisor 3. Interview with Agency PREA Coordinator
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “A resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse.”</p> <p>During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at BITP. This was confirmed through interviews with the Program Supervisor, Agency PREA Coordinator, and a representative from the Erie Police Department.</p> <p>b) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Any disciplinary sanctions shall be commensurate with the nature and circumstances, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Regardless of disciplinary sanctions, the facility shall not deny the resident daily large-muscle exercise or access to any legally required education programming or special education services. During any disciplinary sanctions that include seclusion or exclusion, residents shall receive daily visits from a medical or mental health care clinician. Residents shall have access to other programs and work opportunities to the extent possible.”</p> <p>The Pennsylvania Department of Human Services 3800 Child Care Regulations prohibits isolation of residents. As a result, isolation is not used at this facility and there were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months at BITP. This auditor was able to interview the Program Supervisor, Agency PREA Coordinator, staff, and residents who all confirmed isolation is not used at BITP.</p> <p>(c) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.”</p> <p>Interviews with the Program Supervisor, Agency PREA Coordinator, members of the Sexual Abuse Incident Review Team, and two mental health staff confirmed that a resident’s mental health would be considered when discipline is imposed for incidents of sexual abuse. In addition, it was noted the resident’s mental health diagnosis would be reviewed and considered during a Sexual Abuse Incident Review following a Substantiated or Unsubstantiated finding to ensure appropriate discipline was imposed. It was noted disciplinary sanctions include loss of level, loss of privileges in the program, and/or removal from the facility. If the allegations are criminal in nature, the Erie Police Department would be responsible for filing charges.</p> <p>(d) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The resident shall be offered, to the extent possible, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse or incident. The agency may require participation in such interventions as condition of access to any behavior-based incentives, but not as a condition to access general programming or education.”</p> <p>This auditor was able to interview two mental health staff during the on-site portion of this audit. The interview confirmed BITP would offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse while they are residing at the facility. The mental health staff interviewed stated the resident’s participation in therapy sessions is not always required as a condition of access to reward-based incentives. In addition, it was noted the mental health services the resident would be referred to would be designed to address and correct the underlying reasons or motivations of sexual abuse as the facility is a program that treats sexually abusive youth.</p> <p>There were no incidents of resident-on-resident sexual abuse during the past 12 months at BITP. Therefore, there were no mental health records for this auditor to review.</p> <p>(e) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “A resident may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.”</p> <p>There were no incidents of resident-on-staff sexual abuse at BITP during the past 12 months. This auditor was able to interview the Program Supervisor and Agency PREA Coordinator who both confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. In addition, the Resident Handbook notes BITP prohibits all sexual activity at the facility. All residents are provided a copy of this Resident Handbook upon their arrival at the facility.</p>

(f) Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "For the purpose of disciplinary action, a report of abuse, sexual abuse, and/or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation."

Interviews with the Program Supervisor and Agency PREA Coordinator confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. There was one allegation of sexual abuse made by a resident during the past 12 months at the facility. Although this allegation was investigated and determined to be Unfounded, the resident was not held accountable as it was determined the resident made the allegation in good faith. This was confirmed during interviews with the Program Supervisor and the resident who made the allegation.

(g) Perseus House Zero-Tolerance Policy states "Perseus House prohibits all sexual activity between residents and may discipline residents for such activity. Perseus House may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

Interviews with the Program Supervisor and Agency PREA Coordinator confirmed all sexual activity between residents is prohibited at BITP. It is also noted in the Resident Handbook that all residents are provided upon their arrival at the facility.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Perseus House Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
3. Resident Handbook
4. Pennsylvania Department of Human Services 3800 Child Care Regulations

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Members of Sexual Abuse Incident Review Team
4. Interviews with Mental Health Staff

