

# PREA Facility Audit Report: Final

**Name of Facility:** Kathy's House Residential Care

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/05/2021

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"/>
<b>Auditor Full Name as Signed:</b> John J Prebish Jr	<b>Date of Signature:</b> 08/05/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prebish, John
<b>Email:</b>	jprebishjr@gmail.com
<b>Start Date of On-Site Audit:</b>	05/18/2021
<b>End Date of On-Site Audit:</b>	05/19/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Kathy's House Residential Care
<b>Facility physical address:</b>	135 Sanborn Lane, Box 878, Ebensburg, Pennsylvania - 15931
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	135 Sanborn Lane, PO Box 878, Ebensburg, Pennsylvania - 15931

Primary Contact	
<b>Name:</b>	Robert Kelly
<b>Email Address:</b>	rkelly@aysnet.org
<b>Telephone Number:</b>	814-471-0422

Superintendent/Director/Administrator	
<b>Name:</b>	Robert Kelly
<b>Email Address:</b>	rkelly@aysnet.org
<b>Telephone Number:</b>	814-471-0422

Facility PREA Compliance Manager	
<b>Name:</b>	Tim Sobecky
<b>Email Address:</b>	tsobecky@aysnet.org
<b>Telephone Number:</b>	O: (814) 471-6909

Facility Characteristics	
<b>Designed facility capacity:</b>	15
<b>Current population of facility:</b>	9
<b>Average daily population for the past 12 months:</b>	8
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	Staff Secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	14
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	16

AGENCY INFORMATION	
<b>Name of agency:</b>	Appalachian Youth Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	115 South Marion Street, Ebensburg, Pennsylvania - 15931
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Melanie Kelly	<b>Email Address:</b>	mkelly@aysnet.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.

### BACKGROUND/PRE-AUDITg>

Kathy's House is a single all-male residential facility that is part of the Appalachian Youth Services, Inc. Program for youthful males located outside the town of Ebensburg, Cambria County Pennsylvania. They were established in 1977 to assist at-risk youth from across Pennsylvania. This will be the facility's 3rd audit and the 2nd completed by this auditor. Their Executive Director Rob Kelly reached out to me in early February 2021 indicated they were beginning the 3rd year of their audit cycle and wanted to schedule the audit earlier in the year. Since their last audit, they have changed housing units moving from the Ross House to the adjacent Kathy's House. They no longer license the Ross House and have converted it to their administrative building moving total operations to one campus. Kathy's House is a very similar build to the Ross building. Mr. Kelly and I discussed their operations, resident, and agreed on audit dates to occur on May 17-18, 2021, but had to adjust by one day to May 18-19, 2021. Notices were sent to the facility and posted in mid-March. I received an email from the Director confirming this along with a picture.

During the initial discussion with Mr. Kelly, we agreed on the above dates and drafted a contract signed by both agencies. We discussed the audit dynamics and the Online Audit System that he agreed to use for this audit cycle. This is their first audit being done on the Online Audit System. I initiated the audit request and notified Mr. Kelly to expect the information. When the Pre-audit began, their PREA Coordinator Melanie Kelly completed the upload for the facility. I began my review of the data in early May, reviewing her responses and reading their policies and information in the system, and created a list of additional documents I would need.

Since the previous audit, there were a few changes to their operation and management. Rob Kelly was promoted to Executive Director, and Melanie Kelly transitioned into the role of PREA Coordinator. They also had new PREA Compliance Managers in place with promotions at the facility. It was noted that all PREA Policy information provided was recently updated in 2021.

I was able to reach out to Melanie Kelly the Facility Program Director and PREA Coordinator. Both Rob and Melanie were at the facility for the previous audit I conducted and have both since moved into new roles. It was agreed between both parties to use the Online Audit System for the upcoming audit and I initiated the steps for the online system. When opened, Melanie initiated the upload of documents to the system as well as completing the Pre-audit information.

### PRE-AUDIT REVIEW

During this process, I requested and reviewed the following information:

- PREA Audit information provided by Melanie Kelly
- Reviewed the PREA Policy provided and sections related to specific standards
- Requested Population statistics on residents over the past year (1st, 10th, and 20th of each month)
- A complete staff roster, list of contractors (if any), and list of volunteers (if any)
- All residents identified including those identifying as LGBTI, with any disabilities (physical, cognitive, blind, hearing impaired, LEP, etc).
- Any residents reporting previous sexual abuse
- Any residents filing a PREA complaint about Abuse/Harassment
- Any residents screening high for victimization
- Agreements for housing in or out of their program
- Agreements for investigations, SAFE/SANE, victims advocate, etc.
- Copies of screen documents both blank and completed
- PREA information/education provided to residents along with their signature upon completion
- Staff/visitor/contractor training information and proof of completion

Melanie was able to gather up the information requested rather quickly and provided me with copies. It was noted during the review that there were not a lot of inmates identified. They presently have 7 total residents in-house. The breakdown of my selected residents for interviews is as follows:

Random Interviews	Gay/Bisexual	Transgender/Intersex	Previous victimization	Screened high for victimization	Disabilities/Cognitive Issues
7 (All residents interviewed)	1	0	2	2	1

Of these residents, one fell into two categories and was interviewed each of those including random interviews. As indicated all residents are male and fall between the ages of 13 and 17. One was a return and was here during the previous audit in 2019. I was able to review the information and establish a plan for the onsite audit. It should be noted that I did NOT receive any correspondence from residents or staff related to the AYS Facility/operations/or concerns.

AYS works with several agencies in the community and has relationships for victims advocate, investigative services with the local and state police, and counseling/support services. They are also required under Pennsylvania Law to report through PA ChildLine and Adult Protective Services (if 18 or older). These agencies are operated under the Pennsylvania Department of Human Services (DHS) and will work with local and county agencies to investigate all complaints filled with them. For sexual abuse investigations, the agency has worked for several years with the Cambria Township Poice Department. Their office is approximately a mile from the AYS facility. I was able to interview Police Chief Gary Makosy who confirmed their agreement and mandate as a Township department to provide service to the AYS facility. I have worked with Chief Makosy in the past when serving as Warden in Cambria County, he was a County Detective under the District Attorney who completed all my investigations. He is also a Certified PREA Investigator, handling a few cases when working for the county. He explained that he is versed in the investigative process, including that of sexual assault victims. He explained if his Officers are dispatched to the AYS facility, they would begin the investigation and assure medical treatment for the victim, take all necessary statements, collect evidence, and notify him of the investigation and he would be involved and assist in the full completion of that investigation.

I was able to speak to Blair Family Services (also known as Family Services Inc.), the agency's Victims Advocate, and counseling service provider. They are located in Blair County, approximately 20 minutes to the east. They offer a wide variety of services including certified victims support/advocate services. Accordingly, they will provide a victims advocate for any resident requesting their services at the AYS facility. They also operate a 24/7 hotline that is available to AYS residents for reporting and services. They are also a mandated reporting agency and would make reports immediately and respond to the facility to provide assistance. Talking with both AYS staff and that of Family Services it was noticeable of their working relationship. As a note, both groups put a newly written memorandum of understanding in place just recently.

I researched agencies in Pennsylvania the offer services for rape and sexual abuse victims throughout the state and Cambria County. I spoke with Lynn from Cambria County Victims Services that would offer complete victims services to AYS as Blair Family Services does. Based in Johnstown, they are approximately 20 minutes and state that they provide services to everyone in Cambria County. I also spoke to Diana Grosick, the Executive Director of Cambria County Child Advocacy Center. This agency coordinates multiple agencies including law enforcement, forensic examination with hospital Safe/Sane, Victims Services/counseling, and various shelter programs. Their services provide a unique service for all sexual offenses related to a child. Chief Makosy spoke of their services and the forensic interviews they do by certified staff able to work and question children in a relaxed child-friendly environment. They are available to all of Cambria County and were aware of the AYS program and would provide all their services. Chief Makosy indicated that they would work with the Child Advocacy Center (CAC) as a requirement for any case he would investigate at the AYS Facility. CAC is considered part of the process for prosecution with the District Attorneys' office. The Chief spoke very highly of the program and the coordinated services that they provide to assure all aspects are covered in dealing with these cases.

AYS does not have medical personnel on staff at the facility and uses local physicians/pediatricians in the area for initial medical screening and any sick/injury-related issues for their residents. They have a memorandum of understanding with Conemaugh Hospital in Johnstown with their Safe/Sane Program through the Emergency Department there. Pam Vyhonsky is the Operations Director for the Emergency Department. A SANE Nurse explained their program of offering forensic exams for anyone who would be brought into the facility. They provided onsite support and work with the Child Advocacy Center to assure excellent care, forensic services (exam and interview), assure law enforcement is involved, and gather and secure evidence gathered from the patient, their clothing, etc.

**ONSITE AUDIT - 2 days, May 18-19, 2021**

Upon my arrival, I was met by both the Executive Director and PREA Coordinator in the Day Treatment Center where all the residents were attending programming and schooling. I was provided with a group room off the main hallway that was private for all my interviews and could be secured when leaving the area. We began with about a 1/2 hour meeting to discuss their expectations, my plan, and any concerns they had. We discussed the number of residents and that I would be interviewing all of them plus reviewing other questions with those who were identified as well as staff that I would need to see as well. With the small size of the facility, they were able to have overnight staff and supervisors available for interviews to fulfill the audit needs.

We discussed the closing of Ross House to allow the move of their Administrative Office onsite for cost-saving and ease of access. The agenda we agreed upon earlier in the week was to conduct facility tours and interview as many residents and staff as possible on day one. Following our meeting, we toured the Day Treatment Center (school), Kathy's House, and the general area of the grounds noting parking, the basketball court, approved outside areas for residents, and the Administrative Building.

I began resident interviews immediately following that covered random interviews of all residents, and five of those who were identified during their initial or follow-up screening. These interviews went very well and all residents were willing to speak with this auditor. I followed up by conducting random staff interviews as well as specialized staff mixed in. I was able to identify the following individuals as specialized staff:

1. PREA Coordinator
2. PREA Compliance Managers (2)
3. Executive Director (agency head)
4. Police Chief (Cambria Township Police)
5. Victims advocate agency (Blair Family Services)
6. Safe/Sane program administrator (Local Hospital)
7. Intake/Screening personnel
8. Investigative review team members
9. A contracted teacher from local IU8
10. A volunteer (Board Member)
11. Staff who monitor retaliation (Compliance Managers)
12. First responders (all staff are trained as first responders)

Residents were all very versed in their rights and education under PREA. They all could explain to me the process of reporting, including multiple ways of reporting. They explained that they could call ChildLine or Blair Family Services at any time they would want to via the phone. Many indicated they would go to staff, the Therapist, or the PREA Coordinator stating that they felt comfortable in doing so. All could explain where the agency posted information on PREA and that it was also located in their handbook. In meeting with the one identified individual, he said he has never been treated differently or housed differently. All could explain the process of bathroom use and that they were never in full view unclothed in front of any staff member. All explained that opposite gender staff always announced their presence, no matter the location. It was noted during my interviews, that there were no issues or complaints among the residents. They all appeared to be comfortable in the environment including Kathy's House and Day Treatment Center for their programming. A few of the residents explained their programming and when they will be finishing up at AYS. All residents indicated they received their screening either the day entering the program or the very next day. Those who were here longer reported an additional screening done a few months. This was verified through management that all screening is done at least every 6 months, or as needed. They reported being asked questions related to victimization, sexual orientation, and previous abuse. Those interviewed for previously reporting victimization indicated that when reporting it they were offered counseling services and had worked with the facility therapist on the issues they had. They reported their issues were in the past and they did not want medical services. It should be noted that all the residents under the care of AYS have, according to management been the victim or aggressors in the past, and their program is working with all of them on these issues.

I was able to interview staff from new to seasoned employees. These individuals were selected from their employee roster taking into account availability with shifts and days off. There is presently a total of 15 employees who work with residents including the executive director. The PREA Compliance Managers who serve as their shift supervisors conduct intakes along with the Therapist on all new residents coming in. We were able to identify staff that works during the overnight shifts for interviews as well. I randomly selected members from the roster plus those who were identified as a specialized interview. Being a smaller facility, they do have a lower amount of employees and some wear multiple "hats". Because all staff is trained as first responders, I interviewed some random staff for this criteria as well. As for specialized staff, the agency does not employ medical personnel, nor conduct any investigations, but relies on the Cambria Township Police Department and PA DHS through ChildLine. As noted earlier, I was able to interview Chief Makosy as their investigator, and the Director from Conemaugh Hospital Emergency Department where their Safe/Sane Program is operated from.

I completed the onsite audit the later afternoon of May 19, 2021, but continued an open line with Melanie Kelly who was able to provide me with additional documentation and quickly answer any questions I had. During the onsite audit, The Executive Director and PREA Coordinator along with other staff could fill in areas I had questions on related to document review. They have fortunately not had any issues of sexual abuse or harassment. I like to assure them they are prepared as well. In discussions with staff and management, they all were prepared and could explain their specific duties and that of the agency in prevention, detection, and response. Management documentation was in place to allow residents to report, staff could explain their response to an incident, and ALL first and foremost spoke of the protection of the resident if an incident would arise. The outside agencies were all aware of their agreed-upon duties to the AYS facility and their services offered were very good.

During the onsite, I was able to review 6 employee files recording dates of hire, dates of background, and 5-year follow-up

backgrounds. we reviewed staff from one that was only a few weeks on the job to a senior employee with over 10 years of service. We did the same with resident files, I was able to review 5 cases and noted their commitment date, date of PREA/Screening, and any follow-up screening/informational sessions with them. It should be noted that all these documents are kept in secure storage in the administrative office building.

I was able to sample several documents throughout the pre-audit, onsite, and post-audit. Melanie Kelly was very prompt with gathering them. After a review of the Pre-audit documentation, I would request (if available) the completed version of the form given. For example, I requested both the training log document and a completed copy. The same was true with the training instrument. I also collected up signed training logs, completed weekly meeting logs where any investigative administrative reviews would occur.

#### POST-AUDIT



During the post-audit, I corresponded with Melanie Kelly via email on some minor questions I had as well as gathering up a few documents. One issue we covered is the placement of their 3-year PREA report on their website. It was noted that they have the annual data available therein and they do have the report available on site should someone want a copy. I have requested that a PDF version be uploaded to their site to be more in compliance with the standard which she indicated would be addressed. I did have a few adjustments (wording) that she was able to correct in their PREA policy immediately.

During this period of review, I worked through the Online Audit System (OAS) reviewing each unit of their policy in conjunction with the PREA Standards, the collected/provided documents, and the interview notes I took during the onsite audit. I was able to triangulate the written data to my notes and site review, to align it with the interpretation of each standard I was reviewing. I attempted during my report, to review at least a full section of standards, for example, I wanted to do all of the "investigations" standards at one time. I felt this allowed me to focus on the total category without pausing and coming back to it later. This allowed me to be more focused on those specifics without disruption.

In closing, I was very happy with the service AYS and staff gave me throughout the audit. There was no hesitation in getting a document or making a change with their policy, training, or application of the standards to these residents. Melanie Kelly, the PREA Coordinator was on top of things and responded to any question or request very quickly. Mr. Kelly, the Executive Director was very helpful, very versed in his position and management of the facility and staff therein. I was given full access to the facility, files, and any document needed before, during, and after the onsite portion of the audit.

## 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.

Kathy's House is one of three (3) buildings on the grounds of Appalachian Youth Services, Inc. Sitting rurally in northeastern Cambria County, Pennsylvania off of route 422, they began operations in 1977. All three (3) buildings onsite are ranch-style buildings with high small windows to receive light, but not for outside viewing or access. When you first pull into the facility there is a mid-size parking lot beside the Day Treatment Center (Classroom building). Kathy's House is lower to the right, and the administrative building is lower to the left. There is a basketball court beside the administrative building for the residents to use. The agency is not a "secure" facility, rather residents are under the supervision of AYS staff throughout their day of programming, recreation, meals, and downtime. Meals are prepped onsite by residents and staff, except during the school year, lunch meals are received from Central Cambria School District, the local district covering the area. These meals are driven to the Day Treatment Facility and AYS staff bring them into the building for residents and alternative education day students.