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 465">(a) Perseus House Zero-Tolerance Policy states "If the Vulnerability Assessment Instrument indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the resident immediately upon reviewing the screening materials. The program director or compliance manager will document the offer of follow-up services and the resident's response, facilitate the arrangement of the follow-up care, and arrange for transportation."</p> <p data-bbox="240 499 1485 925">During the past 12 months, there were three residents who disclosed prior sexual victimization during their intake screenings. All residents who disclose prior sexual victimization during their intake screenings are referred to a medical practitioner and mental health staff for a follow up meeting. This is documented on the Vulnerability Assessment Instrument. This auditor interviewed two mental health staff and a medical staff during the on-site portion of the audit, and all staff interviewed confirmed the referral process once a resident discloses prior sexual victimization. This auditor was also able to review files of residents who disclosed prior sexual victimization. All resident files reviewed contained documentation noting the resident was referred to a medical practitioner and an on-site mental health staff who followed up with the resident within 14 days of the intake screening. In addition to documenting the referral on the Vulnerability Assessment Instrument, this is also documented on a Health and Safety Plan which is specific to the resident. This auditor was also able to review completed initial Vulnerability Assessment Instruments and Health and Safety Plans. Both noted the referral of the resident to a medical practitioner and a mental health staff for a follow up consultation within 14 days of the intake screening. Finally, interviews with residents who disclosed prior sexual victimization during their intake screenings confirmed they were referred to a medical practitioner and mental health staff within 14 days of the initial intake screening.</p> <p data-bbox="240 958 1485 1153">(b) Perseus House Zero-Tolerance Policy states "If the Vulnerability Assessment Instrument indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the resident immediately upon reviewing the screening materials. The program director or compliance manager will document the offer of follow-up services and the resident's response, facilitate the arrangement of the follow-up care, and arrange for transportation."</p> <p data-bbox="240 1187 1477 1404">During the past 12 months, all residents admitted into BITP who previously perpetrated sexual abuse were referred to a mental health staff for a follow up meeting. This auditor interviewed two mental health staff and an intake staff during the on-site portion of the audit, and all confirmed the referral process for a resident who previously perpetrated sexual abuse. This referral is documented on the Vulnerability Assessment Instrument and a Health and Safety Plan. In addition to interviewing the mental health staff and intake staff, this auditor was also able to review the Vulnerability Assessment Instrument and it contains a section to note the referral of a resident to a mental health staff for a follow up meeting within 14 days of the intake screening.</p> <p data-bbox="240 1438 1485 1568">(c) Perseus House Zero-Tolerance Policy states "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."</p> <p data-bbox="240 1601 1477 1796">Interviews with the Program Supervisor, Agency PREA Coordinator, medical staff, and mental health staff confirmed any information from the intake screening is limited to medical and mental health practitioners. It was noted any information from the intake screening relayed to staff is done so only for safety and security reasons and this information is documented in a Health and Safety Plan to ensure the safety of the residents. This auditor was also able to review completed Health and Safety Plans for residents who disclosed prior sexual victimization during the intake screening to confirm compliance with this standard.</p> <p data-bbox="240 1830 1485 1960">(d) Perseus House Zero-Tolerance Policy states "Perseus House staff members shall 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. The majority of residents at Perseus House residential programs are under 18 years of age; therefore, information will, in those cases, be subject to the PA Mandated Child Abuse Reporting Law."</p> <p data-bbox="240 1993 1453 2123">During interviews with the Program Supervisor, medical staff, mental health staff, and intake staff, it was noted they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon intake of their reporting duties.</p> <p data-bbox="240 2134 754 2163">Reviewed documentation to determine compliance:</p>

1. Perseus House Zero-Tolerance Policy
2. Vulnerability Assessment Instrument
3. Health and Safety Plans
4. Resident Files

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interviews with Mental Health Staff
4. Interview with Medical Staff
5. Interview with Intake Staff
6. Interviews with Residents who Disclosed Prior Victimization during Screening

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “Juvenile victims of sexual abuse shall 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.”</p> <p>Perseus House has a Memorandum of Agreement in place with UPMC Hamot to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) and to provide medical/mental health services at no cost to the victim. This Memorandum of Understanding was provided to this auditor for review. In addition, this auditor contacted a representative from UPMC Hamot to confirm resident victims are referred to their hospital and would receive the services noted in the Memorandum of Understanding.</p> <p>There were no residents at BITP who reported sexual abuse that required a forensic examination at UPMC Hamot during the past 12 months. Therefore, there were no records to review and no residents to interview.</p> <p>(b) Perseus House Zero-Tolerance Policy states “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners.”</p> <p>All staff at BITP staff are trained annually on their responsibilities to protect the victim and to preserve evidence. All staff interviewed during the on-site portion of this audit were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. All staff stated they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the administrator on duty, preserve any evidence at the scene, and document the incident on a Special Incident Report. The administrator on duty will then notify the Agency PREA Coordinator and will arrange for the alleged victim to be transported to UPMC Hamot for a forensic examination.</p> <p>(c) Perseus House Zero-Tolerance Policy states “Perseus House shall provide such victims with medical and mental health services consistent with the community level of care.”</p> <p>During an interview with the Agency PREA Coordinator, he stated any resident victim of sexual abuse at BITP would be offered timely information and access to emergency contraception and sexually transmitted diseases while at UPMC Hamot. In addition, during an interview with a representative from UPMC Hamot, it was noted they would provide any resident victim of sexual abuse timely information and access to emergency contraception and sexually transmitted diseases.</p> <p>There were no residents at BITP who reported sexual abuse that required a forensic examination during the past 12 months. Therefore, there were no records to review and no residents to interview.</p> <p>(d) Perseus House Zero-Tolerance Policy states “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.”</p> <p>This auditor was able to interview the Program Supervisor and Agency PREA Coordinator during the on-site portion of this audit and both confirmed that any victim of sexual assault would be referred to UPMC Hamot and receive medical and mental health treatment at no cost.</p> <p>Perseus House has a Memorandum of Understandings with UPMC Hamot and Erie County Crime Victims Center to provide medical/mental health services at no cost to the victim. Erie County Crime Victims Center ensures victims receive rape crisis intervention services. In addition, Erie County Crime Victims Center will provide information/referral and follow-up services including accompaniment to law enforcement interviews and court. Interviews with representatives from UPMC Hamot and Erie County Crime Victims Center confirmed all services would be provided to the victim at no cost.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Memorandum of Understanding with UPMC Hamot 3. Memorandum of Understanding with Erie County Crime Victims Center <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Program Supervisor 2. Interview with Agency PREA Coordinator 3. Interview with Representative from UPMC Hamot