Kathy's House entrance brings you into a large dayroom/dining area/kitchen to your immediate right. On the left is the staff supervisor's office that has CCTV monitoring for the cameras in the house, on the exteriors, and in the day treatment center. Past this office and turning left is a long hallway lined with residents' rooms, bathrooms, secured laundry, counselor's office, additional day/TV room, and staff area 1/2 way down. Each room is a single-resident bedroom and there are 3 bathrooms on the right side going down the hall. All are spaced out for residents, one closer to the day/dining area and the other 2 closer to the bedrooms. It was noted that each bathroom was a single person use, with one toilet, one sink, and one shower. It was explained by management and with residents that only one person at a time is permitted in the bathroom at a time. There was a dayroom/living room area halfway down the hall on the left side for the residents to sit and watch TV. At this area was a staff area with a small desk and noted clipboards for documenting residents' movement/activities. This is a one-story building with laundry and HVAC services behind secure doors along the upper area of the hallway. It was noted that the cameras were at all ends of the hallways, in the corners of the dayroom/dining/kitchen area covering without leaving blind spots. The Executive Director explained that the only cameras that are recorded are on the exterior and that he and other management were able to monitor remotely all cameras from cellular phones. The building itself is a wooden structure, one floor with no basement. All the walls are barn-sided wood with wooden trim. It has a comfortable environment but is heavy-duty resistant to damage. It was noted when touring that there were some bedrooms directly in the staff station midway down the hallway. Melanie reported that if a resident would require more intense supervision or need more care or closer watch for their safety plan, they would be placed in one of these rooms to assure their safety. With their population numbers, they were flexible in these bedroom uses. All areas for non-resident use were secured. The laundry area is kept secure unless it is specifically time to do their laundry. Each bathroom was located in the hallways near the bedroom and staggered down the hall for better assignment for usage. Each is a single-user bathroom as one would have in a home. Their policy is ONLY one resident at a time is permitted in the bathroom at a time. This was also confirmed when speaking with the residents. They all were aware of the policy of one person at a time, and a few spoke of their dress policy when moving from or to the bathroom, explaining that they had to be appropriately clothed.

The residents also are taken to the Day Treatment Facility (school building) located about 50 yards from Kathy's House. Residents are walked to this facility for schooling, program classes, group, and one on one therapy sessions. The building is a one-story ranch building with an entry door in the middle of the building. When entering there is a double-wide entire area with bulletin boards for notices including PREA Information. This area is approximately 8 ft, by 8 ft. At the end s the main hallway is a "T", with classrooms to the left and right. The majority of the rooms are classroom-style resembling a school. These rooms line both sides of the hallway and include group counseling rooms as well as a few offices and single therapy rooms. There are single-use bathrooms to the left and right sides. Their storage rooms and meal prep rooms are all secured when not in use. It was noted that AYS staff were in the hallways at the doorways or in the classroom as classes were occurring. I also noted cameras throughout the facility, in all hallways and resident areas. There was monitoring capability in the main office the same as in Kathy's House.

The last building on site is the old Ross House that was converted to their Administrative Office and is not used for residents. The bedrooms were converted to storage or offices and the dayroom to a board room for their monthly meetings with the board.

Each building where residents maybe, was well lit with an open floor plan for all common areas. Kathy's House where residents reside, was also well lit, offers a very good view and monitoring by staff who are located in both the common areas and the single bedroom areas. All bathrooms and showers offered full privacy for residents both through the one-person use policy and by the bathroom itself with a closing door and full shower curtain on the shower. Resident rooms were all single-person rooms with ample space for the resident. Rules prohibited access to each other's rooms, only allowing residents to congregate in common areas.

AYS's operations of these buildings are very organized. They had ample staff around and the buildings offered a clear view of residents during their general activities and recreation time. Bedrooms and bathrooms provided privacy without isolating the resident away or providing a volatile situation.



## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	43
<b>Number of standards not met:</b>	0

In my review of the Appalachian Youth Services facility, I have determined that they are operating within the PREA Standards as established and do not require any corrective action. As noted, they are a small operation in Western Pennsylvania specializing in youthful male residents with sexual-related issues for aggression and victimization. Their Mission Statement is: "help kids help themselves" to develop and live a healthy lifestyle, one free of abusive behaviors and criminal activity. They do this through Cognitive Behavioral Therapy (CBT) with special attention given to Trauma-Informed Care (TIC) and Trauma-Focused Care (TFC) principles and practices.

As noted above, Appalachian Youth Services is in compliance and has met the following standards:

Preventive Planning: 115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318

Responsive Planning: 115.321, 115.322

Training & Education: 115.331, 115.332, 115.333, 115.334, 115.335

Screening for Risk of Victimization and Abusiveness: 115.341, 115.342

Reporting: 115.351, 115.352, 115.353, 115.354

Official Response Following Resident Report: 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368

Investigations: 115.371, 115.372, 115.373

Discipline: 115.376, 115.377, 115.378

Medical & Mental Health Care: 115.381, 115.382, 115.383

Data Collection & Review: 115.386, 115.387, 115.388, 115.389

Auditing & Corrective Action: 115.401, 115.403

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor reviewed PREA Policy Unit 1, met with the PREA Coordinator, PREA Compliance Managers, Executive Director, Staff, and Residents in the review of this standard. The PREA Policy outlines the agency's Zero Tolerance Policy and the staff requirement to "aggressively" respond. The policy indicates that all staff, volunteers, contracted teachers, etc will be trained and required under the PREA Standards as well as the Pennsylvania Department of Human Services (DHS) to identify, report, and protect all residents in relation to sexual abuse and harassment. I also reviewed the information provided to residents on what zero-tolerance is and their right to be free from abuse and harassment. The agency has developed a list of definitions for staff, volunteers, teachers, and residents related to PREA and their zero-tolerance policy to assure a complete understanding of the standard. When speaking with staff and residents they could easily explain to me the zero-tolerance policy, how to report, and what constituted abuse or harassment related to the PREA standards.</p> <p>Melanie Kelly, the PREA Coordinator carries a Bachelor's degree in Psychology and is the agency's full-time Programs Counselor. She assumed the PREA Coordinator's role approximately 3 years ago, learning the process during their last audit. In our discussions, she is responsible for the PREA Standards, documentation, and assuring all staff are trained regularly as well as assuring all residents receive their initial, 10-day, and what they term as their quarterly PREA education. She has been with AYS for 20 years and her titles are outlined in the facility's organizational chart with job descriptions. She works directly under the Executive Director of the facility. She has two assigned PREA Compliance Managers who are both Kathy's House supervisors covering the daylight and evening shifts. I had the opportunity to interview both gentlemen. They both are seasoned employees who felt they had ample time to complete their duties and responsibilities under PREA and their jobs in general. The policy indicates that they both report directly to the Executive Director and both could explain their responsibility to this. It should be noted that AYS only operates one facility (Kathy's House) but has compliance managers in place.</p> <p>During my tour of the facility, it was noted that the agency's Zero-tolerance policy was posted and was present in both the inmate educational materials as well as the training documentation for staff/volunteers/contractors. Their PREA policy spells out zero-tolerance, reporting duties for staff/volunteers/contractors, and that of mandated reporting under PA law. It included the standard requirements for a PREA Coordinator and Compliance Managers, their requirements, and their status in the agency. When speaking to staff and residents they could explain zero-tolerance, reporting requirements, and the information that was presented to them.</p> <p>Based on the available documentation that reflected the standards and the knowledge of both staff and residents of the zero-tolerance policy, procedures, and requirements for reporting I have found the facility to be in full compliance with this standard. No corrective action is required.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 365">AYS is an independent agency holding troubled male residents under court order to be in their program. In discussion with the Executive Director, PREA Coordinator, and noted in the Pre-audit information, AYS does not and has not contracted with any outside facilities for the housing of residents.</p> <p data-bbox="244 398 1469 454">Based on the review of information and discussion with both the Executive Director and PREA Coordinator showing that no contracts exist, I have found that the facility is in full compliance with this standard, and no corrective action is needed.</p>

115.313	<b>Supervision and monitoring</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1474 465">In researching this standard with AYS, this auditor reviewed the Staffing plan that was updated in early March 2021, reviewed the PREA Policy Unit #1, chapter 3: Supervision and Monitoring, Pennsylvania Department of Human Services standards for Juvenile Facilities, and AYS latest inspection Results. I also spoke to the Executive Director and PREA Coordinator as part of this standard. They both could speak of their annual staffing plan review as required. They spoke of reviewing the plan in early spring each year to assure proper staffing and review any exigent circumstances that may have occurred and if that was</p> <p data-bbox="242 497 1493 757">AYS PREA Policy indicates that their staffing plan has been developed with the goal to protect residents from harm, the threat of harm, and the threat of abuse of any kind. They maintain a 1 to 8 ratio for awake hours and a 1 to 16 ratio for sleeping hours. According to the Director, they on many days have 1 to 4 ratio when the kids are attending therapy programs or school. It was noted that all residents are moved to the classroom building during the day and Kathy's house is vacant, leaving no residents there. When we discussed if a resident is sick, they would have a 2 to 1 ratio in the house. It should be noted that the PREA Policy, staff plan section discussed the mandated staff to resident requirement and also brings in specific staff titles including management who are available by their job duties to be part of that staff to resident ratio throughout the day and evening hours.</p> <p data-bbox="242 788 1493 1115">When considering their staffing plan the policy refers to the 11 steps outlined in the standard including video monitoring that was noted in both the House and Classroom facility with supervisor monitoring. It was noted that the agency is not under any consent decree or judgment. They are inspected and under the supervision of the Pennsylvania Department of Human Services (DHS). DHS also requires minimum staffing ratios and reporting of any deviation from that standard. This is all part of acceptable standards for juvenile facilities throughout Pennsylvania. The facility video monitoring was noted in both buildings used for the residents. Camera placement was noted during our tours and discussed during interviews. The policy indicates that video monitoring is used, but is NOT a replacement for staff, but in addition, it allowed facility supervisors on all shifts to assist with monitoring. With the facility design and being all one level, previously blindspots were discussed and cameras added. The Director stated that their camera system was upgraded over the past 2 years and their camera placement was discussed and adapted to cover all necessary areas.</p> <p data-bbox="242 1146 1474 1310">According to Policy and the PREA Coordinator, they use a "PREA Adjustment to Staffing Form" that she completes on a quarterly basis while making facility rounds. The document reviews the number of residents, cameras, motion sensors, and overall staffing for the area/residents and what if any adjustments need to be made. The form is submitted to and also reviewed and signed by the Executive Director. In a review of this document, the PREA Policy, and a discussion with the PREA Coordinator, I could easily see that they have reviewed the plan over the previous year.</p> <p data-bbox="242 1341 1485 1505">The same is true for any exigent circumstances. This is spelled out in PREA policy and a specific form is used to log any deviations from the staff plan and why it occurred. For example, there was one PREA exigent incident that occurred in early 2021 where a staff member walked from a classroom to a bathroom, then realized that the staff to resident ratio would be too low. The report was provided and indicates that the staff member immediately returned (within seconds) to the room and called for additional staff before leaving, thus following the procedure.</p> <p data-bbox="242 1536 1485 1731">The agency provided me with a copy of their "Unannounced Rounds Log" for 2020 through April 2021. The facility requires via policy that supervisors make an unannounced round check per policy and the PREA Standards. According to discussions with the facility supervisors, they conduct an unannounced round 2x per month each month that is recorded. Both supervisors interviewed could explain these rounds to the auditor during our time together. The form requires the supervisor to list the time they are making the rounds, specifically outlines PREA requirements, and looks for any issues they may have encountered during their tour.</p> <p data-bbox="242 1762 1445 1924">In a review of this standard, I was able to review the PREA policy along with several documents that the agency has developed to assist staff and meet standard requirements. Staff could explain to this auditor what their staffing plan was, how it worked within the facility, and also how they worked to assure staff was compliant by conducting rounds and completing a needs assessment to assure efficiency. Based on this information, the facility is in full compliance with this standard, no corrective action is needed.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1476 362">In order to review this standard, I was able to review the agency's PREA Policy, review documentation, review the pre-audit materials, and speak to both staff and residents. AYS is a group home holding male youthful residents under court order from a specific County Common Pleas Court Judge.</p> <p data-bbox="240 398 1476 555">According to PREA Policy Unit #1, Chapter # 4, AYS does not conduct cross-gender strip searches or body cavity searches of any residents. The policy goes on to indicate that any such search (if needed would) be considered "exigent circumstances" and would only be performed at a medical facility by medical staff. The policy does discuss the search of a resident over clothing and identifies it as an exigent circumstance if warranted, but it would require administrative approval with two (2) gender-appropriate staff members present to assure the health and safety issues/concerns during the search.</p> <p data-bbox="240 591 1449 748">Throughout my discussions with staff, they all could explain this policy but all stated they have never done any type of physical search of a resident, specifically referring to a "pat-search or clothed search". Even as part of the policy in an emergency, the facility staff are not permitted to conduct any physical body searches. In my discussion, it was clear they have not conducted any type of physical body search at the facility. One of the Supervisors indicated that they would if needed contact the local police for a pat search.</p> <p data-bbox="240 784 1485 1039">During Staff interviews and discussing searches with staff, they all replied that they do not conduct any type of search, no matter the issue. When exploring further into the various types of searches they all could clearly explain that they never do any searches and referred to the beginning of their policy that states the same. They all also said that the same would be true for anyone coming in that would be transgender/intersex and they would never use such a search to identify a resident's gender. The same was true for residents being unclothed in front of a staff member of the opposite gender. All indicated that residents are required to be clothed in the presence of staff (any gender staff member) and all bathrooms were "single-person" use only allowing one resident in one of the three (3) bathrooms at any given time. This was noted during my tour of Kathy's House as well.</p> <p data-bbox="240 1075 1469 1263">When reviewing training materials, it was noted that searches are discussed in relation to PREA Policy and the agency's stance that searches of any kind are prohibited at the facility. According to the pre-audit information and that of conversations with the PREA Coordinator, AYS did not train staff in searches because they do not utilize them. When discussing the use of exigent circumstances as the policy states, she explained that as the policy states staff would have to contact a supervisor and complete the steps with the supervisor and complete the necessary documentation for an exigent pat search.</p> <p data-bbox="240 1299 1476 1456">When I spoke with all residents they all stated they have never had their bodies searched by staff in any manner this time or during any previous stays at the AYS facility. They also when asked stated that they have never been unclothed in front of any staff member, including men. They explained that AYS had a policy that all bathrooms were single-use and they were not allowed in them with anyone. When speaking of changing, they spoke of the same policy as staff that they were not allowed to move around unless fully clothed.</p> <p data-bbox="240 1491 1441 1612">When reviewing the documents and discussing the standard with staff and residents I was able to see that the agency is meeting the standard by covering the use of pat searches for exigent circumstances and not utilizing any type of regular search with their residents. Everyone could clearly explain the policy. Based on this information the facility is in full compliance with this standard. No corrective action is needed.</p>