4. Interview with Representative from Erie County Crime Victims Center
5. Interviews with Randomly Selected Staff

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1457 365">(a) Perseus House Zero-Tolerance Policy states "Perseus House shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility."</p> <p data-bbox="240 398 1436 555">Interviews with the Program Supervisor, Agency PREA Coordinator, and a mental health staff confirmed all residents residing at BITP are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). This auditor interviewed two residents who disclosed sexual abuse during the initial screening and both stated they were referred to a medical practitioner and mental health staff for an evaluation promptly.</p> <p data-bbox="240 589 1477 683">(b) Perseus House Zero-Tolerance Policy states "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to other facilities, or their release from custody."</p> <p data-bbox="240 714 1465 837">A medical staff and two mental health staff were interviewed by this auditor and noted all residents admitted into the facility receive a Health Screening and a Mental Health evaluation during their first week at the facility. All staff interviewed were able to describe the process specifically in the event any resident was the victim of sexual abuse to this auditor during the interview as they noted a Health and Safety Plan would immediately be implemented to ensure the safety of the resident.</p> <p data-bbox="240 869 1469 929">(c) Perseus House Zero-Tolerance Policy states "Perseus House shall provide such victims with medical and mental health services consistent with the community level of care."</p> <p data-bbox="240 960 1493 1055">A medical staff and two mental health staff were interviewed, and they all noted they feel the services offered to residents meet or exceed the community level of care because the residents have immediate access to medical staff and mental health staff while residing at the facility.</p> <p data-bbox="240 1086 1485 1146">(d) Perseus House Zero-Tolerance Policy states "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests."</p> <p data-bbox="240 1178 847 1207">This standard is not applicable as BITP is an all-male facility.</p> <p data-bbox="240 1238 1442 1299">(e) Perseus House Zero-Tolerance Policy states "If pregnancy results, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."</p> <p data-bbox="240 1330 847 1359">This standard is not applicable as BITP is an all-male facility.</p> <p data-bbox="240 1391 1465 1451">(f) Perseus House Zero-Tolerance Policy states "Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate."</p> <p data-bbox="240 1482 1489 1576">An interview with the Agency PREA Coordinator confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow up. This would occur if the victim was tested at the hospital or not.</p> <p data-bbox="240 1608 1422 1700">In addition, an interview with a representative from UPMC Hamot also confirmed any resident who is a victim of sexual abuse at BITP would be offered timely follow-up for sexually transmitted diseases as part of follow-up services to the resident.</p> <p data-bbox="240 1731 1493 1792">(g) Perseus House Zero-Tolerance Policy states "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident."</p> <p data-bbox="240 1823 1485 1917">Interviews with the Agency PREA Coordinator, medical staff, and two mental health staff confirmed treatment services would be offered to the victim without financial cost regardless of whether they named the abuser or cooperated with the investigation.</p> <p data-bbox="240 1948 1461 2031">(h) Perseus House Zero-Tolerance Policy states "Perseus House shall 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."</p> <p data-bbox="240 2063 1485 2157">Interviews with the Agency PREA Coordinator and two mental health staff confirmed all residents receive a mental health evaluation within 30 days of their arrival to the facility. This includes any residents who have a history of resident-on-resident abuse at past residential facilities.</p>

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. MOU with UPMC Hamot

Interviews:

1. Interview with Program Supervisor
2. Interview with Agency PREA Coordinator
3. Interview with Medical Staff
4. Interviews with Mental Health Staff
5. Interview with Representative from UPMC Hamot