115.316	<p data-bbox="231 71 1508 129"><b>Residents with disabilities and residents who are limited English proficient</b></p> <p data-bbox="231 129 1508 197"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 197 1508 264"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 376">In a review of this standard, the auditor used the PREA policy, Unit #1, Chapter #5 related to disabilities and limited English proficiency, the pre-audit information the interviews with residents and staff, and the discussions that I had with the PREA Coordinator/Compliance Managers, and Executive Director. I also relied upon my observations while at the facility.</p> <p data-bbox="231 376 1508 667">According to the policy, AYS will provide for ALL residents, no matter their needs or barriers that they may be dealing with. According to Policy, AYS will provide for short and long-term disabilities as needed for the resident. AYS indicates they have relationships with Project Point of Light, Their local Intermediate Units (that also provides school teachers), St. Francis University (approximately 15 minutes away), and Nulton Diagnostics ( a local social service program approximately 5 minutes away) able to provide services for physical and psychological disabilities, English proficiency, and specialized services any residents may need. In discussion with the Executive Director and PREA Coordinator, they indicated that they do not have any blind or bilingual residents. There was one resident that had both hearing difficulty and intellectual difficulties. He is housed with the rest of the residents and is capable of interacting with them without any difficulty.</p> <p data-bbox="231 667 1508 824">According to Mr. Kelly, they are able to be selective if necessary in accepting a student into their program. He gave examples of a severely handicapped resident with major medical needs. She states that based on their program and staffing they would have the ability to reject someone for placement in their program to assure that individual got the programming and specialty care they needed in a program with more abilities to assist the resident.</p> <p data-bbox="231 824 1508 958">PREA policy also restricts the use of resident interpreters to assist other residents. When speaking with staff, all but one was aware that AYS would use an outside entity for this, and most were aware that the facility would, if not able to assist the resident themselves, would reach out to one of the agencies outlined above for assistance.</p> <p data-bbox="231 958 1508 1182">During my interviews with all the residents, they could explain components of this standard back to me, all indicating they felt AYS would help them with any needs they would have. The one resident identified as having a hearing issue and also intellectual issues explained to me that he wears hearing aids in both ears and the staff there were very helpful in assisting him with the hearing aids as well as making him feel comfortable. He said when he had trouble with hearing they would take extra time and work with him. He was very chatty and spoke very highly of the staff, especially the Therapist and Shift Supervisors assisting him when he needed help.</p> <p data-bbox="231 1182 1508 1339">When discussing this standard with the staff, they could explain how they would work with special needs residents that would be in placement with AYS. The majority could explain how they would assist residents as opposed to the use of resident interpreters which that same majority knew was not permitted. The residents also were aware they could not interoperate for another resident and that AYS would bring someone in if they needed assistance.</p> <p data-bbox="231 1339 1508 1494">Through the policy information and interviews, I was able to see the steps required by the standard playing out. As noted in the pre-audit, they have only had individuals with intellectual and hearing difficulties over the last year. Based on the review of data and discussions with staff and residents, it is noted that the Agency is in compliance with this standard. No corrective action is needed.</p>
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115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 398">In a review of this standard, the auditor referred to the agency PREA Policy, agency employment application, Pennsylvania Department of Human Services mandated hiring standards for employees working with youth, the agency standards for hiring and promotion, review of AYS employee files, standards for educators in Pennsylvania, and interviews with the Executive Director, PREA Coordinator, and contracted IU8 Teacher.</p> <p data-bbox="242 432 1469 622">PREA Policy prohibits the hiring, promotion, and enlisting of the services of anyone who has engaged in sexual abuse, retaliation, or harassment. The policy also requires ALL potential hires to undergo mandated background clearances through the Pennsylvania State Police, Pennsylvania Child Abuse Clearance, and FBI Clearance before employment is offered. All new hires according to the facility are placed on a "temporary status" and not permitted to work alone until they have received all mandates training and orientation requirements are made. the agency will make all attempts to contact previous employers and references as part of their background process.</p> <p data-bbox="242 656 1469 781">The only contractors in place are teachers from the local Intermediate Unit in Cambria County. These teachers only work in the classroom building and are mandated under PA law to receive the same clearances. I spoke to the Executive Director, PREA Coordinator, and one of the contracted Teachers at the facility. they mimicked the standard indicating that it ran parallel to the requirements of PA DHS.</p> <p data-bbox="242 815 1469 940">While reviewing files, it was noted that each employee file had initial clearances along with anyone over 5 years had repeat clearances as well. The clearances were on or adjacent to their anniversary date. I was able to review 6 personnel files and document the clearances that were present, each had the original employment application in the jacket, and all ask specifics of previous allegations and/or convictions.</p> <p data-bbox="242 974 1469 1263">In speaking with the Executive Director he spoke of the process outlined in the PREA Policy and the standard questions he seeks in potential employees. All are required to complete the employment application and answer specific questions related to any previous convictions or investigations of sexual abuse and harassment. He spoke of anyone who omitted information would be terminated and that ALL employees and contracted teachers are required to report any cases or allegations filed against them. This is also a requirement of PA DHS Law for all individuals working in a residential facility as well as a PA Department of Education requirement. I discussed how they handle staff reference checks as well as any other agency acquiring about a former employee. Mr. Kelly indicated they attempt to contact any previous employer or reference. When another agency inquires of a former employee they are mandated under PA law to provide any convictions or related issues, specifically termination related to abuse or harassment of a resident.</p> <p data-bbox="242 1296 1469 1453">I was able to review the PREA Policy outlining the standard requirements and verify that the agency is complying with the standard by completing the required background and legacy checks on all employees. I was able to review each background as well as see a standard employment application outlining the required questions of standards, While looking at the documents, Policy, and answers from the Executive Director during our interview, I was able to verify that the agency is meeting the requirements of the standard, No corrective action is needed.</p>



115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 432">I reviewed the PREA Policy and spoke with the Executive Director and PREA Coordinator as part of the review of this standard. AYS has been in operation since 1977 and built the existing buildings in 2014. They have not acquired any new buildings or undertaken any renovations minus the repair or painting. In 2020 they did upgrade their existing CCTV system. According to the Executive Director, they reviewed any previous issues related to blindspots to areas of concern with camera placement.</p> <p data-bbox="242 463 1469 555">The current system has cameras in both buildings they use and has monitoring capabilities in both the executive office and the Kathy's House supervisor office. Mr. Kelly demonstrated a function where he can monitor all cameras at the facility remotely from his cell phone should there be a concern.</p> <p data-bbox="242 586 1452 678">During my walkthrough of both Kathy's House and the Day Treatment Center (Classroom), I was able to note the camera location as well as the monitoring system in each office. The cameras provided a clear view of areas and crossover locations were noted.</p> <p data-bbox="242 710 1469 837">Although the buildings have not been upgraded since built, they were built with safety, security, and durability in mind. The walls were constructed as solid wood walls throughout, industrial flooring, and easy view throughout. Blindspots are at a minimum and cameras were placed in those areas. bathrooms are staggered amongst the bedroom areas to assure residents remain close to their bedroom without wondering the facility.</p> <p data-bbox="242 869 1474 929">After review of the facility, the Policy, and pre-audit information as well as speaking with the Executive Director I have found the agency to be in full compliance with this standard. No corrective action is needed.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">While reviewing this standard, this auditor relied on the PREA Policy Unit #2, Chapter 1 "investigations and Forensic Medical Exams, my interviews with Gary Makosy, Police Chief of the Cambria Township Police Department, The Executive Director, PREA Coordinator, and Therapist. I was also able to speak with form the Blair Family Services that provide victims services to the facility.</p> <p data-bbox="242 430 1485 656">AYS does not complete any investigations at the facility and relies on both the Cambria Township Police Department and PA Department of Human Services known as "ChildLine". The agency does discuss investigations in their policy and does instruct staff on assisting with an investigation, specifically on what to do should they receive information of a PREA violation, the procedure to institute assistance for the resident, initiating the investigation by contacting ChildLine and the local police, and complete evidence retention in a case. According to the Policy, the agency will complete administrative work related to the investigation only after they are notified by the police and ChildLine of their investigation. They also indicate that they will assist these agencies in any way with the investigation.</p> <p data-bbox="242 687 1485 1081">I was able to meet with Gary Makosy, Cambria Township Police Chief who would oversee any investigation referred to his department. I have had experience working with Chief Makosy in my past career as Warden at the Cambria County Prison. Gary is a certified PREA Investigator and completed all those investigations that happened at the County Prison while a Detective for the District Attorneys Office. He has 30+ years of law enforcement experience. According to Cheif Makosy he is trained in dealing with all types of investigations including dealing with youthful residents such as those at the AYS facility. As a certified PREA Investigator, he was trained in dealing with both youth and adults who would have been sexually abused and is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," The Cheif indicated that he has worked with the AYS facility and staff for several years, but they have not had any reports filed with the policy. The Chief said it was "a given" that we would assist them in any way they needed. It was recommended that a written memorandum of understanding be put into place to assure everyone was aware of the agreement between both parties. This was done immediately by AYS and signed by the Chief a few days after the on-site audit.</p> <p data-bbox="242 1113 1485 1373">According to Policy, the Executive Director, and PREA Coordinator AYS does not conduct on-site medical exams nor do they have an onsite medical department. They do have an agreement in place with Conemaugh Hospital in the City of Johnstown approximately 20 minutes away. Conemaugh SAFE/SANE program and staff in place. I was able to interview Pam Vyhonsky with Conemaugh Hospital concerning the program and services they would provide to residents at the AYS facility. She indicated that they are a fully certified facility and offer the same services to anyone coming to their facility. When discussing AYS she has been in contact with Melanie and a memorandum of understanding is in place with them. Should a resident be sent to their emergency room, SAFE/SANE certified staff would work directly with the resident, facility, and authorities to assure all the needs of the resident were taken care of.</p> <p data-bbox="242 1404 1485 1700">AYS provides Victims Services to residents per policy through Blair Family Services, Inc.(BFS) which is located in Altoona, PA approximately 1/2 hour away from the facility. According to the PREA Coordinator they have had a working relationship with BFS for several years for Victims Advocate. According to Ashley Gay Vocco at BFS they have a memorandum of understanding with AYS to provide complete victims services support for any resident at the request of the facility or resident. BFS also offers a 24/7 hotline for the agency for victims' services, crisis intervention, counseling, and support for the resident at forensic medical exams and follow-up doctors care. When interviewing residents, they also were aware of BFS, their hotline, and the other services they would provide. Also noted in the policy and discussed with the PREA Coordinator, the facilities Therapist is certified with a master's degree in Social Work and licensed to provide the same services as a backup to BFS.</p> <p data-bbox="242 1731 1485 1792">In a review of the policy, discussions with management, and Chief Makosy, the facility has required the Police Department to meet the standards as required herein.</p> <p data-bbox="242 1823 1485 1915">Based on the data reviewed, the interviews with the Executive Director, PREA Coordinator, Chief Makosy, and both the hospital and Blair Family Services, I was able to see the standard working in the policy and practice through all the players involved. That being said, the facility is in full compliance with this standard. No corrective action is required.</p>

115.322	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>In a review of this standard, the auditor reviewed the PREA Policy Unit #2, Chapter #2 referral of allegations for investigation, pre-audit documentation, staff training materials, spoke with the Executive Director, PREA Coordinator, and Police Chief Makosy who is responsible for investigations. I also spoke with several line staff and all the residents at the facility. According to the policy, AYS will complete a limited investigation into the allegation and immediately make a referral to their investigative agencies being ChildLine and also refer the case to Cambria County Children and Youth Services (CYS) for their review. The policy also states if the information they receive is recent, they will notify the local Police. AYS has not had any PREA complaints (criminal or administrative) filed at the facility. They have had three (3) new commitments to the facility in the previous year to speak of prior victimization at their homes prior to AYS placement. These residents revealed this information during screening and the information was filed with ChildLine and Cambria County CYS for investigation. This was discussed with the PREA Coordinator on how the Therapist and Supervisors completing the intake would immediately contact Childline then notify the Administrative staff at the facility.</p> <p>The policy also indicates that AYS will report all allegations to authorities for investigation. According to the numerous staff I spoke to, they all could indicate the mandatory response to any allegation that they would receive at the facility. One noted item was that the PA DHS has changed its stance on reporting. In the past staff would notify their supervisor/administrative personnel then contact ChildLine. PA standards now require the first step is to notify ChildLine then follow the chain of command at the facility. Every staff member could tell me this during our interviews with the steps they are required to complete to meet this standard.</p> <p>I was able to review the AYS website, pamphlet given to all residents, and the resident/parent handbook as well for this standard. It is AYS policy to provide all information for their investigative agencies to all residents and parents. The information that is provided and posted throughout the facilities explains the investigative authority being PA DHS and their ChildLine contact. They also provide throughout this information contact information for Pennsylvania Adult Protective Services (APS), and Blair Family Services (BFS). In the information provided throughout the institution, they give examples of different issues and what to do, specifically to contact one of these three (3) agencies. In my interviews with the residents, they all spoke of the information they get quarterly specifically the PREA Pamphlet that told them who they could contact and that those agencies would complete investigations on their behalf.</p> <p>Upon review of the information provided and the interviews with residents, PREA Coordinator, staff, and Chief Makosy I was able to match their policy to the standard and see that the facilities guidelines fall in compliance with the standards. No corrective action is needed.</p>
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115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 432">The auditor reviewed PREA Policy Unit #3, Chapter #1 Staff Training, and the Staff Training Manual. I also had the opportunity to speak with a majority of the staff, the PREA Coordinators, and the Executive Director. Both the AYS Policy and Staff Training Manual discuss all steps listed in this standard s described under section (a), steps 1through 11. During my interviews with staff using the standard PRE questions, they all indicated yes and could explain parts of the training therein.</p> <p data-bbox="240 465 1469 656">As noted earlier, this is a completely male juvenile facility and the training is centered around that. The Policy indicates that the training is tailored to understand and meet the needs of a male adolescent population who have been abused and/or neglected. They do have female staff working at the facility and accordingly they provide them with additional training on dealing with youthful males. For example, they would ask a new resident if he had a preference of a male over a female to complete his intake. have also tailored the training to assure that staff announce and are not in view of residents when changing, using the bathroom, etc. This was noted during interviews among staff and residents.</p> <p data-bbox="240 689 1469 913">According to Policy and in discussion with Executive Director and PREA Coordinator all staff is trained within the mandatory 12 months. AYS conducts PREA-related training annually instead of every 2 years. They also provided information about their staff meeting where they will provide additional handouts throughout the year to keep staff up to date. The PREA Coordinator mentioned their use of the PREA Resource Center (PRC) for the various training available to staff. It was able to review the signed Training Verification Form, the document used by AYS to show that the training. Staff during my interviews could explain their annual training sessions and requirements as AYS employees were provided as well as asking them when they received the information and how often.</p> <p data-bbox="240 947 1469 1010">It was also noted in the policy and throughout discussions that all employees under PA standards are required to complete a mandatory online reporting training required by PA DHS for anyone working in a residential youth facility such as AYS.</p> <p data-bbox="240 1043 1469 1160">I was able to review documentation related to the standard requirements as well as signed training documents for staff. All staff members and management could explain their training programs and the requirements of the standard with that training. Based on the information provided and what I reviewed with staff, it is apparent that AYS meets the requirements of the standard. No corrective action is needed.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 403">To review this Standard, I looked at the PREA Policy Unit #3, Training and Education; Chapter #2, Volunteer and Contractor Training, PREA Training materials for Interns/ Volunteers, interviewed the PREA Coordinator, Executive Director, and Nancy Cassisi a Board Member who is considered a volunteer, and Kelly Brown a Teacher with the local Intermediate Unit #8 (IU8) is considered a contractor.</p> <p data-bbox="229 403 1509 694">According to policy, all volunteers, interns, IU8 teachers and personnel, main office staff, parents, board members, and contractor(s) who have contact with residents at AYS are required to be trained on their responsibilities regarding abuse, sexual abuse, retaliation, and sexual harassment detection, prevention, and how to respond should a concern or allegation occur. I was provided a copy of the training material that covers the agency's zero-tolerance policy, what abuse is, how to detect, report, and respond as a volunteer/intern/contractor. Each of these packets has a cover sheet dated and signed by the individual and maintained by the facility. The same information was seen at the entrance of Kathy's house. Also included in the packet are contact numbers (toll-free) for ChildLine, Blair Family Services, Adult Protection Services, and Cambria County Child Advocacy Center to report or seek assistance.</p> <p data-bbox="229 694 1509 817">In discussing the training with the contracted Teacher and Board Volunteer, they could both explain the training they received including the Zero-tolerance Policy, identifying, preventing, and reporting requirements. Kelly Brown, the IU8 teacher reported she also received information from her employer as well.</p> <p data-bbox="229 817 1509 954">A review of the documentation provided includes all relevant information required under the standard. The feedback from management, contractor, and volunteer board members showed the knowledge and understanding that was provided in the training. Based on my review of this standard, the agency is in compliance with this standard, no corrective action is needed.</p>