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1426 398">(a) Perseus House Zero-Tolerance Policy states “Perseus House will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations have been Unsubstantiated, unless the allegation has been determined to be Unfounded. Such review will occur within thirty days of the conclusion of the investigation.”</p> <p data-bbox="240 432 1485 622">An interview with the Agency PREA Coordinator confirmed he is aware a Sexual Abuse Incident Review must be completed at the conclusion of every sexual abuse investigation that has been determined to be Substantiated or Unsubstantiated. He noted that the Program Supervisor would head the PREA Sexual Abuse Incident Review and that the meeting would be held within 30 days of learning of a Substantiated or Unsubstantiated determination of a sexual abuse allegation. The Program Supervisor also serves as the Facility PREA Compliance Manager at the facility. When interviewed, the Facility PREA Compliance Manager was also aware of this policy and the Sexual Abuse Incident Review protocol.</p> <p data-bbox="240 656 1485 779">During the past 12 months, there has been one allegation of sexual abuse at BITP. This auditor was able to review documentation regarding the allegation and subsequent investigation. This allegation was determined to be Unfounded. Therefore, a Sexual Abuse Incident Review was not completed and there was no additional documentation for this auditor to review.</p> <p data-bbox="240 813 1426 938">(b) Perseus House Zero-Tolerance Policy states “Perseus House will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations have been Unsubstantiated, unless the allegation has been determined to be Unfounded. Such review will occur within thirty days of the conclusion of the investigation.”</p> <p data-bbox="240 972 1474 1061">Interviews with the Facility PREA Compliance Manager and Agency PREA Coordinator confirmed any PREA Sexual Abuse Incident Review would be completed within 30 days of the conclusion of an investigation of an allegation of sexual abuse if the allegation was determined to be Substantiated or Unsubstantiated.</p> <p data-bbox="240 1095 1382 1151">During the past 12 months, there were no allegations of sexual abuse that were determined to be Substantiated or Unsubstantiated. Therefore, there have been no Sexual Abuse Incident Reviews for this auditor to review.</p> <p data-bbox="240 1184 1449 1276">(c) Perseus House Zero-Tolerance Policy states “The Program Supervisor shall convene a review team, at a minimum of upper-level management officials. The review team shall obtain input from direct supervision supervisors, investigators, medical, mental health professional and other employees as appropriate.”</p> <p data-bbox="240 1310 1485 1400">Interviews with the Facility PREA Compliance Manager and Agency PREA Coordinator confirmed the Sexual Abuse Incident Review Team includes upper-level administration officials (Agency PREA Coordinator), Program Supervisor, Assistant Program Supervisor, medical staff, and mental health staff.</p> <p data-bbox="240 1433 963 1460">(d) Perseus House Zero-Tolerance Policy states “The review team shall:</p> <ol data-bbox="276 1516 1485 1908" style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 2. Consider whether the allegation or investigation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. 4. Assess the adequacy of staffing levels in that area during different shifts. 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6. Prepare the Sexual Abuse Incident Review (SAIR) form including, but not necessarily limited to, determinations made pursuant to section one through five of this section, and any recommendations for improvement and submit to the Program Supervisor, who is also the facility’s PREA Compliance Manager.” <p data-bbox="240 1942 1485 2031">An interview with the Facility PREA Compliance Manager confirmed the points she would focus on when heading a Sexual Abuse Incident Review. In addition, this auditor was able to review a template of the Sexual Abuse Incident Review form that is used to document the meeting to confirm compliance.</p> <p data-bbox="240 2065 1485 2121">(e) Perseus House Zero-Tolerance Policy states “Perseus House shall implement the recommendations for improvement, or shall document its reasons for not doing so on the SAIR form. Documentation shall be maintained by the PREA Coordinator.”</p>

There were no Sexual Abuse Incident Reviews at BITP during the past 12 months. Interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager confirmed both are on the Sexual Abuse Incident Review Team and they both stated any Sexual Abuse Incident Reviews would be documented by the Facility PREA Compliance Manager on a PREA Sexual Abuse Incident Review and then forwarded to the Agency PREA Coordinator. Any recommendations would also be documented on the Sexual Abuse Incident Review and implemented in the facility to prevent further incidents of sexual abuse and a means to educate staff. This auditor was able to review a template of the Sexual Abuse Incident Review form that would be completed by the Facility PREA Compliance Manager following any Sexual Abuse Incident Review.

All Sexual Abuse Incident Reviews and findings are incorporated into the agency PREA Annual Report by the Agency PREA Coordinator and submitted to the Agency Head for approval.

Reviewed documentation to determine compliance:

1. Perseus House Zero-Tolerance Policy
2. Sexual Abuse Incident Review Template

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility PREA Compliance Manager
3. Interviews with Incident Review Team Members

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “Following all sexual assault incident reviews, the Facility Compliance Manager shall complete the Survey of Sexual Violence Summary. The information is then shared with Perseus House PREA Coordinator.”</p> <p>This auditor was able to interview the Facility PREA Compliance Manager and Agency PREA Coordinator who confirmed they collect uniform data for all allegations of sexual abuse and sexual assault and enter this data onto the agency Survey of Sexual Violence Summary. This data is then reviewed and included into the Agency’s PREA Annual Report. There was one allegation of sexual abuse at BITP during the past 12 months noted on the agency Survey of Sexual Violence Summary.</p> <p>(b) Perseus House Zero-Tolerance Policy states “Perseus House PREA Coordinator shall aggregated the incident-based sexual abuse data at least annually.”</p> <p>An interview with the Agency PREA Coordinator confirmed he is responsible for gathering data on each reported incident of sexual abuse and sexual assault to aggregate an annual report. This auditor was able to review the 2018 PREA Annual Report and the 2019 PREA Annual Report. These PREA Annual Reports provided in-depth information regarding PREA implementation. The PREA Annual Reports note allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p>(c) Perseus House Zero-Tolerance Policy states “The incident-based data collected shall 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.”</p> <p>Perseus House was not requested by the United States Department of Justice to complete the Survey of Sexual Violence during the previous calendar year. However, the data necessary from the most recent version of the Survey of Sexual Violence was included in the 2019 Perseus House PREA Annual Report that was reviewed by this auditor.</p> <p>(d) Perseus House Zero-Tolerance Policy states “Perseus House shall collect, review, and securely maintain data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p>During an interview with the Agency PREA Coordinator, this auditor confirmed Perseus House utilizes data collected from incident reports, reports, investigation files, and incident reviews on the agency Survey of Sexual Violence Summary. This information is then used to formulate the Agency PREA Annual Report each year. This auditor was able to review the agency Survey of Sexual Violence Summary and there was one allegation of sexual abuse during the past 12 months at BITP listed on the summary.</p> <p>(e) This substandard is not applicable to Perseus House as they do not contract with private facilities for the confinement of its residents.</p> <p>(f) Perseus House Zero-Tolerance Policy states “Upon request, Perseus House shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”</p> <p>Perseus House was not requested by the United States Department of Justice to complete the Survey of Sexual Violence during the previous calendar year.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Perseus House Survey of Sexual Violence Summary 3. 2018 Perseus House PREA Annual Report 4. 2019 Perseus House PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “Perseus House shall meet, no less than annually, to review information collected from all SAIRs and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas. 2. Taking corrective action on an ongoing basis. 3. Preparing an annual report of its findings and corrective actions for Perseus House, as well as each of its facilities.” <p>This auditor interviewed the Agency PREA Coordinator and he stated he reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. He stated Perseus House ensures the data collected is securely retained on the agency Survey of Sexual Violence Summary. This auditor was able to review the agency Survey of Sexual Violence Summary as it was created to retain data collected and aggregated following each allegation of sexual abuse. There was one allegation of sexual abuse at BITP listed on the agency Survey of Sexual Violence Summary during the past 12 months.</p> <p>(b) Perseus House Zero-Tolerance Policy states “Such a report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of Perseus House’s progress in addressing sexual abuse.”</p> <p>Perseus House completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2018 and 2019 Perseus House PREA Annual Reports and confirmed these reports contained the above-mentioned data, comparisons, and corrective actions.</p> <p>(c) Perseus House Zero-Tolerance Policy states “The annual report shall be approved by the Perseus House Executive Director and made readily available to the public through the Perseus House website.”</p> <p>The Perseus House PREA Annual Reports are approved by the agency head and made available through the agency’s website. This was confirmed by this auditor during an interview with the Agency PREA Coordinator and by reviewing the agency website.</p> <p>(d) Perseus House Zero-Tolerance Policy states “The annual report shall be approved by the Perseus House Executive Director and made readily available to the public through the Perseus House website.”