115.333	<b>Resident education</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">For this standard I was able to review the PREA Policy Unit #3, Chapter #3, Resident Education, the PREA Pamphlet provided to each resident, Resident/Parent PREA Education Handbook 2021, signature pages from residents for the booklet, resident files I reviewed indicating signature and education dates including initial, 10-day, and quarterly, postings throughout facilities, and interviews with the Executive Director, PREA Coordinator, Staff, and Residents.</p> <p data-bbox="242 430 1485 656">The policy requires PREA education to be given initially and within 10-days of arriving at the facility. It also requires a quarterly review of the information with every resident. That training includes their zero-tolerance policy, what sexual abuse and harassment are, how to report, services available, and their right to be free from sexual abuse, harassment, and retaliation if they would report. The resident education handbook and PREA Pamphlet are given at intake and reviewed with each resident. The policy requires it again at 10-days after as the standards require. When speaking with the PREA Coordinator and Therapist they explained that this is done by either the Coordinator, Therapist, or one of two shift supervisors who are also the PREA Managers.</p> <p data-bbox="242 687 1485 913">When speaking with the residents they all could explain the training they received when they came to AYS, and again a few days later. When reviewing resident files I was able to see the signed documents for the training, and also the cover pages of the facility that indicated the education was given within the standards, and also the continued training. The facility uses a form called "Resident Tasks/Reviews/Education by Quarter" that logs all residents when they received their handouts, handbook, and quarterly reviews of PREA information. The policy requires all residents transferred in to receive the same education. This was noted with a resident who came from another facility. The PREA Coordinator explained that all transfers are new to AYS and are treated as such.</p> <p data-bbox="242 945 1485 1137">When discussing disabilities, we spoke of several agencies that are available and work with APS including the Special Education Teachers from Intermediate Unit 8 that works directly at the facility, local Project Point of Light, Nulton Diagnostic and Treatment Center that is available in town, Propio Language Services, and St. Francis University. These agencies are available to residents at the facility and are all within a 20 drive of the facility. In speaking with the one resident with disabilities, he indicated that AYS staff were very helpful with his hearing aids and that he was very happy with his teachers that come to the facility. When I questioned him further, he didn't have any complaints about AYS or staff.</p> <p data-bbox="242 1169 1485 1229">It was noted during my rounds of the facility the same pamphlets given to all residents were hanging throughout on bulletin boards. The same was true of all the contact numbers for these agencies. I was able to take pictures of the same.</p> <p data-bbox="242 1261 1485 1355">Upon my review of the documentation and discussions with staff and residents, it was clear that PREA Education is given, documented, on file, and posted throughout. The services were available for disabilities if necessary and the facility was proactive to take care of their needs. Based on this information, the facility is in full compliance with the standard.</p>

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 365">To complete the audit of this policy, I reviewed the PREA Policy, reviewed the requirements and standards of PA ChildLine set by the PA Department of Human Services, spoke to the Executive Director, PREA Coordinator, and Police Chief Gary Makosy.</p> <p data-bbox="242 398 1477 524">At AYS, they do not complete any PREA investigations that could occur. According to the Executive Director and the PREA Coordinator, they would act as first responders to the situation (assure safety and gather reports and incident information) contact ChildLine via phone and the Police if a sexual assault was alleged to have occurred. Since the last audit, they have not had any reports of sexual abuse or harassment.</p> <p data-bbox="242 557 1485 882">The agency has an agreement with the Cambria Township Police Department to handle all sexual assault allegations. A memorandum of understanding has been put into place with their Chief Gary Makosy. He is a PREA Trained investigator in his previous employment as a detective with the Cambria County District Attorneys Office. When I was Warden of the Cambria County Prison he served as my investigator. I had the ability to interview Chief Makosy who explained that his officers would respond to any and all allegations that would occur at the AYS facility. They are all trained in criminal investigations, including sexual assaults of tender-age victims. He would lead the investigation with them. During our conversation, he said he has worked with AYS for several years and was familiar with all the management at the facility. We also discussed if his department was not available at any specific time. He stated the Pennsylvania State Police Criminal Investigators would then handle the case. That barracks is approximately 5 minutes away from the facility. I spoke to the dispatch desk at the barracks and they advised that they have investigators available 24/7.</p> <p data-bbox="242 916 1453 1041">According to the PA DHS Website, they operate under the mandated reporter laws of Pennsylvania, and all reports under their form CY47, are immediately investigated via their agency, and each county's child protective services and the police department responsible for investigations at that facility, this one being AYS. Cambria County's agency is Children and Youth Services in conjunction with the Child Advocacy Services, available 24/7.</p> <p data-bbox="242 1075 1469 1167">Upon review of the standard and the conversations with AYS management and Chief Makosy, the agency has entered into an agreement with the local police department to handle their investigations. With the procedures in place, the agency has worked to be compliant with this standard. No corrective action is needed.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 336">In reviewing the standard, I looked at the PREA Policy Unit #3, Chapter #5 Medical and Mental Health Care, interviewed the Executive Director, PREA Coordinator, Therapist, and Residents.</p> <p data-bbox="229 336 1509 492">AYS only employs one therapist as a mental health clinician at the facility, a masters-level social worker. She is the only individual falling into the category. According to Mr. Kelly AYS uses outside family practice and pediatric physicians for general medical care. All medical exams for any type of PREA event would go to Conemaugh Health Systems, Conemaugh Hospital Emergency Department in Johnstown, approximately 20-30 minutes away.</p> <p data-bbox="229 492 1509 649">I had the opportunity to interview the Therapist while at the facility. According to the PREA Coordinator the Therapist is trained as all other employees are related to the PREA Standards for staff training. The Therapist was able to explain to me the training and the steps for preventing, detecting, and reporting. She also was aware of "first responder" steps if she would be responding or first to be aware of a violation. Training certification and signatures were noted in her personnel jacket.</p> <p data-bbox="229 649 1509 806">As noted earlier, the facility does not employ any medical personnel at the facility. All forensic exams would occur through Conemaugh Hospital Emergency Department SAFE/SANE Program. There is a memorandum of understanding in place with Conemaugh, although in speaking to the facility they indicate they would provide full services to anyone entering the facility.</p> <p data-bbox="229 806 1509 976">It was noted that the Therapist at the facility received all necessary training for her position, that of regular staff, and first responders. I was able to speak with her and management personnel, as well as reviewing the policy and her training jacket. Based on data meeting the requirements of the standard, I have determined that the facility is in full compliance with this standard, No Corrective action is needed.</p>



115.341	<b>Obtaining information from residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 365">To review the policy, I looked at the PREA Policy Unit #4, Chapter #1 "screening for risk fo victimization and abusiveness", PREA Screening document, Health &amp; Safety Form, and interviewed the Executive Director, PREA Coordinator, Therapist, PREA Compliance Managers, and Residents being housed at the AYS Facility.</p> <p data-bbox="242 396 1490 524">The policy addresses the use of an objective screening process to screen each resident for potential sexual victimization and abusiveness with a goal of keeping all residents safe and healthy. The information gathered during the PREA Screening and that of the Health &amp; Safety Form are used to help make bed placement decisions, program assignments, individualized service plans for therapy and counseling.</p> <p data-bbox="242 555 1477 683">The policy indicates that all residents are screened with the appropriate PREA Screening within 72 hours and again within 10-days. This was noted during my interviews with all the residents. They all indicated the first screening occurred as soon as they arrived, and the 2nd within a few days of that. AYS has a policy that says, " screening before bed" indicating that this MUST occur before their first night at the AYS facility.</p> <p data-bbox="242 714 1485 808">There were 6 residents accepted throughout the last year, and accordingly, all 6 have received their initial screening on the first day in the facility and these screenings were repeated 2x throughout the last year; the facility noting in August and February. This was also discussed with residents who all could tell me they were asked the questions on several occasions.</p> <p data-bbox="242 840 1485 967">The screening document has been in place at the facility since 2015 and offers an objective view of each resident's potential for victimization or sexual aggression. The document has specific questions asked of the residents as well as questions completed off of commitment information from the committing authority, etc. The basis of the screening is a point system measuring responses along with the previous history of victimization or aggressive behavior.</p> <p data-bbox="242 999 1485 1256">According to AYS management, the information is immediately used to assure residents' safety and to assure no aggressive tendencies occur. I was able to discuss this with all employees involved in the screening process as well as review some of the Health &amp; Safety documents and PREA Screening. They explained that the person completing the intake would have all court-related documents, previous medical/mental health information, placement information like previous abusive tendencies, as well as ask the resident pin-pointed questions on previous aggression or abuse. The information is considered confidential at the facility and under PA DHS Policy. In conversations with the PREA Coordinator and Therapist, some of the residents aren't open about previous abuse even if it is known, but they stressed that the 2nd 3rd, and sometimes the 4th review or during one on one with the therapist they will open up about previous issues.</p> <p data-bbox="242 1288 1493 1382">During the resident interviews, many could explain back to me what the questions were and that they were discussed the day they came in and a few days later. Longer-term residents could tell me about going over them again with the Program Manager and Therapist a couple of times.</p> <p data-bbox="242 1413 1481 1507">In a review of this standard, I had the ability to review the policy, forms used for screening, and samples of completed forms. I could see the steps the agency following the policy, discuss screening with them and residents, and review the finished files. I was able to see the full circle in relation to the standard and their compliance with it. No corrective action is required.</p>

115.342	<p><b>Placement of residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>In the review of this Standard, I looked at the PREA Policy Unit #4, Chapter #2 "Use of Screening Information", the PREA Screening form, Health &amp; Safety Form, Resident/Parent PREA Handbook, spoke with the PREA Coordinator, Therapist, PREA Compliance Manager, line staff, and all the Residents of AYS.</p> <p>According to PREA Policy, the screening information obtained at placement and periodically reviewed is used for bedroom assignments, bathroom assignments, programming needs, therapy, and individualized services to meet the need of each resident. It was explained that with the linear design of Kathy's House and staff assigned to view all rooms, they would give room assignments to assure safety and best meet the needs of residents. As previously noted AYS staff gather both PREA Screening information as well as Health &amp; Safety information on each resident to assure their safe stay while at the facility.</p> <p>AYS is a residential facility in Pennsylvania and subject to the Department of Human Services standards and is not permitted to isolate anyone for any reason. This is also written into policies and procedures at the facility. This was repeated from staff and residents during their interviews as well.</p> <p>In discussing housing with management and supervisors, they explained that policy does not allow someone to be placed in a specif bedroom based solely on their orientation. The policy indicates that if a resident does identify at risk for sexual victimization or sexual aggressiveness the Executive Director, PREA Coordinator, PREA Compliance Managers, and Therapist will evaluate each individual's case and on a case by case basis to assure proper placement to assure their safety and reduce any aggressive tendencies. It was explained that bedroom assignments were based on their screening needs and not their orientation. The policy states the same and explains how the screening information is used for room, bathroom, programming, and similar assignments. I spoke with two residents who identified as bisexual and both had no problems with their housing and felt they were in a good location with access to everything the rest of the residents get. This falls in line with the policy that states the agency will not solely make decisions on housing, education, and programs by their orientation.</p> <p>As noted earlier, the agency does not isolate anyone at the facility, thus there is no review system in place for that. They do however as reported during this review that ALL residents are reevaluated twice a year if not more often again looking at their needs for health and safety and will make adjustments if needed to assure the safety of the resident and other residents at the facility. The PREA Coordinator explained that every 6-months the resident's health and safety plan is reviewed by the management and treatment team to assess the resident's needs and assure no potential for sexual aggression or victimization. They again review their bedroom and bathroom assignments, plus therapy and programming needs.</p> <p>In review, of this standard, staff could explain the policy and how it works as well as provide documentation of residents' files and their health and safety is reviewed. Residents did not report any issues with their placement and programming and indicated they felt comfortable and safe at the facility. Based on this information, this auditor has found that the agency is in compliance with this standard. No corrective action is needed.</p>
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115.351	<b>Resident reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1481 398">In the review of this standard, I reviewed the PREA Policy Unit #5, Chapter #1 "Resident Reporting", the Resident Reporting Form, agreements with Blair Family Services, review of PA DHS ChildLine reporting, agreement with Conemaugh Hospital, review of the Resident/Parent Handbook, Staff Training Manual, as well as speaking with the Executive Director, PREA Coordinator, PREA Compliance Managers, Therapist, line staff, and residents.</p> <p data-bbox="242 430 1485 757">The AYS policy states that they have established multiple ways for residents to report sexual abuse/harassment or any retaliation for reporting. They have a form for all residents called the "Resident Reporting Form" that I noticed was available throughout Kathy's House and the Education Building. Almost every resident indicated if they had to file a PREA complaint they would use that form. Also included in the policy, Resident/Parent Handbook, and posted in the facility are 800 numbers and addresses to ChildLine, Blair Family Services, Chnemaugh Hospital, and Project Point of Light. Accordingly, residents can report privately, anonymously, to any staff member at AYS, and/or someone outside of the facility. When I discussed this with residents, they could explain several ways for them to report. Most said they would just fill out a form or speak to a supervisor. When questioned about other means they all could give me various ways to report from telling their Probation Officer, to a Parent, or even one of the IU8 School Teachers. They all could explain how privacy would work in reporting, and that they would be able to report for someone else and even do it anonymously.</p> <p data-bbox="242 788 1465 846">As part of the standard for reporting for those being held for civil immigration, AYS does NOT hold anyone classified under this status.</p> <p data-bbox="242 878 1490 1205">The Policy explains that staff members are provided with training annually as to their responsibility to accept ALL reports of sexual abuse/harassment at any time no matter how they got that allegation (from a resident, 3rd part, anonymously, privately, etc). Training is provided via new employee orientation and annually during their Staff PREA Training. According to the PREA Coordinator and staff that were interviewed they are trained to immediately call child protective services (ChildLine) or adult protective services f 18 or older and make a report of the allegation that was reported to them. They are also to report to Management as part of the policy. The policy addresses avenues for staff to report privately to the Executive Director, PREA Coordinator, and PREA Compliance Managers (all part of the AYS management team). In discussing reporting requirements with staff, they could explain various ways they could report and all were aware of protocol for contacting ChildLine and completing the CY 47 form for PA DHS. They knew that they must report per policy within 48-hours of receiving the report but all stated they would do so immediately upon receipt of the allegation.</p> <p data-bbox="242 1236 1490 1429">The policy mandates ALL staff to make their reports before the end of their shift including contacting their supervisor, management, completing the unit log, and incident report. There is a section cautioning staff that if the resident wants to remain anonymous that it must be granted. Staff and residents could explain an anonymous report and that sometimes that is not a guarantee it will remain private when reported based on the allegation but all attempts would be done to maintain their privacy. The same is true for Staff to report privately. When interviewed, they could privately report, giving examples of seeing a supervisor in private or speaking directly to management.</p> <p data-bbox="242 1460 1490 1686">Residents have access to report sexual abuse/harassment allegations at any time. It was noted through employee and resident interviews. As noted earlier the Resident Reporting Form is available at multiple locations at the facility, and when discussing phone usage, all residents said they would be able to call ChildLine at any time without hesitation. The policy also indicates that residents have full access to the PREA Compliance Managers, PREA Coordinator, Therapist, or Executive Director at any time. During resident interviews, they all appeared comfortable stating they could and would speak to anyone at the facility to report. They all spoke of Kathy's House supervisors and they would have no issues speaking to them.</p> <p data-bbox="242 1718 1449 1845">Upon review of this standard, I have been able to connect the policy with available reporting resources and how staff and residents could explain the options available for reporting to meet the standard. It was clear looking at the training information, reporting forms, and discussion that the facility is in compliance with this standard. No corrective action is needed.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1445 360">To review this standard, I reviewed the PREA Policy, PREA pre-audit information, PREA Resident/Family Handbook, Procedure Manual, Suggestion/Question Form, Resident Reporting Form, "Red Ants" procedure for an on-call response, discussions with the Executive Director, PREA Coordinator, staff, and Residents.</p> <p data-bbox="240 396 1490 757">According to PREA policy and the Resident/Parent Handbook, residents and 3rd party individuals including family/guardians have the ability to use the APS grievance policy the Question/Suggestion Form, or the Resident Reporting Form. These documents allow the resident to report PREA violations, make requests, suggestions, and also grievances/problems the resident or 3rd party is reporting to seek a resolution to a problem. The policy states if the forms are filed for a grievance that is not a PREA violation, they would not require reporting to state and investigative agencies and would be addressed for the problem indicated. If used as a grievance for a PREA-related violation, the agency would immediately notify required state and investigative agencies to begin their process. Per policy, the on-call procedures are to begin immediately upon receipt of a PREA issue/grievance. The Executive Director, PREA Coordinator, PREA Compliance Managers, and Therapist would respond and meet immediately to review the report/grievance, assess the safety of the resident(s), and start a new Health and Safety Plan. This plan would outline specific goals and expectations for the alleged victim and assure constant supervision and separation from the alleged perpetrator.</p> <p data-bbox="240 790 1477 1014">As indicated, the agency does not require the use of a specific form to file a complaint/allegation/grievance of sexual abuse/harassment/retaliation. They can be filed in various ways as indicated in policy and in the Resident/Parent PREA Handbook. They also may be filed at any time day or night and the agency describes how they would immediately have management address the incident and the needs of the victim. When questioning residents, they all were aware of the Resident Reporting Form and felt they would use that document. When asked if they were restricted, they all said no they could file other ways. Many were aware of their policy in the handbook and could explain the use of a questions/suggestion form.</p> <p data-bbox="240 1048 1485 1339">AYS policy allows a resident or 3rd party to submit a grievance/PREA complaint at any time without a time restriction from when the incident occurred. this was also noted in the Resident/Parent PREA Handbook. when discussed with residents, they all said they felt they could file a report at any time and it would be addressed. Accordingly, the policy indicates that residents are not educated on using one specific system to make a report, but are only encouraged to report. They not in policy that according to state law all incidents of sexual abuse are immediately reported to ChildLine and/or adult protective services no matter when they occurred. The PREA Coordinator explained that residents are always reporting the previous victimization they experienced and many do not do it at their initial commitment. AYS will no matter when reporting the incident and have it investigated by those agencies. AYS encourages the state reporting agencies to reply to the facility and resident as soon as possible as to the allegation being founded or unfounded.</p> <p data-bbox="240 1373 1485 1529">AYS policy states that residents and staff should submit a grievance of a sexual abuse allegation without submitting or notifying the staff member the allegation is against. The report will not be referred to the alleged staff member who is the subject of the complaint. The PREA Coordinator explained that residents are explained this during their PREA Education, and it is outlined in their handbook as well. All of the residents were aware and when pressed on the question indicated they could easily file it without going through that staff member.</p> <p data-bbox="240 1563 1490 1753">As noted earlier, AYS does not conduct any investigations and relies on the local police and PA DHS to handle and report back on the status of the investigation. Their policy states that grievance/allegations are responded to as soon as possible in accordance with the grievance policy. The grievance policy reflects the 90-days in accordance with the standard, and also refers to the time needed for the investigative agency. Over the previous 12 months, the agency has not had any PREA allegations/reports filed, thus no 70-day extensions have been issued to date as NO allegations have been filed by anyone at the facility.</p> <p data-bbox="240 1787 1469 1944">As noted above AYS allows third parties to report on behalf of a resident. This included but is not limited to family, other residents, court officials, etc whether the resident agrees or not to have them file it. Should the resident decline their assistance, this is documented in an incident report and PREA Documenting Form. Over the past 12+ months, the agency reports that no reports were filed by residents or 3rd parties in any form including grievances, question/suggestion forms, etc. This was discussed with the Executive Director and PREA Coordinator.</p> <p data-bbox="240 1977 1490 2134">The agency has addressed the use of an emergency grievance in their PREA Policy, Procedure Manual, and the Resident PREA Handbook. According to policy, all allegations reported no matter how will immediately require staff to start the "Red Ants" Procedure. This is the AYS Code for all calls of staff to immediately respond. They explain that being an "emergency" requires immediate action, with no exceptions. When this procedure activated, staff cannot leave their shift without approval and assuring they completed all their responsibilities related to the incident. Management and therapy staff would respond to</p>

the emergency grievance and institute a health and safety plan for the resident. "Red Ants" also call for additional staff to immediately respond to the facility assuring extra hands are available to provide a safe and secure environment for the residents. Any party (resident or 3rd party) could institute an emergency grievance. the agency outlines an immediate response instead of a 48-hour response indicating that they believe with their residents they have an obligation to resolve it immediately, They do spell out the required 48-hour and 5-day requirements but feel they can resolve the issue immediately in relation to any PREA violation and spell out immediately in several areas of the policy. The agency has not received any emergency grievances over the past 12 month period.

During my one on one time with the Executive Director and PREA Coordinator in the review of this standard, they spoke very highly of their "Red Ants" Procedure indicating it is not used often but is extremely successful when they do. Although it covers all emergency issues when related to PREA concerns such as an emergency grievance it works well. They consider an emergency grievance as they would to a reported sexual assault occurring and believe an immediate response is required to address the resident's needs, assure safety, and get the investigative agencies in asap if needed. I did question some staff members on the "Red Ants" Procedure and they all could explain it to me and that is meant there is a serious situation that needs to be addressed immediately.

AYS does have a limited disciplinary policy outlined in the Resident/Parent Handbook. The policy ONLY allows sanctions against the resident if a grievance or report was filed in bad faith, BUT only if the agency can show that the report was filed in bad faith.

Upon my review of all the policies, procedures, interviews with staff, management, and residents as well as reviewing sample documentation I can see how the agency is meeting the requirements of this standard. No corrective action is required.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1426 365">In a review of this standard, I reviewed their PREA Policy Unit #5, Chapter #3, "Resident access to outside confidential support services", the Resident Handbook, PREA Pamphlet, facility postings, discussion with the PREA Coordinator, Residents, and Ashley with Blair Family Services.</p> <p data-bbox="242 396 1474 589">AYS has an agreement with Blair Family Services for victims advocate services and counseling for all residents at the facility, They have had a verbal agreement and recently a memorandum of understanding was put in place for the services. They also have the mandated services provided by the state to all residential facilities of ChildLine and Adult Protective Services for residents 18 years and above if applicable. According to the PREA Coordinator, they also have counseling services available at the facility through Project Point of Light that works with residents related to sexual abuse and victimization.</p> <p data-bbox="242 620 1474 748">The Resident Handbook, resident PREA information Pamphlet, and hanging in both Kathy's House and the Day Treatment Center (Classroom building) have a listing of all the available agencies for counseling and reporting. Included with that are the agency's phone number and address. This is spelled out in the policy, and I noted each when reviewing the documents and touring the facilities.</p> <p data-bbox="242 779 1485 840">As noted in previous standards, AYS does not contract or house any residents under civil immigration for the US Immigration and Customs Enforcement agency.</p> <p data-bbox="242 871 1485 1131">The policy indicates that a resident may request to contact one of these agencies at any time. Residents are told to tell staff the need to make a private phone call and will be given access. it is noted in policy that none of these calls are monitored by AYS staff. The conversation/reporting will be between the resident and the provider's staff and kept confidential as long as the resident's safety is no in jeopardy. AYS has all residents upon the commitment to their facility review and sign an "Informed Consent/Notification Form as well as reviewing mandated reporting laws with each and every resident. Through this discussion and informed consent document residents are explained the limits to confidentiality should they be in jeopardy. As I met with residents and touched on the questions of monitoring or remaining confidential, they all knew the limits to that should they be in danger or need care.</p> <p data-bbox="242 1162 1474 1355">As indicated earlier, a Memorandum of Understanding was recently drafted with Blair Family Services (BFS). They have been working together for several years but recently put a document in play. According to Ashley at BFS their agency is available 24/7 to provide emotional support and be the victim's advocate to any of the residents at AYS should there be a need. According to policy and discussed with the PREA Coordinator and Therapist, both the Therapist and Project Point of Light provide emotional support and counseling regarding abuse, sexual abuse, retaliation, and sexual harassment on a regular basis to the residents for previous victimization/aggression in their past.</p> <p data-bbox="242 1386 1482 1480">In discussion with the residents, they all could explain the agencies available as I have listed herein. They all appeared very comfortable in speaking to in-house staff as well as felt they could make a call and meet with outside agencies without any issue and be able to do it at any time.</p> <p data-bbox="242 1512 1458 1673">The policy indicates that residents can call or speak with their Attorney, Probation Officer, Advocate, Court liaison during regular business hours. These conversations are conducted in private kept confidential unless the resident chooses to share. They are also provided phone calls to their family/legal guardians regularly throughout the week. It was noted that during COVID 19 restrictions visiting was reduced. Residents when ask could confirm they were permitted to see these people. When questioning each they all indicated there were no issues related to family or legal visits/calls.</p> <p data-bbox="242 1704 1466 1832">In looking at this standard I reviewed the policy and was able to verify how it worked through documents, postings, and interviews with staff, residents, and outside agencies. Residents were able to explain services available, where to get their information, and how confidentiality would work for them. Based on my review, the agency is in compliance with this standard. No corrective action is needed.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 344">In a review of this standard, I looked at the PREA Policy Unit #5, Chapter #4 "Third Party Reporting", the Resident/Parent Handbook, various reporting documents, interviews with the Executive Director, PREA Coordinator, and Residents.</p> <p data-bbox="229 344 1509 501">AYS policy says anyone can report as a 3rd party to the facility on behalf of any resident. They list therein the ability to call directly to the facility and report to any Management, Supervisor, Therapist, or staff. They also make available their Questions/Suggestion Form and their Resident Reporting Form that is used for PREA violations or grievance. Upon entering any of their building (administrative office, day treatment center, or Kathy's House information is available on ways to report</p> <p data-bbox="229 501 1509 658">In a review of their website, AYS offers information related to PREA as well as their reporting agencies' addresses and phone numbers with a description on how to report concerns or abuse on behalf of a resident. The PREA Coordinator explained as did the shift supervisors that if they would receive a call or report from an outside person they would handle it the same way to assure it was addressed.</p> <p data-bbox="229 658 1509 788">Based on the information I was able to review I feel the agency has made the options available to 3rd parties through their posting, website, and resident/parent handbooks given to families and court liaisons to have the ability to report should they need to.</p>

115.361	<b>Staff and agency reporting duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">In the review of this standard, I looked at the Pre-audit information, PREA Policy Unit #6, Chapter #1, "Staff and Agency Reporting Duties", staff unit logs, staff incident reports, staff training manual, staff training signature logs/personnel files, Policy/Procedures Manual #202 interviews with PREA Coordinator, Executive Director, Therapist, Shift supervisors, and line staff.</p> <p data-bbox="242 430 1485 656">According to policy staff is required to immediately report any and all knowledge, suspicion, allegations, and/or incidents of sexual abuse, harassment, or sexual activity among residents. An incident report is mandated no matter where or when the allegation occurred, indicating that ALL must be reported. Also listed in the policy that "once in our custody" regardless of when the allegation was to have occurred or at what location including prior to their custody, staff are mandated to report the information. Staff is also mandated to report in the same manner any staff negligence in reporting an incident as well as reporting any retaliation against a resident for reporting. The policy states that staff MUST report to the on-shift supervisor, in the same manner, any issues or incidents of retaliation by staff or residents related to a reported allegation.</p> <p data-bbox="242 687 1485 846">During my interview with the Executive Director and PREA Coordinator, both spoke of Pennsylvania's mandated reporting laws specifically related to residential facilities. Under the PA DHS, anyone working at the AYS facility is mandated and must comply through a ChildLine report. The same is true if the resident is 18 or over, they are mandated to report to Adult Protective Services (APS). They both spoke of the initial staff orientation training and the annual update training all staff receive and how it covers this mandated reporting requirement.</p> <p data-bbox="242 878 1485 1137">According to policy staff is mandated under both PREA Policy and operational standards the information related to a resident (under Pennsylvania law) and part of the PREA Policy to maintain the confidentiality of any information related to AYS residents. They are not to disclose information related to sexual abuse or harassment other than the required in the completion of mandated reporting to required agencies and supervisors/management. When speaking to staff members, confidentiality questions were discussed. They all could explain the mandated confidentiality issues related to residents. This was also true when discussing the issues with the Therapist as a mental health worker and the PREA Coordinator. They could explain that confidentiality would be maintained except when mandatory reporting issues were in play. One noted statement from the staff was that they were not permitted to share the information with other staff not involved in the incident.</p> <p data-bbox="242 1169 1485 1429">As indicated earlier, AYS does NOT employ medical personnel at the facility, only the Therapist under the mental health umbrella. She is treated as all employees and receives the same training. During her interviews, she could explain confidentially and reporting duties as an employee and under her title as a Therapist. She did speak of making notifications in the past for residents who during their meetings with her would disclose there was the previous victimization before placement. According to policy, all residents upon their commitment to AYS will meet with the Therapist and Management staff and confidentially is discussed with each resident as part of their orientation and PREA Education as is the "Implied Consent" form. Residents could explain when asked about confidentiality the staff member may have to tell someone because of mandated reporting laws. They all seemed to understand the dynamics of reporting related to confidentiality.</p> <p data-bbox="242 1460 1485 1653">The policy indicates that once an allegation occurs and staff has made the notification to ChildLine or Adult Protective Services, management of the facility must be contacted of the incident. The Executive Director will make a notification with the AYS Executive Board Members, the placing agency, the resident's legal representative, advocates, and their parents/guardians. When Speaking to Mr. Kelly the Executive Director, he explained that with the agency's on-call procedures, those steps are in place for any emergency issue, major incident, and a PREA allegation. He explained each step in how he would address all the entities required.</p> <p data-bbox="242 1742 1485 1803">Upon review of the documentation and interviews with management, residents, and staff I was able to see the standard working in their policies bring them into compliance. No corrective action is required.</p>



115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1445 365">To look at this policy, I reviewed the PREA Policy Unit #6, Chapter #2, "Agency Protection Duties", pre-audit information, policy and procedure manual, interviews with the Executive Director, PREA Coordinator, PREA Compliance Managers/Supervisors, and staff.</p> <p data-bbox="240 398 1493 591">According to the PREA Policy when a staff member learns that a resident is at substantial risk of sexual abuse, harassment, sexual activity with another resident, and retaliation the staff member is to consider this an "exigent incident" and immediately abide by the "red ants" procedure. As noted earlier red ants will require an on-call of staff, requires immediate action to protect the resident(s), and assess and implement protective measures. By doing this the Executive Director explained additional staff would be moved to the area for intense supervision of both the potential victim and alleged perpetrator. With this procedure, the Executive Director, PREA Coordinator, and Therapist would also be notified.</p> <p data-bbox="240 624 1477 748">Immediately following a Health &amp; Safety Plan would be done as well as an assessment by therapy staff. Incident reports added and all documentation in the unit log. The Health &amp; Safety Plan would outline goals for the resident(s) and staff to assure full safety. When asking the question of line staff, they all referred to immediately assuring the safety of the resident. They could easily explain the on-call red ant's procedure to have management and additional staff involved.</p> <p data-bbox="240 781 1477 871">Over the previous 12 months, AYS has not had any incidents reported related to this standard. Based on my review of their policy, the discussions with staff and management, I can see the steps they are using to meet the dynamics of this standard. No corrective action is needed.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">I reviewed the PREA Policy Unit #6, Chapter # 3, "Reporting to other confinement facilities", discussion with the Executive Director, and PREA Coordinator.</p> <p data-bbox="242 362 1474 488">The policy states that anytime during their stay at AYS that if a resident reports or staff learns they were the victim of abuse, sexual abuse/harassment, or retaliation while confined at another facility the Executive Director will promptly (as soon as possible but within 72-hours) after receiving the allegation notify the head of that agency where the incident was alleged to have occurred.</p> <p data-bbox="242 519 1484 613">When making this notification, the Executive Director is required under policy to initiate an investigation by completing a ChildLine form (CY-47 "Report of suspected child abuse") and forwarding it to the PA DHS for reporting and investigation. A copy of the form will be placed into the residents' file and a PREA incident form with any additional documentation.</p> <p data-bbox="242 645 1449 705">If AYS would receive a report from another confinement facility, AYS management will immediately file the allegation with Childline/Adult Protective Services immediately to institute the investigation.</p> <p data-bbox="242 736 1434 763">In both cases, the local police would be contacted if needed related to sexual abuse or a potential criminal investigation.</p> <p data-bbox="242 795 1471 889">In my discussions with Rob Kelly, the Executive Director, he explained his duties under the policy in reporting. He spoke of handling the incident the same way they would if it occurred in-house. He indicated that over the past 12-months, AYS has not had to report to any other agency and has not received any reports filed by another agency.</p> <p data-bbox="242 920 1474 981">Upon my review of documentation and my meeting with the Executive Director, I was able to see how the agency is fulfilling its obligation in this standard, no corrective action is needed.</p>

115.364	<p><b>Staff first responder duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>In a review of this standard, I looked at the PREA Policy Unit #6, Chapter #4, "Staff First Responder Duties", First Responder Incident Report Check List, Staff PREA Training Manual, Policy and Procedure Manual, Interviews with the Executive Director, PREA Coordinator, PREA Compliance Managers, Therapist, Line Staff, and Residents.</p> <p>The policy states that all staff is trained to respond to allegations or incidents of abuse. They list several bullet points as to the steps for the staff member. The policy states first responders are identified as the first responding to such incidents have been trained to immediately separate the victim and abuser, and preserve and protect the potential crime scene until potential evidence can be collected. They list this as the victim, perpetrator, and area where the incident occurred. If the incident occurred within a time frame where physical evidence can be collected staff will instruct the victim and alleged perpetrator not to take any action that would destroy the evidence. This would include bathing, washing, brushing teeth, changing clothes, urinating, defecating, eating drinking, or smoking. These items were also included in the PREA Staff training manual. When speaking with each staff member and those questioned as first responders, they all could explain the steps listed herein. They were able to resite each step they would take as outlined in the policy as well as expand on it explaining how additional staff would be called to the area immediately to assist with the process.</p> <p>The Executive Director and PREA Coordinator again confirmed that there were no allegations of sexual abuse requiring the first responder duties to be used, and no incidents arose where an alleged victim and perpetrator needed to be separated, and/or an incident investigated, and/or evidence collected.</p> <p>According to PREA Policy and the Executive Director, all staff with the exception of the administrative building staff work around the residents, and all are trained in security and as first responders. This noted when interviewing the Therapist and Maintenance Worker. Both explained that they are trained custody staff like the line staff. The Executive Director stated that they are with the residents throughout the day and evening and have the ability to assist with all aspects of the facility.</p> <p>In my review of the training documentation and staff files, I was able to see that staff have completed first responder training, and accordingly, it is done on an annual basis.</p> <p>All documentation and interviews reviled that staff is aware of their duties as first responders, They have completed training on an annual basis as well. Based on this review, the agency is in compliance with this standard, no corrective action is needed.</p>
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115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1426 365">In looking at this standard, I reviewed the PREA Policy Unit #6, Chapter #5, "Coordinated Response", AYS Procedure Manual, and met with the Executive Director, PREA Coordinator, Cambria Township Police, Blair Family Services, and Conemaugh Hospital SAFE/SANE Program.</p> <p data-bbox="240 398 1484 624">The PREA Policy outlines the agency's response to all incidents of abuse, sexual abuse/harassment, retaliation, or sexual activity among residents and the AYS Policy, Child Protective Services Laws ChildLine), Adult Protective Services, PA DHS Regulations (Recordable and Reportable Incidents), and the PREA Standards. AYS ensures a coordinated response to all allegations of sexual/harassment and incidents to include staff first responders, AYS Mental Health Staff, 24/7 medical staff through Conemaugh Hospital, Investigations through Cambria Township and State Police, and victims advocate available to all residents through Blair Family Services. They also list the assistance of other outside parties including but not limited to County placement personnel, parents/guardians, and legal representatives.</p> <p data-bbox="240 658 1493 884">I did note throughout the audit and review of their information, these steps of their coordinated response are noted throughout the previous standards. When interviewing the Executive Director and representatives of each agency listed in their plan, they all explained the services they make available to the facility if ever needed. Mr. Kelly explained that they have a plan in place and fortunately they have not had to use it. He discussed from start to finish how they would address the response, They training staff regularly on their duties as first responders and the requirements of reporting, notifying management, and activating the "red ants" procedure to immediately gather additional staff to coordinate a response to any allegation.</p> <p data-bbox="240 918 1493 1039">By looking at the policies and discussing the steps of their response with each agency, I was able to see the design and workings of the plan. Although they have not had to use their response steps, they have outlined and trained staff on steps to execute it if needed. Based on the review of the information, the agency is in compliance with the standard. No corrective action is needed.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>AYS is a private non-profit facility and does not have a collective bargaining unit representing employees. This was discussed with the Executive Director and PREA Coordinator while at the facility.</p> <p>Based on the review and no union with a bargaining unit agreement in place, the agency is in compliance with the standard, no corrective action is required.</p>

115.367	<b>Agency protection against retaliation</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 365">In a review of this standard, I reviewed their PREA Policy Unit 6, Chapter #7, "Agency Protection Against Retaliation", their retaliation logging system, PREA training manual, interviews with the Executive Director, PREA Coordinator, and both PREA Compliance Managers.</p> <p data-bbox="242 396 1468 490">According to policy, AYS has a zero-tolerance policy regarding retaliation towards a resident or staff member who makes a report of abuse, sexual abuse/harassment, or sexual activity among residents. It includes any staff or resident who cooperates with or knows about an investigation of these incidents.</p> <p data-bbox="242 521 1490 616">The agency has designated the PREA Coordinator and both PREA Compliance Managers who are shift supervisors as those responsible for monitoring retaliation. The policy also includes "other key staff" such as the Executive Director or therapy staff to assist in monitoring.</p> <p data-bbox="242 647 1490 873">The policy states that "All appropriate and reasonable efforts will be taken to provide for the protection and emotional support of the residents and staff who would be facing retaliation. I had the ability to question both the PREA Coordinator and Compliance managers on these efforts during our discussions. They all explained that a health and safety plan would be put into place with each resident if there were concerns. They explained that this plan could include a change of housing for better supervision, extra staffing to assure the issues were resolved, counseling services depending on the need, removal of the perpetrator from the program, and staff could be disciplined up to including termination if they were involved or assisted in any fashion.</p> <p data-bbox="242 904 1485 1099">AYS policy indicates that the PREA Coordinator and Compliance Managers will immediately and closely monitor the conduct and treatment of residents and staff who report an incident of abuse, sexual abuse/harassment, or sexual activity among residents. They state that other key staff would assist and share this responsibility with the assigned monitors. At present the agency supervisors (PREA Compliance Managers) along with the PREA Coordinator they monitoring on their shift logs. They have recently switched to a PREA-specific log form to be used with each specific incident that would be filed. These forms will then be kept in the PREA file for said incident.</p> <p data-bbox="242 1131 1477 1225">According to the policy, the agency will closely monitor each case to assure there is no retaliation for a minimum of 90-days, but they do list "indefinitely" to assure the resident safety. With the Health &amp; Safety plan in place, residents would have the ability to ask questions or request changes to working with that plan.</p> <p data-bbox="242 1256 1474 1384">Any suspicion or report of retaliation according to the policy is immediately remedied and addressed by the PREA Coordinator, PREA Compliance Managers, as well as the Executive Director. These remedies may include, but are not limited to moving the resident's bedroom, instituting a new health &amp; safety plan, amend the staffing plan to had more coverage, meet regularly with the resident or staff, and have meetings for the plan with the parents/placing agency officials.</p> <p data-bbox="242 1415 1437 1509">Disciplinary action is also outlined for both residents and staff in a retaliation issue. Staff discipline could include up to termination and resident discipline would be defined by their resident handbook but could include removal from the AYS program and transferred out of the facility.</p> <p data-bbox="242 1541 1469 1635">As noted the agency policy does indicate 90-days, but the policy does speak of continued monitoring should upon management review if the situation and incident would need to be done further. They explained that if a case of retaliation arose, they would continue to discuss it with the victim as long as it was necessary to assure they felt comfortable and safe.</p> <p data-bbox="242 1666 1417 1760">The Executive Director and PREA Coordinator indicated that they have not had any incidents/allegations or retaliation monitoring over the past 12 months. This was noted in the pre-audit materials and discussed with both the Executive Director and PREA Coordinator.</p> <p data-bbox="242 1792 1485 1919">Upon review, if the information it was noted that the agency policy outlines its response to and monitoring of retaliation at the facility should there be any incident requiring it. They have developed a system to meet the needs of residents and also staff if needed. All staff dealing with said monitoring could explain the steps to me to ensure resident safety. Management spoke of concerns should staff be involved and how they would immediately address the issue up including termination.</p> <p data-bbox="242 1951 1458 2009">Based on my review of the data I was able to see the policy and staff knowledge working together to meet the elements of this standard. No corrective action is needed.</p>

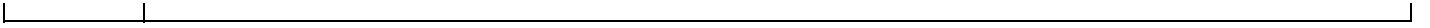
<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1430 331">In a review of this standard, I looked at the PREA Policy Unit #6, Chapter # 5, "Post-Allegation Protective Custody, and spoke to the Executive Director, and PREA Coordinator.</p> <p data-bbox="244 362 1473 490">AYS is a residential home-style facility with residential-type bedrooms without doors. They do not isolate a resident for any reason and their procedures do not allow insolation including protective custody. This is true of PA DHS Standards as well. This was discussed with management as well. They would address an incident in a different fashion, by moving residents and adjusting staff assignments to assure the safety of all residents in the facility. Isolation of any kind is not permitted.</p> <p data-bbox="244 521 1458 582">With a no-isolation policy in place, AYS has no records of protective custody nor the ability to use it. Based on my review, the agency is in full compliance with the standard, no corrective action is needed.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1430 365">In a review of this standard, I reviewed their PREA Policy Unit #7, Chapter #1 "Criminal and Administrative Agency Investigations", facility incident reporting system, the procedures manual, the PREA training manual, interviews with the Executive Director, PREA Coordinator, staff, and Chief Gary Makosy from the Cambria Township Police Department.</p> <p data-bbox="242 396 1485 624">As discussed earlier, AYS does NOT conduct administrative or criminal investigations. The policy directs that all incidents of sexual abuse and sexual harassment are immediately reported to ChildLine, Adult Protective Services, and the Cambria Township Police Department. I discussed this standard with the Executive Director and PREA Coordinator. They explained that it has always been their policy to allow those mandated agencies to investigate all allegations. They spoke of Pennsylvania's mandatory reporting laws for their agency and the states' ability to investigate. They also spoke of their good relationship with the Cambria Township Police Department and Chief Makosy whom they have a memorandum of understanding to complete all criminal investigations at the facility.</p> <p data-bbox="242 656 1485 913">If an alleged sexual abuse occurred, the agency would immediately notify ChildLine or APS, and the Cambria Township Police. Chief Makosy as noted previously is a PREA Trained Investigator. He previously served as a Detective for the District Attorneys Office in Cambria and was certified as the investigator for the Cambria County Prison. I have known Chief for several years and we worked together when I was the Warden in Cambria County. During the audit, we had the opportunity to sit down and discuss his and the Police Departments' roles. He explained that he and his officers would respond to the scene and assess the incident, assure that the victim received medical attention, begin gathering all evidence, and conduct essential interviews of the victim, witnesses, and the alleged perpetrator. They would also seek to gather DNA and if necessary obtain warrants for any evidence requiring a judicial order.</p> <p data-bbox="242 945 1481 1137">According to the Chief, they would not just drop an investigation because the victim recanted, but follow through to see if the evidence was supportive enough to back up the original complaint. If enough evidence was warranted, he stated he and his department would meet with the Cambria County District Attorney or ADA's, present the evidence and they would prosecute if the evidence was supportive of the incident. The same was true for all investigations. He indicated that his agency would review the evidence and facts no matter if a resident left placement, an employee left the facility, etc. He said his agency and the DA's Office would maintain all information related to the investigation and report back to AYS with periodic updates.</p> <p data-bbox="242 1169 1481 1263">He said as part of any good investigator's work they would look at the victim, perpetrator, and any witnesses' history not just their status at a facility. I did question him on the use of a lie detector on an alleged victim, which he said they would not do, nor would the District Attorneys' office.</p> <p data-bbox="242 1294 1485 1590">I discussed administrative investigations with the Executive Director and PREA Coordinator. As discussed earlier, they are handled by ChildLine or APS. We discussed what role the agency would address in the investigation. They explained that when an incident staff would make the initial report to ChildLine or APS, notify the supervisor, and complete their reports. In this process, they would notify the PREA Coordinator and Executive Director. They gave examples of a ChildLine report and how the County Children and Youth Services along with the state protective services would contact them to gather the reports and information. As noted above, if it would be an assault Cambria Township Police would gather all the data. AYS reviews all data from reported incidents. According to the Executive Director, whether deemed criminal or administrative by the investigative agency, AYS would review the case and look to see if there were any failures that added in the incident be it staff or operations related.</p> <p data-bbox="242 1621 1485 1715">We discussed the policy section on record retention. They both explained that they would and do maintain all reports, notes, therapy notes, reports from mandated reporting agencies, and the police department under state regulations for 10 years even if the residents involved left a few months later.</p> <p data-bbox="242 1747 1461 1841">Because AYS relies on outside agencies to complete their investigation, the policy requires full support from the facility. During my interviews with management, this was noted in their response as well as Chief Makosy. they stated the agency would provide any assistance needed to the investigating authority. Chief Makosy reiterated this during our meeting.</p> <p data-bbox="242 1872 1485 2029">AYS does not complete any investigations at the facility, but through my review, they have taken the steps to secure proper investigations are complete at the facility. They have made arrangements for s certified PREA Investigator serving as the local Police Chief and the state's mandated reporting agencies ChildLine, and Adult Protective Services. Through my review of the policy and interviews with management and the Police Chief, I could understand the steps to assure investigations are completed in compliance with the standard. No corrective action is needed.</p>



115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">In looking at this standard I reviewed the PREA Policy Unit #7, Chapter #2, "Evidentiary standards for Administrative Investigations", discussion with the Executive Director, and Chief Makosy.</p> <p data-bbox="229 353 1509 510">As noted the agency does not conduct investigations and it is noted in the policy that they rely on PA DHS and local police for this. During my meeting with Chief Makosy, he indicated that his department relies on nationally accepted investigative standards and would rely on the burden of proof for the evidence and no higher. He indicated this was a standard in training for police officers.</p> <p data-bbox="229 510 1509 598">Based on the interview with Chief Makosy and the standards he uses for evidence the agency is complying with this standard.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1398 331">To review this standard, I used the PREA Policy Unit #7, Chapter #3, "Reporting to Residents", Discussions with the Executive Director, PREA Coordinator, and Police Chief Gary Makosy.</p> <p data-bbox="240 360 1477 521">As noted AYS does not conduct any investigations but they do report to residents on the status and outcome when provided by the investigative authority. The policy states that AYS will request the outside investigative agencies inform both the facility and resident verbally and in writing the outcome of the allegation the resident filed while at the facility if the case was substantiated, unsubstantiated, or unfounded. According to the Executive Director and Police Chief they would also inform the resident that if substantiated if criminal prosecution was warranted.</p> <p data-bbox="240 553 1453 678">In the past 12 months, AYS has not had any allegations or reports of sexual abuse/harassment at the facility. The only notification given was regarding disclosure of previous sexual abuse while not in confinement at any facility that was done through Cambria County Child and Youth Services and the facility reports a verbal notification was provided to both the agency and resident.</p> <p data-bbox="240 710 1493 1339">The Policy refers to relying on the outside entity to report on the outcome of their investigation and to if determined if criminal prosecution will occur in the case. The agency along with the investigative agency will notify the resident of a staff member no longer being assigned to that post if they have been terminated from employment if they were being indicted for prosecution, and/or if they were convicted. I spoke to Chief Makosy who explained that his Departments protocol would be to "keep both the facility and resident in the loop" and notify them of the findings and if prosecuted and the conviction results. The policy states that if a staff member would be alleged and under investigation, the agency management, and Executive Board would meet and determine as to whether or no the employee can remain working due to the investigation, can be moved to a different area/duties, or cannot work with children pending the outcome. If determined that they can remain working a "Staff Supervision Plan" that details rules such as no unsupervised contact with the alleged victim until the results of the investigation are known. It is noted that this plan MUST be approved by both investigative agencies (Police and PA DHS/APS). Should the staff member be indicted or convicted, the policy indicates their employment would be terminated. AYS will inform the resident that the alleged abuser when/if that staff member is: no longer working within the residents' group home or Day Treatment Center; when/if charges they have filed against the staff member; when/if they have left employment; when/if the staff member is terminated; or the agency learns the staff member has been convicted in the case. The Executive Director explained the policy and that they would review each case with the resident. He explained that a staff member would be removed from working with the residents and feels that in most cases would be suspended pending the outcome that if substantiated and criminally charged would be terminated from employment. He explained that under state guidelines they would be mandated to report on the action of the investigation and also the outcome of the case and report as required to the resident and their licensing agency.</p> <p data-bbox="240 1370 1481 1563">The policy also describes the reporting process if a resident would report on another resident. Accordingly, they would assure notification as above with staff. They would notify the resident of the status of the accused location if remaining or removed from the facility, and if they were indicted/charged, and the outcome of the criminal case. It was noted in the policy that AYS would document all attempts to attain notification information for residents. The PREA Coordinator and Executive Director could explain the process outlined in the policy and Chief Makosy indicated that they would report the same on any case no matter if the alleged perpetrator was a staff, resident, etc.</p> <p data-bbox="240 1594 1489 1655">Lastly, the policy indicates per the standard that AYS is no longer required to complete notifications should the resident leave placement with their agency.</p> <p data-bbox="240 1686 1453 1879">As noted throughout this report, AYS does not complete their own investigation, relying on both ChidLine/Adult Protective Services as required through the Pennsylvania Department of Human Services and the Cambria Township Police Department with certified PREA Investigator Chief Gary Makosy. They rely on these agencies to provided updated information and final reporting information to keep the residents apprised of the situations with pending and completed cases. According to the PREA Coordinator and Executive Director, they have not had any allegations filled at the facility over the past 12+ months, and no ensuing investigations have occurred to report on.</p> <p data-bbox="240 1910 1489 2103">Although the agency does not complete any investigation, they could explain their process for reporting to residents on any allegation that was filed against a resident or staff member. They rely on those investigative authorities to provide reporting information. Management could explain the policy and how, if they had to, would report to the resident in all cases. This was also noted when speaking with Chief Makosy. Based on the review of the policy and the discussions with both management and one of the investigative agencies, I was able to see how they work to meet this standard. No Corrective action is required.</p>



115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1445 331">I was able to review the PREA Policy Unit #8, Chapter #1, "Disciplinary Sanctions for Staff", the Procedure Manual, Staff PREA Training Manual, discuss staff discipline with the Executive Director, PREA Coordinator, and line Staff.</p> <p data-bbox="240 360 1477 456">The policy indicates that any staff member found to be in violation of abuse, sexual abuse, retaliation, or sexual harassment will be disciplined up to including termination. Staff who fail to abide by all reporting policies, laws, regulations, and/or standards will be disciplined up to and including termination.</p> <p data-bbox="240 486 1477 546">The Executive Director explained that under mandatory reporting and clearance standards set by Pennsylvania, termination is presumptive in any case of a staff member. He said they could not work in this environment based on those standards.</p> <p data-bbox="240 575 1493 672">The PREA Policy refers to the Zero-Tolerance policy when addressing staff violations of the PREA Standards, indicating that it would not be excusable. Over the past 12+ months, AYS has not had any allegations, investigations, or staff discipline for a violation under the PREA Standards. No employees have resigned or been terminated in that period for the same.</p> <p data-bbox="240 701 1477 797">AYS indicates that the disciplinary sanction will be commensurate with the nature of the act committed. That disciplinary sanction will be weighed following a decision whether the staff member can remain at work or work near that resident. They will be placed on a "Staff Supervision Plan" that details rules for example of no unsupervised contact with the alleged victim.</p> <p data-bbox="240 801 1477 898">The policy indicates deviation from this plan will result in immediate termination. They also speak of approval from ALL outside investigative agencies before this plan would be accepted. Over the past 12+ months, no staff members have been disciplined for a violation of these standards.</p> <p data-bbox="240 927 1485 1023">All staff members resigning or being terminated because of a violation under these standards would immediately be reported to Law Enforcement and all relative licensing bodies providing a legal overview of the AYS Facility. This also according to the Executive Director would be a requirement under laws governing the operations of a residential facility.</p> <p data-bbox="240 1052 1453 1149">During my interviews with line staff, they all were aware of their mandated reporting laws, the governing agency's requirements, and their requirements to be "cleared" to work in a residential facility. They could explain to me what would happen up to including being terminated for such a violation.</p> <p data-bbox="240 1178 1477 1301">The Executive Director and PREA Coordinator explained the standard and how it applied to their agency. Each case would be reviewed and a determination made on discipline that is best for the resident and the facility. Each employee would be looked at for previous issues, and they would base disciplinary decisions on the facts of the case. AYS has been fortunate not to experience such staff issues over the past several years of operations.</p> <p data-bbox="240 1330 1485 1525">Upon my decisions with management, review of the policy, training materials, and procedures manual, it was noted that all disciplinary issues of staff for a violation would be reviewed and set under with they called the "Staff Supervision Plan" where their previous discipline would be considered, sanction placed against the equal with other staff, and if they resigned prior to or were terminated the agency would assure that all relevant legal authorities and licensing agencies were notified. I could see how the policy and management explanation of handling the situation was aligned with the standard. No corrective action is required.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 365">To review this standard I looked at the PREA Policy Unit #8, Chapter #2, "Corrective Action for Contractors and Volunteer", PREA Training handouts for Interns and Volunteers, and spoke with the Executive Director, PREA Coordinator, IU8 School Teacher, and Volunteer Board Member Nancy Cassisi.</p> <p data-bbox="242 398 1481 689">According to policy AYS training handouts for Interns/Volunteers are given to and each is trained on the agency's zero-tolerance policy. The training covers all Interns, IU8 Teachers, Chapter One Tutors, Main Office Staff, Board Members, vendors, and/or contractors accessing the facility. It is noted that AYS policy that any above-noted person who engages in abuse, sexual abuse, retaliation, or sexual harassment will be reported to the applicable State Agency, investigative agency, and licensing bodies accordingly. Should allegations be made, corrective action is taken immediately including the removal of the alleged perpetrator accordingly pending the results of the investigation. Any findings substantiated or founded will result in the termination of their relationship with AYS. They also note that if "red flags" are noted with these individuals, agency management will assess to determine if AYS will terminate their relationship with this individual. Their corrective action plan for dealing with this is noted as "zero-tolerance" for any noncompliance.</p> <p data-bbox="242 723 1458 779">According to management, they have not had any issues related to contractors/volunteers and this standard over the past 12+ months.</p> <p data-bbox="242 813 1485 1003">In discussions with the PREA Coordinator and Executive Director, they said that all individuals falling into this category are required before being at the facility in any capacity to have Criminal History, Child Abuse, and FBI Clearances done and on file. These are updated just as employees are. It was also noted that not only would they notify licensing agencies related to the residential facility, they would also report to licensing agencies related to the volunteer/contractor. For example, a school teacher is licensed differently under the PA Department of Education (PDE) and they would be notified as well as the local IU8 that the teacher was contracted from.</p> <p data-bbox="242 1037 1490 1131">In a review of the standard, we discussed the policy, spoke with a contractor, volunteer (Board Member), and reviewed the PREA Policy. I was able to see the standard play out in the policy, and discuss with the Executive Director how they would handle these cases. The information gave a clear view of the steps taken to mee the policy. No corrective action is required.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>To look at this standard I reviewed the PREA Policy Unit #8 Chapter #3, "Disciplinary Sanctions for Residents", the Resident/Parent PREA Education Handbook, Health and Safety plan documents, and discussions with the Executive Director and PREA Coordinator.</p> <p>The policy indicates that abuse, sexual abuse, sexual harassment, sexual activity among residents, and retaliation are prohibited at the AYS facility. It refers to the PREA Handbook related to those prohibited behaviors stating that the resident with being subject to actions that include: being placed on "Red Status", have a Health &amp; Safety Plan put in place that could limit movement and increase staff supervision through a new supervision plan, having his bed assignment changed, having privileges limited or restricted, and/or removal from the AYS Program.</p> <p>Disciplinary action according to the policy will be addressed on a case by case basis and would be issued on a resident only after the administrative investigation or completed criminal investigation showed the resident did in fact engage in sexual abuse/harassment.</p> <p>Disciplinary action would be what AYS terms as "trauma-focused care/trauma-informed care principles" in mind meaning they would assess the individual to look at the impact and understanding the recovery of the residents. They would take into consideration the resident's mental health status, disabilities, and abuse history. This will direct the discipline if any, and the treatment needs of the resident(s).</p> <p>As noted throughout this report, policy, and discussed with the management of the facility, AYS does NOT use any type of isolation with any resident for any reason and is not permitted to do so under Pennsylvania law, thus this section of the standard does not apply, no residents were isolated for any reason.</p> <p>As discussed with the PREA Coordinator and Executive Director, AYS residents are in their placement because of sexual aggression in their past. Their main focus at the facility is on sexual treatment. According to their policy, all residents are required to participate in Cognitive Behavioral Therapy and behavior modification strategies through individual and group therapy. Behavior modification offers individual privileges and an allowance for cooperation in the treatment process, participating in educational programmings, and behavior regulations. They also provide programs related to abuse, sexual abuse, sexual harassment as a victim and a perpetrator to deal with that trauma.</p> <p>Residents who would have sexual contact with staff without consent will be placed on "red status" and a health and safety plan immediately put into place and would not be permitted to have unsupervised contact with that or any other staff member. Management would then discuss with the placing county representative the possible need to remove the resident from the program. They would also contact the Police to determine if criminal charges were warranted.</p> <p>The policy indicates that no resident, employee, or other parties will be disciplined if they would make a PREA claim in good faith even if the case is not substantiated.</p> <p>As noted earlier, AYS does not permit any sexual activity among residents. Because it is prohibited cases would be addressed to assure there was no coercion and have the issue investigated for the same before rendering disciplinary sanction to the residents. Accordingly, AYS does not tolerate any such activity and if it does occur and both residents consent, disciplinary sanctions listed above would be put in place and the agency would determine if the resident(s) could remain in their program.</p> <p>In a review of this section, I met with the PREA Coordinator and Executive Director. One area we discussed that is listed throughout this section is "Red Status". This status is used when stepping the security status of a resident down. It means their regular clothing ("Street clothes") are taken away and they are placed in red sweatpants and a red t-shirt. They are restricted in their movement as a security concern and lose the privilege of regular clothes. It signifies that the resident hasn't learned the rules and their behavior changes to conform with facility rules. They explained that as with any facility holding individuals you have to have rules and consequences for violations of those rules. They have established disciplinary rules and sanctions in place for behavior modification as well as violations under the PREA standards, but have not had to use them for such violations for the past 12+ months.</p> <p>AYS policy outlined the steps required in the standard for the resident discipline. In discussions with management, they could be given a view into how their system works on a rewards-based system and they would use the loss of privileges up to including removal from their program on a case by case basis, looking at the incident and individual. They were able to explain the steps I reviewed in the policy to show that they are meeting the requirements of this standard. No corrective action is needed.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1453 360">To review this standard I spoke with the Therapist, PREA Coordinator, Executive Director, and residents. I reviewed the PREA Policy Unit #9 Chapter #1, "Medical and Mental Health Screening; History or Sexual Abuse", Sexual Abuse History Form, and resident case files.</p> <p data-bbox="242 396 1493 589">The policy requires that all residents upon entering the AYS facility/program that disclose any prior sexual victimization during their intake Health and Safety Assessment/PREA Assessment/PREA Screening or at any time during placement at AYS are offered follow-up screening with their mental health practitioner (Therapist) or a medical professional within 14 days of that screening or disclosure. When I spoke with residents, they all indicated that this occurred before 14 days even if they didn't tell about the abuse until later during their stay. The Therapist during our time together indicated that she would see all residents as soon as possible when entering the program, many times the day of or very next day.</p> <p data-bbox="242 622 1489 712">Over the past 12 months, ALL residents (100%) disclosed past victimization during their screening at intake and were offered a follow-up meeting with medical and mental health professionals. This was discussed with the Therapist and the residents. As noted above the residents did confirm the ability to meet with those professionals.</p> <p data-bbox="242 745 1485 1037">I was able to see the Health and Safety Assessment/PREA Screening and the History of Sexual Abuse documents in the resident's case files. During my review, I noted the dates were within the timeline of the disclosure being made of the previous victimization. I also noted their original screening and subsequent reviews that were done. This information according to policy and the PREA Coordinator is used to aid in making programming in making programming decisions for the residents Individual Service plans including bedroom assignments, educational programming, and their overall treatment process. Their policy does not restrict the information to medical and mental health professionals but does allow security staff access. She explained that because of their nature specializing in sexual abuse/perpetrator therapy as the basis of their program, their staff also work directly with the residents in these group settings where this information is used in the treatment of these residents. Beyond those staff, the information is restricted and confidential.</p> <p data-bbox="242 1070 1461 1160">All residents during their initial commitment to AYS and during their screening process are explained and sign an Informed Consent/Notification Form to begin their treatment process. This was discussed with the Therapist and also the residents who actually could explain the document to me and why it is used.</p> <p data-bbox="242 1193 1493 1451">AYS is in the business of treating youthful residents who have suffered sexual victimization in their past. Their program focuses on both abuse and aggression in the residents. In review, if their policy and files as well as my interviews with residents and staff, I was able to see the policy working in the documentation that was completed on each resident and noted that it met the standards needs. Although AYS does not restrict this confidential information to medical/mental health professionals, they allow security staff access because of these staff members' involvement in the resident's treatment programming and needs. This is noted in their PREA policy as well. In conclusion, the policy along with the information provided in my interviews, including the resident's extensive knowledge allowed me to align the facility's information with this standard. They are in compliance, and no corrective action is needed.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 365">In a review of this standard, I read through the PREA policy Unit #9, Chapter #2, "Access to Emergency Medical and Mental Health Services", spoke with the PREA Coordinator, Therapist, Supervisors (Compliance Managers), Chief Makosy, Blair Family Services representatives, and Conemaugh Memorial Medical Center SAFE/SANE Program personnel.</p> <p data-bbox="242 398 1477 757">Accordingly, AYS assures that all residents of sexual abuse receive timely, unimpeded access to emergency medical and mental health treatment. They outline the use of Conemaugh Hospital in Johnstown approximately 20 to 30 minutes away. They also will use the Conemaugh Group of doctors some local for follow-up treatment. The policy outlines all medical providers in the area should any follow-up care be needed from these groups that include Medwell (a Conemaugh satellite office in Ebensburg 5 minutes away), Blair Family services providing victims advocate, Project Point of Light, Cambria Crisis Intervention, and Nulton diagnostic services providing mental health counseling services. We spoke of Cambria County Child Advocacy Center located nearby in Johnstown. This program was started via the Cambria County District Attorney a few years ago and was discussed with Chief Makosy. He and other law enforcement in the county will work directly with them for all sexual assault investigations involving children. They provide Court-assistance for children as well as advocacy for them. They work with the District Attorney and Conemaugh Hospital to assure care and wellness for all youthful victims of sexual assaults.</p> <p data-bbox="242 790 1477 1149">According to Conemaugh Hospitals Emergency Department, they operate the SAFE Sane Program. Their Operations Coordinator is Pam Vyhonsky explained that they offer full SAFE/SANE physicians and nurses through their emergency department. There is a memorandum of understanding in place with AYS that was recently updated at the time of the onsite audit. According to the PREA policy and Conemaugh's policy, the scope of services would relate to that professional's judgment. Conemaugh and Blair Family services and AYS would provide full services of medical, mental health, and victims service support to any resident of AYS in need. Each agency would maintain all documentation according to their protocol and that if AYS to record and document all information if the incident in a timely manner. AYS indicates they would include incident reports, therapy progress notes, examining physicians' forms, and documentation of the services provided. Their policy states that they require any outside agency (in this case the hospital and victims advocate) to maintain full documentation of services provided/recommended for the victim. This was discussed with both agency representatives that indicated their agency policies require the same.</p> <p data-bbox="242 1182 1477 1339">As noted throughout this report, AYS does NOT employ medical staff, nor are there any onsite. According to policy and noted throughout my interviews with management, supervisors, and line staff, the policy requires the agency to follow the on-call procedures of "red ants" to issue protections of the victim by pulling in staff and management to be on scene at the facility to assess, make calls to ChildLine, the Police for investigation, and immediately contact an ambulance to transport the victim to Conemaugh Hospital emergency room for medical attention.</p> <p data-bbox="242 1373 1477 1467">PREA policy states that all victims would be offered emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care. This was also noted as a protocol for all emergency sexual abuse victims at Conemaugh Hospital.</p> <p data-bbox="242 1500 1477 1594">Accordingly, all services offered to a victim free of charge without financial costs, regardless of the victim names the perpetrator or cooperating with any investigation. This noted in policy and discussed with facility management who could easily explain this.</p> <p data-bbox="242 1628 1477 1722">I was able to see the agreements in place for both emergency SAFE/SANE programming and victims advocate as well as speak to representatives on behalf of these programs. The services offered and the steps put into place by AYS meet the requirements of this standard, bring them into compliance. No corrective action is required.</p>



115.383	<p data-bbox="231 71 1508 129"><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p data-bbox="231 129 1508 197"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 197 1508 264"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 353">I was able to review this standard through the PREA Policy Unit #9, Chapter #3, "Ongoing medical and Mental Health Care for Sexual Abused Victims and Abuser", interview the PREA Coordinator, Executive Director, and Therapist.</p> <p data-bbox="231 353 1508 712">The policy mimics the standard stating that any resident that has been victimized during sexual abuse will be provided medical evaluation, treatment, and follow-up treatment as deemed appropriate and necessary. This is also noted for mental health care. The AYS policy also indicates that the agency would through the treatment plan put in place includes but not be limited to treatment services provided in-house by their Therapist and Program Counselors. They state that when and if the resident is released referrals would be put into place for that resident for continued services. When speaking to the Therapist, she gave some examples of the services she provides not to residents who were victims of abuse in their past before placement and that some of these program types would be used in these cases. According to the Executive Director, the services offered to residents in these cases would be outside services and would equal what is offered in the community. The agencies they work with are community-level providers and do the same at their facilities. The same is true for their licensed Therapist and her ability to provide for the residents.</p> <p data-bbox="231 712 1508 801">As noted throughout this report, AYS is an all-male facility, and issues related to emergency contraception and pregnancy are not applicable.</p> <p data-bbox="231 801 1508 958">As noted under the last standard, the agency and hospital provided information that any resident who was the victim of a sexual assault would be offered testing for sexually transmitted infections plus all tests deemed medically necessary. at no cost to the resident. Both Conemaugh Emergency staff and AYS management spoke directly of this. The PREA policy does also mandate these be provided as deemed medically necessary.</p> <p data-bbox="231 958 1508 1182">At present, AYS uses two local services to provide mental health care, evaluations, and program services for their clients for sexual abuse/victimization. Both Project Point of Light and Nulton Diagnostic and Treatment Center is a few minutes away and work with AYS for their normal everyday program and treatment of the residents assigned to their facility. They regularly provide evaluations and treatment to their residents and would address any needs and evaluations according to policy within m60-days of learning of such abuse history. According to the PREA Coordinator, it is common for them to do this on a regular basis for the facility so it would be done very quickly and in line with existing regular activities.</p> <p data-bbox="231 1182 1508 1402">With AYS being a facility specializing in sex-related victims/abusers, these services are offered daily at the facility by very qualified outside agencies coming in. In discussions with the management, PREA Coordinator, agencies, and Therapist, I was able to see the steps in play on a regular basis at the facility through my interviews. Their policy pulls in the requirements of the standards to assure these services are in play should they be needed under the PREA Requirements. Through the review of this information, I have concluded that the facility meets the requirements of this standard. No corrective action is needed.</p>
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115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 365">For the review of this standard, I looked at the AYS PREA Policy Unit #10, Chapter #1, "Sexual Abuse Incident Review", Internal Review Process &amp; Documentation Checklist, spoke to the Executive Director, PREA Coordinator and Compliance Managers, and Police Chief Gary Makosy from the Cambria Township Police Department.</p> <p data-bbox="242 396 1469 656">The policy states that AYS will conduct an internal review following each report of abuse at the facility. This was discussed with both the Executive Director and PREA Coordinator. They both would be involved in this process and serve as part of the Incident Review Team and are part of the upper management. According to the Executive Director, they have weekly "team meetings" where issues of the previous week or items for the upcoming week are discussed and documented in a logbook format that he shared with me. He explained that if they had an investigation pending it would be added to that agenda on a weekly basis to assure there was follow-up with the case. Their policy does state that they will conduct an internal review within 30-days of the incident occurring and the Director spoke of the, but he felt if one would occur, they would have it handled in a much quicker period.</p> <p data-bbox="242 687 1469 714">As noted throughout this report, AYS has not had any report of any sexual abuse or harassment over the past 12+ months.</p> <p data-bbox="242 745 1474 1037">The policy refers to the Internal Review Process and Document Checklist used in all internal incident reviews. Upon discussion, I was informed that they would use this for any incident including sexual assault/harassment to review the issue and any failures that may have occurred. They use this as a tracking method and in conjunction with their weekly meeting for their review. We discussed the five steps of the standard that are looked at with all internal reviews completed. The Executive Director explained that part of their operations and as required for licensing they review incidents weekly to make corrections as needed. He gave examples of camera placement and recording and staffing issues in relation to the review. They also provide an opportunity for all staff and outside parties when appropriate to provide feedback and recommendations. All implemented recommendations according to the policy will be overseen by the Executive Director or PREA Coordinator.</p> <p data-bbox="242 1068 1493 1162">When they explained the steps outlined in their policy with their response to any incident, I could see how they interpreted the standard and applied it to the standard, and making their facility compliant with this standard. No corrective action is required.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">I reviewed this standard by looking at the PREA Policy Unit #10, Chapter #2, "Data collection and data review for corrective action", Data Collection/Survey of Sexual Violence Form, interviews with the PREA Coordinator and Compliance Managers, and Executive Director.</p> <p data-bbox="229 367 1509 524">Per the standard, the policy says that the agency will collect and maintain all accurate uniform data for every allegation of sexual abuse and harassment. The form used is the same as the Federal Bureau of Prisons document meeting the requirements of the Department of Justice. They will gather all the incident-based data on sexual abuse and aggregate it annually in compliance with the Department of Justice Survey of Sexual Violence.</p> <p data-bbox="229 524 1509 636">The data is maintained by the PREA Coordinator. Internal reviews, incident reports, Reportable or Recordable forms, CY-47 ChildLine forms, medical and mental health documents, logbooks, and any other related data will be maintained within these files.</p> <p data-bbox="229 636 1509 748">The agency does not receive data from or transmit to any other facility as they do not contract to hold or transfer out residents. The agency has not transmitted nor been requested to transmit data to the Department of Justice.</p> <p data-bbox="229 748 1509 904">In speaking with the PREA Coordinator, she explained the process for collections and maintaining of the data as required under the standards. over the past 12+ months, they have not had any incidents of sexual abuse or harassment in relation to data collection. She explained the process related to an incident report, data collection by the compliance managers, and the management response to the data collection and storage.</p> <p data-bbox="229 904 1509 1034">Upon review, I was presented with the documents they use meeting the Department of Justice requirements and see how she aggregated the information for reporting. Based on my review, the agency meets the requirements of the standard for data review and correction. No corrective action is required.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 331">I was able to review this standard by looking at the PREA Policy Unit #10, Chapter # 2, "Data collection and data review for corrective action", the Annual report of finding form 2020, interviews with the Executive Director, and the PREA Coordinator.</p> <p data-bbox="242 362 1485 589">The policy states that during an internal incident, AYS will use data collected to improve the effectiveness, in the prevention, detection, and response to sexual abuse, abuse, retaliation, and sexual harassment that could occur at the AYS facility. Accordingly, they would use this for resident education and staff training in the future. Their internal review process includes a thorough review of all incidents and related documents to better prepare their policies, training materials, staffing plan, logbooks, and reporting documents to mandated reporting agencies. The PREA Coordinator states that this would give them a full picture of what they would need to work on to make adjustments for resident safety and education, and staff training to assure proper care.</p> <p data-bbox="242 620 1490 745">The annual report provided by AYS has 4 steps within it. Once complete, it includes current years' data and corrective action for previous years to provide progress they are making to address sexual abuse/harassment issues. The design is simple but able to report necessary data. As noted in the report they have not had any reports in several years thus there is no comparable data therein.</p> <p data-bbox="242 777 1469 871">This data according to policy is included in the public annual report and published on their website at <a href="http://www.appalachianyouthservice.com">www.appalachianyouthservice.com</a>. The policy requires the report to be reviewed and approved by the Executive Director. This was discussed with Mr. Kelly and it was noted on the information provided.</p> <p data-bbox="242 902 1453 963">The policy requires that if the information is needed redacted, that the nature of the redaction will be explained and will be limited to information that would present a clear and specific threat to the agency and/or resident.</p> <p data-bbox="242 994 1461 1055">Discussion of this standard with the Executive Director and PREA Coordinator help to see their knowledge of the standard and specifically their policy related to the standard. The report is basic and reflects no reports or investigations being filed.</p> <p data-bbox="242 1086 1430 1146">The information in the policy and discussed with the Executive Director and PREA Coordinator explains the process as required by the standard and their ability to meet the standard. There is no corrective action required.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">I looked at their PREA Policy Unit #10, Chapter #3, "Data storage, publication, and destruction", spoke with the Executive Director and PREA Coordinator".</p> <p data-bbox="229 353 1509 577">The policy says all aggregated data will be stored in the main office of AYS and made available via their annual report and on the agency's website. This data is solely reported on Kathy's house, the only facility under their current licensing. The main office is a building adjacent to Karen's house on the AYS grounds. This Administrative Office was operated off-site under previous audits, about 2 miles away in Ebensburg. With the closing of Ross House, the agency converted that building to their administrative building onsite. When I toured the building to retrieve employee and resident data, it was noted that the information was in a secure storage office off of the open conference area.</p> <p data-bbox="229 577 1509 698">The policy indicates that prior to any information becoming public and published, all personnel identifiers are removed from all documented sexual abuse data and aggregated information incident-based reports. This was discussed with the Executive Director and PREA Coordinator who explain that this is both a PREA requirement and one of PA DHS.</p> <p data-bbox="229 698 1509 855">According to the policy, AYS will maintain all sexual abuse data collected for at least 10 years after the date of initial collection per standard requirements. This was also discussed with the Executive Director and PREA Coordinator who both could explain what the policy said. They indicated that the information would be kept in the secure records storage, dated, and maintained at the minimum of what was required or longer if deemed necessary.</p> <p data-bbox="229 855 1509 1010">I was able to review the policy, speak to management, and also see the area of record storage, in the administrative office building located in secure office storage. The policy addresses the standard, and Management could explain the process of retention and the 10-year minimum. Based on this review, the agency is in compliance with this standard. No corrective action is needed.</p>

115.401	<p><b>Frequency and scope of audits</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This is the first year of the audit cycle for the Applachian Youth Services facility. In late 2018, I completed their second audit of then Ross House. At the time, the agency had two residential facilities, Ross and Kathy's Houses. Karen's House is identical in layout to Ross House, but due to numbers had been closed. Recently the agency decided to move the residents to Karen's House, the newer of the 2 and close their rented main office in Ebensburg, and convert Ross House to their main office area. They have since dropped the licensing for Ross and will only carry Kathys's House forward. As noted, this will be the 3rd audit for AYS and Kathys's House. AYS is a single-site residential facility working with youthful males under court placement at their facility predominantly for sexual offenses and this is the first year of their audit cycle.</p> <p>During the audit, I was given full access to the complete facility including Kathys's House, the Administrative building, and their Day Treatment Center (school) area. With the residents attending programming during the audit, I was provided with a meeting room in the Day Treatment Center to conduct all interviews of staff and residents. This room was secured when I would leave it. I was given unrestricted access to interview all residents and available staff as well.</p> <p>The same is true for any documents. I was able to get both blank and completed documents to see how they were used in their work to meet the standards. This occurred while onsite and during the post-audit, I worked with Melanie the PREA Coordinator to gather additional data. She was prompt and offered up any of the documentation I requested.</p> <p>As noted, I was given a private room in the Day Treatment Center to complete all interviews. It was private and gave me the ability to conduct a confidential interview with residents and staff without any concerns for their privacy. Because of programming occurring during the interviews, Staff were in the hallways of the facility and could easily send the resident back to their program and have another sent to me very quickly avoiding a time-lapse between interviews.</p> <p>Several weeks prior to the audit, I had the agency hang an audit notice at the facility. I did receive pictures of the notices posted in all areas where the residents had access. I was able to see these notices posted when on-site for the audit. It should be noted that I did not receive any correspondence from residents or staff.</p> <p>As noted I was given full access to the facility, staff, and residents. The posting was noted giving the residents and staff the address to write me, and I was given any documentation without concerns. The agency made my time there very efficient through interview times, tours, and providing necessary documents. Based on my review, the agency is in compliance with this standard. No corrective action is needed.</p>
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115.403	<b>Audit contents and findings</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1476 398">AYS according to the Executive Director makes their information public via their annual reporting process each year-end October 31st and all data is made available (minus redacted information) on their agency. Their website also provided for the ability of anyone requesting data from the agency to receive it by completing the form with their name and email and the information will be forwarded.</p> <p data-bbox="240 430 1485 524">Through our discussions, I explained my placing a PDF copy of the report on their website would be more transparent and easily make it available without request, in my view more easily meeting the standard. They are presently working on having the PDF version of the 2019 report added and will add this report when finalized.</p> <p data-bbox="240 555 1485 649">The agency does meet the standard by making the report available via their annual public report at their year-end and the opportunity for anyone to receive the report at request. Adding it to their website will make it more transparent and save time in allowing access to the report.</p> <p data-bbox="240 680 1018 710">The facility is in compliance with this standard, no corrective action is needed.</p>

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



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

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

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

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all 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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

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



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

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

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

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

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

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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes



<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

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

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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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



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

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

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

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

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