</p> <p>The Agency PREA Coordinator was interviewed and stated information that would present clear and specific threats to the safety and security of the agency’s residential programs would be redacted from the annual report as noted in the Zero-Tolerance Policy. This auditor was able to review the past two agency PREA Annual Reports and any personal information that would present clear and specific threats to the safety and security of the agency residential programs, as well as personal identifiers, was redacted.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Agency Website 3. Perseus House Survey of Sexual Violence Summary 4. 2018 Perseus House PREA Annual Report 5. 2019 Perseus House PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Perseus House Zero-Tolerance Policy states “Perseus House shall ensure that data collected is securely retained.”</p> <p>All data collected at Perseus House is securely retained on the agency Survey of Sexual Violence Summary. This data is imputed by the Agency PREA Coordinator. Access to the agency Perseus House Survey of Sexual Violence Summary is limited to the Program Supervisor/Facility PREA Compliance Manager at each residential facility and the Agency PREA Coordinator. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the agency Survey of Sexual Violence Summary.</p> <p>(b) Perseus House Zero-Tolerance Policy states “The annual report shall be approved by the Perseus House Executive Director and made readily available to the public through the Perseus House website.”</p> <p>Perseus House makes all aggregated sexual abuse data available to the public on its agency website. The agency’s PREA Annual Report is reviewed and approved by the agency head and made available to the public through the agency website. The 2018 and 2019 BITP PREA Annual Reports were reviewed by this auditor to confirm compliance with this standard. PREA Annual Reports are posted on the agency website.</p> <p>(c) Perseus House Zero-Tolerance Policy states “Perseus House may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Perseus House shall also remove all personal identifiers from the reports.”</p> <p>This auditor was able to review PREA Annual Reports from 2018 and 2019 to confirm all personal identifiers were removed prior to posting on the agency website. An interview with the Agency PREA Coordinator confirmed all personal identifiers are removed from the PREA Annual Report prior to posting on the agency website.</p> <p>(d) Perseus House Zero-Tolerance Policy states “Perseus House shall maintain sexual abuse data collected for at least ten years after the date of its initial collection unless Federal, State, or local law requires otherwise.”</p> <p>An interview with the Agency PREA Coordinator confirmed Perseus House maintains sexual abuse data collected for at least 10 years on the agency Survey of Sexual Violence Summary. This auditor was also able to view the agency Survey of Sexual Violence Summary to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Perseus House Zero-Tolerance Policy 2. Agency Website 3. Perseus House Survey of Sexual Violence Summary 4. 2018 Perseus House PREA Annual Report 5. 2019 Perseus House PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1474 398">(a) BITP was audited during the first year of the 1st three-year PREA cycle (audited in May 2015 and was found to be fully compliant on September 2, 2015) and during the second year of the 2nd three-year PREA cycle (audited on July 17 – 20, 2017, and was found to be fully compliant on August 30, 2017). These audit reports are posted on the agency website. This re-audit occurred during the second year of the 3rd three-year PREA cycle on March 8 – 9, 2021.</p> <p data-bbox="240 434 1490 658">(b) Perseus House has met this standard by having all three of its residential facilities audited during the 1st and 2nd three-year PREA cycles. In addition, two other Perseus House facilities have already been audited during the 3rd three-year PREA cycle. Both facilities were found to be compliant (Shelter & RTF Program was found to be compliant on August 18, 2020 and Andromeda Girls Intensive Treatment Program was found to be compliant on December 2, 2020). This audit at BITP was performed during the second year of the 3rd three-year PREA cycle (March 8 – 9, 2021). The on-site portion of the audit was originally scheduled to be completed on December 7 – 8, 2020. However, the on-site portion of the audit was postponed and rescheduled for the above-mentioned dated due to the COVID-19 pandemic.</p> <p data-bbox="240 689 1474 779">(h) This auditor had unimpeded access to all areas of BITP during the on-site portion of this audit. The Program Supervisor at BITP accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured by this auditor.</p> <p data-bbox="240 810 1485 878">(i) This auditor received all requested documents from the Agency PREA Coordinator in a timely fashion during the pre-audit phase, on-site portion of the audit, and the post-audit phase.</p> <p data-bbox="240 909 1474 976">(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p data-bbox="240 999 1485 1155">(n) PREA Audit notifications were posted in all common areas and the lobby six weeks prior to the on-site portion of this audit (posted on January 6, 2021). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Photographs of the posted notifications were emailed to this auditor on January 7, 2021, to confirm the notifications were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents or staff at the facility.</p> <p data-bbox="240 1187 756 1214">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1267 703 1424" style="list-style-type: none"> 1. BITP Pre-Audit Questionnaire 2. PREA Audit Notification 3. Photographs of PREA Audit Notification 4. Tour of Facility 5. Agency Website

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1469 365">(f) This auditor confirmed that Perseus House has published on its agency website the Final Audit Reports from the 1st and 2nd PREA cycles. In addition, two audit reports completed at two other Perseus House facilities during the 3rd PREA cycle are also posted on the agency website.</p> <p data-bbox="244 398 756 425">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 477 472 504" style="list-style-type: none"> 1. Agency Website

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

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes