

PREA Facility Audit Report: Final

Name of Facility: Kathy's House

Facility Type: Juvenile

Date Interim Report Submitted: 09/10/2024

Date Final Report Submitted: 02/06/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Patricia Reiser	Date of Signature: 02/06/2025

AUDITOR INFORMATION	
Auditor name:	Reiser, Patricia
Email:	preasolutions@verizon.net
Start Date of On-Site Audit:	07/22/2024
End Date of On-Site Audit:	07/24/2024

FACILITY INFORMATION	
Facility name:	Kathy's House
Facility physical address:	135 Sanborn Lane, Box 878, Ebensburg, Pennsylvania - 15931
Facility mailing address:	

Primary Contact

Name:	Melanie Kelly
Email Address:	mkelly@aysnet.org
Telephone Number:	814-471-0422

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

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	14
Average daily population for the past 12 months:	13
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"	

and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-20
Facility security levels/resident custody levels:	Staff secure
Number of staff currently employed at the facility who may have contact with residents:	18
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

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

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

Agency-Wide PREA Coordinator Information

Name:	Melanie Kelly	Email Address:	mkelly@aysnet.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-22
2. End date of the onsite portion of the audit:	2024-07-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor contacted Operations Director Leelyn Aquino-Shinn of Just Detention International who stated no one at her organization has ever received any reports / contact with any residents or staff at the facility. The auditor contacted Director Joyce Lukima of the Pennsylvania Coalition to Advance Respect who stated no one at her organization has never received any reports / contact with any residents or staff at the facility. The auditor also spoke with The Cambria County Children and Youth, Blair Family Services and the local hospital SANE manager who stated they have never had contact with the facility regarding PREA incidents.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	15
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	1

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>13</p>
<p>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>

23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	7
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	NA

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	13
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>AYS has one volunteer, a pastor, who visits approximately once per month and is supervised by staff while visiting the facility. Additionally, there are several AYS board members who visit the facility approximately one or two times each year for celebrations and are supervised by staff while visiting the facility. AYS residents attend school on the grounds, taught by three Cambria County (PA) Intermediary Unit teachers. These teachers are not contracted by AYS, but a PREA resource Center FAQ states that although no contract exists, for PREA purposes, they are considered contractors. Additionally, there is an "extended school year" teacher who does tutoring over the summer, and a full-time tutor- both of which fall into the same contractor status as the school year teachers.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13

<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>The auditor interviewed all residents at the facility during the onsite audit.</p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor interviewed all residents at the facility during the onsite audit.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Since the facility has a low bed count (15), the auditor interviewed all residents (13). ,</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the preaudit, the PC stated that due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept physically disabled individuals. The auditor confirmed there were no physically disabled residents via observations and conversations with staff and residents during the onsite audit.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility stated there were no blind or low vision residents onsite. During the onsite audit the auditor confirmed via observation and conversations with staff and residents during the onsite audit.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the preaudit, the PC stated that due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept LEP individuals. The auditor confirmed there were no LEP residents via observations and conversations with staff and residents during the onsite audit.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the preaudit, the PC stated that due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept transgender or intersex individuals. The auditor confirmed there were no transgender or intersex residents via observations and conversations with staff and residents during the onsite audit.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>In the PAQ the facility indicated there were no reports during the past 12 months. The PC stated there has never been a report at the facility. Outside victim services, the local LEA and PA ChildLine confirmed no reports have been received regarding the facility. The auditor "confirmed" this via conversations with staff and residents during the onsite audit.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>7</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As stated in other areas of this report, the facility prohibits the use of isolation. The facility's licensing body (PA DHS) does not allow any form of isolation to be used in licensed facilities. The auditor "confirmed" this via observations and conversations with staff and residents during the onsite audit.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>NA</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input checked="" type="checkbox"/> None </p>
<p>If "None," explain:</p>	<p>As only 13 staff were on site during the three day onsite audit, the auditor interviewed all staff present.</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>NA</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>63. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>As this is a smaller facility (15 beds) staff "wear many hats" and several perform multiple functions PREA classifies as specialized staff. The auditor observed and interviewed all staff working during the three-day onsite audit.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>64. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>As this is a smaller facility, and all staff were all actively engaged with residents during the three-day onsite audit, there was not opportunity to have informal conversations with staff. Additionally, due to the protocols for managing the residents, the auditor could observe all residents during the three-day onsite audit but was not able to have informal conversations with any residents as they were always "busy" and accompanied by a staff. Notwithstanding this, the facility granted the auditor unfettered access to the staff, residents and all areas of the facility. The auditor was also allowed to photograph common areas of the facility and outdoor space.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>As this is a smaller facility, the writer sampled 100% of the employee, resident, contractor and volunteer files. The facility granted the auditor unfettered access to facility documentation and allowed the auditor to copy documentation as desired.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

<p>78. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>In the PAQ the facility indicated there were no reports during the past 12 months. The PC stated there has never been a report at the facility. Outside victim services, the local LEA and PA ChildLine confirmed no reports have been received regarding the facility. The auditor "confirmed" this via conversations with staff and residents during the onsite audit.</p>
<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>In the PAQ the facility indicated there were no reports during the past 12 months. The PC stated there has never been a report at the facility. Outside victim services, the local LEA and PA ChildLine confirmed no reports have been received regarding the facility. The auditor "confirmed" this via conversations with staff and residents during the onsite audit.</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>NA</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Acronyms found in this report:</p> <ul style="list-style-type: none"> · AYS - Appalachian Youth Service · PC- PREA Coordinator · PCM- PREA Compliance Managers · ED- Executive Director - for the purposes of this audit, the ED is also the “agency head” and the “superintendent” · PADHS- Pennsylvania Department of Human Services · LEA- Law Enforcement Agency · CTPD- Cambria Township Police Department · PREA - Prison Rape Elimination Act

- MOU - Memo of Understanding
- SA- Sexual Assault and Abuse
- CPSL- Child Protective Service Laws
- LEP- Limited English Proficient
- CYS - PA Children and Youth Service
- PAQ- Preaudit Questionnaire
- FME- Forensic Medical Examinations
- MH - Mental Health

§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

Documents:

- AYS PAQ
- AYS Policies 101, 201, 203, 206, 214, 270
- AYS PREA Definitions
- AYS Prohibited Behaviors Handout
- AYS Unit 1 Red 2024
- AYS Unit 8 Discipline
- Organizational Chart
- AYS Position Descriptions
- Pennsylvania Department of Human Services (PADHS) Title 55 Chapter 3800. Child Residential and Day Treatment Facilities
- AYS PREA Staff Training Manual

Interviews:

- PREA Coordinator
- PREA Compliance Managers

· Executive Director

Findings by Provision:

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The auditor reviewed the Appalachian Youth Service (AYS) policies and determined AYS has "zero tolerance" for all forms of sexual abuse (SA). Multiple AYS policies and procedures (101, 201, 206, 270) reiterate that the facility has zero tolerance for all prohibited behaviors which include physical abuse, emotional abuse, sexual abuse, sexual misconduct, sexual harassment, any form of retaliation, and sexual activity. AYS 101 mandates staff supervise the clients at all times with "eyes on" supervision, maintain a professional relationship and appropriate boundaries with them, and that the facility and staff must comply with all PADHS and PREA regulations. AYS Unit One Red mandates that all staff are to aggressively and immediately respond to all forms of alleged abuse, sexual abuse, sexual harassment, retaliation, and sexual activity among the residents as per agency policies, applicable laws, and PREA Standards. Additionally, Unit One Red mandates all staff to remain vigilant for signs and indicators that abuse, harassment, or retaliation may occur. Unit One Red also discusses PREA strategies and responses which include, but are not limited to: the facility maintaining high supervision levels at all times; staff documenting actions and happenings in a log book, which is reviewed daily by management; management staff routinely being in the resident living space, and doing unannounced visits to monitor children and staff; individual resident bedrooms; staff not entering occupied bedrooms; and residents only changing clothes and perform hygiene functions in the bathroom (alone with the door closed). During her site visit, the auditor observed the actions listed above. AYS Unit 8 Blue states in part that any staff found to be in violation of abuse, sexual abuse, retaliation, or sexual harassment will be disciplined up to and including termination and staff who fail to abide by all reporting policies, laws, regulations, and/or standards will be disciplined up to and including termination. AYS Unit 8 also describes the process when a PREA allegation is made against staff - with regard to an allegation of abuse, sexual abuse, retaliation, or sexual harassment, a decision will be made first as to whether or not the employee can remain at work during the investigation, can be moved to a different facility/different duties, or cannot work with children pending the outcome. If the staff member can remain at work, the staff will be placed on a "Staff Supervision Plan" which details rules such as no unsupervised contact with the alleged victim until the results of the investigation are known. AYS 214 outlines staff conduct expectations which include professionalism, no physical contact with residents (except for emergency restraint situations) and different reasons PADHS will investigate situations, to include PREA. Staff interviewed stated they understood these expectations. The AYS Prohibited Behavior handout states that AYS defines "prohibited behavior" as behavior that will result in disciplinary action up to and including termination of employment and/or association with the agency and lists

such acts. Included in AYS training materials is also a comprehensive list of PREA definitions, which lists them as prohibited behavior. All staff (with the exception of the two main office staff who work in a separate administration building) are mandatory reporters and are considered first responders and are responsible to prevent, detect, respond, report incidents/allegations of abuse and retaliation. These responsibilities are contained in the AYS PREA Staff Training Manual. All staff, volunteers, interns, vendors, teachers, tutors, and applicable others who come in contact with the residents are trained (as per PREA Standards) and are to follow these policies and procedures without fail. Staff is required to be PREA trained prior to being assigned to general unsupervised duties. All AYS staff, interns, volunteers, and contractors must report allegations or suspicions of sexual abuse or sexual harassment to the PADHS Childline (residents 17 years of age or younger) or Adult Protective Services Hotline (residents over 17 years of age). AYS 270 mandates that all AYS staff, contractors and volunteers must report any PREA related inappropriate behavior immediately to Childline (residents under 18) or Adult Protective Services Hotline (residents over 18). In addition, staff, contractors and volunteers must receive training annually with regard to prevention and reporting requirements.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The PC has a bachelor's degree in psychology and has been employed at the facility for over 20 years. In part, the AYS PC position description lists duties including but not limited to maintaining compliance with PADHS regulations, PREA standards, and AYS policies, serving as PC for the agency, responsible for developing, implementing, and overseeing agency efforts to comply with PREA standards in all applicable facilities and coordinating with PCMs. During the auditor's interview with the PC, she confirmed she is the AYS PC, feels satisfied that she has appropriate time to devote to her PREA responsibilities, is responsible for developing and implementing facility PREA and procedure, and ensuring all staff/contractors/volunteers maintain PREA training requirements. The PC position located on the AYS organizational chart as the Programs Coordinator, and her position description lists her at the PREA Coordinator. Although AYS has only one facility, there are currently five other managers assigned as PCMs. These assignments enable a PREA compliance manager to be present during both the daytime and evening shifts. Although on the organizational chart, the PC reports to the Itinerant Program Manager, the PC explained that the hierarchy was due to a technical issue and that she has unfettered access to the ED in relation to her PC activities and needs. The ED confirmed this during an interview. The PC communicates with the facility PCMs multiple times a day, as they all work in the small facility space.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

	<p>(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>As noted in the PAQ, and confirmed by the ED, AYS only operates one facility (Kathy's House) but as noted elsewhere, also has PCMs to ensure PREA manager coverage across days and shifts at the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.312 Contracting with other entities for the confinement of residents.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <ul style="list-style-type: none"> · AYS PAQ <p>Interviews:</p> <ul style="list-style-type: none"> · PC · ED <p>Findings by Provision:</p> <p>(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>In discussion with the ED, PC, and noted in the PAQ information, AYS does not contract with any outside facilities for the housing of residents.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>In discussion with the ED, PC, and noted in the PAQ information, AYS does not</p>

	<p>contract for resident confinement.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>§ 115.313 Supervision and monitoring.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <ul style="list-style-type: none"> · AYS PAQ · AYS Completed Weekly Scheduling Forms · AYS Supervision Plans · AYS Staffing Plan Deviation Sheet · AYS Unannounced rounds log · AYS Staffing Plan · AYS Completed Adjustment Needs Form 2023 · AYS 270 · AYS Unit 1 Red · AYS Unannounced Rounds Documentation Form <p>Interviews:</p> <ul style="list-style-type: none"> · PC · ED · Staff <p>Findings by Provision:</p> <p>(a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring,</p>

facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

In addition to maintaining PREA compliance related to staffing, AYS is required to maintain PADHS mandated staffing ratios as part of their state licensing. During the auditor's interview with the PC, she confirmed AYS completes ongoing and continued review and monitoring of the facility staffing plan and scheduling needs. Annually, the PC reviews the factors listed above and adjustments are made via an adjustment needs form. The auditor reviewed the adjustment needs form dated November 2, 2023 and found the review caused a change to the staffing plan which was implemented and briefed to all staff. AYS utilizes a weekly scheduling form to ensure the facility complies with minimum staffing ratios and provides for required supervision levels, at a minimum. In conversations during the onsite visit, the PC noted that staffing is generally higher than the minimum staffing ratios, and the auditor also observed these higher staffing ratios while reviewing weekly schedules and while on site. The facility also utilizes video monitoring and movement sensors to enhance supervision, which the auditor observed during the site visit. Sensors are placed throughout the building (other than the bedrooms/bathrooms) to monitor movement. Cameras are placed in all areas of the residential space (other than in the bedrooms/bathrooms) to enhance monitoring coverage, which the auditor observed and reviewed during the site visit. The camera monitors are located in the manager's office across from the facility dining area. Additionally staff are trained to maintain line of sight vision when residents are not in their bedrooms or using the single occupant restrooms (with closed doors). The auditor observed this activity occurring in all areas of the facility - the day room, time out room, the kitchen, dining room, and the laundry room. AYS also utilizes a supervision plan, should a

resident need more intense supervision than the general staff/resident ratios would allow. During the site visit, the auditor reviewed supervision plan forms and was instructed on their use by the PC. During the overnight shift when only one staff is on (in compliance with staffing ratio requirements) they are responsible for recording time punches every 15 minutes and logging any issues occurring during that time. The next morning, a manager reviews camera footage and the overnight log to ensure that punches were not missed and if so, that staff followed proper procedure and the explanations were appropriate. Any omissions or issues are investigated, and action taken as appropriate. During the site visits, the auditor reviewed overnight logs and did not see any issues that appeared to be inappropriate.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall comply with the staffing plan except during limited and discrete exigent

circumstances, and shall fully document deviations from the plan during such circumstances.

AYS maintains ratios as per PADHS regulations and PREA Standards of a minimum of one staff to eight residents during awake hours and one staff to sixteen residents during sleeping hours. The auditor's review of completed weekly staffing plans for the past 12 months indicate the facility was never out of compliance with required ratios. Should any deviations from the staffing plan occur, they are documented and reviewed during the following annual staffing review. As per the PAQ information and confirmed by the PC, the average daily number of residents since the last PREA audit is 13 residents, and the staffing plan accounted for this average.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

AYS maintains ratios as per PREA standards and PADHS regulations of one staff to eight residents during wake hours and one staff to sixteen residents during sleep hours. Should the facility not maintain these ratios they would risk losing their PADHS license. AYS schedules two staff during the waking hours to supervise eight or more residents. These staff remain in the area/building with the residents. AYS staffing consists of Youth Care Workers (line staff), an Itinerant Program Manager, a Program Manager, Assistant Program Managers, one therapist, one Programs Coordinator, and an Executive Director. Ratios are maintained at all times including

during education/school day, therapy sessions, recreation, and medical appointments. A third staff is scheduled when appointments occur or anytime a staff needs to leave the building. All staff are eligible to be counted in the ratios (with the exception of two Main Office staff who work in a separate administrative building) as all staff are considered "security" staff regardless of title as they all receive the same security and PREA training. Ratios be adhered to whether in or out of the building, to include when staff take residents outside to play, or do an activity. There is one staff member on duty during sleeping hours to supervise a maximum of 16 residents. A new hire, known as an "unclear" staff is counted in the ratios after the orientation period is complete, however, is not permitted to work alone until all training is completed and he/she is moved to "cleared" status. As documented in several AYS policies, staff are to maintain their full attention to the residents/ students, supervising them at all times. For residents/students that have additional or more intensive supervision needs, a Health and Safety Plan and/or a Resident Supervision Plan is completed. Additional staff can be counted in ratios as needed. The Programs Coordinator/PREA Coordinator as well as Program Manager(s)/Assistant Program Manager(s)/PREA Compliance Managers complete and document unannounced rounds to monitor staff, residents, and programming.

In order to respond to staffing, ratio, and supervision needs, a facility manager is required to be available/accessible to staff 24 hours a day, 365 days a year. Staff are strongly encouraged "when in doubt, make the call". In addition to On-Call procedures, the facility has an emergency procedure designed to get additional off duty staff and managers into the building as quickly as possible. This procedure is used in exigent circumstance, crisis situation, emergency/emergent situation, or when additional staff are needed for supervision. During this procedure, staff make calls to other staff and management staff based on the order listed on the contact list. The contacts are ranked by residence in proximity to the facility. This list is posted in the facility for easy access. During interviews with staff, all spoke of the procedure without prompting.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

	<p>Review of completed weekly staffing plans for the past 12 months indicate the facility was never out of compliance with required ratios. Should any deviations from the staffing plan occur, they are documented and reviewed during the following annual staffing review. Annually, the PC reviews the factors listed in 115.313(a) and adjustments are made via an adjustment needs form. The auditor reviewed the adjustment needs form dated November 2, 2023 and found the review caused a change to the staffing plan which was implemented and briefed to all staff.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(e) Each secure facility shall implement a and practice of having intermediate-level or</p> <p>higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a to prohibit 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.</p> <p>AYS Unit 1 Red mandates unannounced rounds which over time must occur on each shift. Additionally, this document states that staff will not be alerted when the rounds will occur. During interviews with the PC, PCM and other upper level management staff, all confirmed they conduct monthly unannounced checks of the program areas to monitor for safety and compliance with PREA standards and expectations. During conversations with these staff, they easily explained how they completed the rounds, observing staff and resident interaction and ensuring staff was positioned as they should be. Regarding alerting other staff to the rounds, the SCM stated that he and the PC were generally on the floor at all hours, so staff did not know if they were conducting unannounced rounds or just completing other duties. During the site review the auditor reviewed unannounced rounds documentation and observed that these were completed at different days, shifts and times to ensure no pattern was developed.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	§ 115.315 Limits to cross-gender viewing and searches.

The following was evaluated in making a determination of compliance:

Documents:

- AYS 206, 330, 254
- AYS Unit 3 Orange
- AYS Unit 1 Red
- AYS PREA Staff Training Manual
- AYS PAQ

Interviews:

- PC
- Staff
- Resident

Findings by Provision:

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Several AYS policies/procedures to include Unit 1 Red and 330 prohibit all physical touching, pat, strip and visual body cavity searches (to include cross-gender) and defers to the local law enforcement agency (LEA) for these types of searches. During the site visit, all residents interviewed stated they had never been subjected to any physical touching, pat, strip and visual body cavity searches. All staff interviewed stated that they have never conducted searches of any kind. Additionally, in the AYS PAQ, the facility reported that no cross-gender strip searches or cross-gender visual body cavity searches occurred in the past year. Should staff suspect a resident has secreted contraband, they will contact the local LEA who will conduct the search. Unit 1 Red discusses the facility search procedures, and the auditor confirmed with the PC during the onsite visit that these "searches" only concern intake screening for marks /tattoos etc. and/or medical issues for which a physician will be called. During these "searches", residents' chests, genitals and buttocks are always clothed.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

AYS Unit 1 Red and 330 prohibits all pat down searches (to include cross-gender) and defers to the local LEA for these types of searches. During the site visit, all

residents interviewed stated they had never been subjected to any physical touching, pat, strip and visual body cavity searches. All staff interviewed stated that they have never conducted searches of any kind and they were not aware of this ever occurring at the facility.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

AYS Unit 1 Red and 330 prohibits all pat down, strip and visual body cavity searches (to include cross-gender), and defers to the local LEA for these types of searches. During the site visit, all residents interviewed stated they had never been subjected to any physical touching, pat, strip and visual body cavity searches. All staff interviewed stated that they have never conducted searches of any kind and they were not aware of this ever occurring at the facility.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

AYS Unit 1 Red states all residents will shower, perform bodily functions and change clothing alone, behind a closed bathroom door. There is no video monitoring equipment in any of the facility bathrooms. During the site visit, all residents interviewed stated rules prohibited changing clothes anywhere in the facility other than in the bathroom behind a closed door, and they had never been seen unclothed by a facility staff. All staff interviewed stated that residents were only allowed to change clothes in the facility bathrooms, behind a closed door. During the site visit, the auditor observed that facility bathrooms were all single occupant and when residents used the bathroom, they went in alone and closed the door. The auditor did not observe any residents in any state of undress while in the bedroom hall during the site visit. AYS 270 addresses training on opposite gender staff announcements. Specifically, that "AYS policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Female staff announce themselves "Female in the building" at or near the first bathroom doorway when the residents are in their bedrooms or if they

are in the Rec Room. Additionally, AYS SOP Unit 3 Orange also instructs staff that opposite gender staff must announce their presence when entering the resident housing area. During the site visit, all residents interviewed stated female staff announce their presence prior to entering the hallway where bedrooms and bathrooms are located. All staff interviewed stated female staff announce their presence prior to entering the hallway where bedrooms and bathrooms are located. During the site visit, the auditor heard on multiple occasions each day, female staff announcing their presence in a loud and clear voice in the facility space.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

AYS Unit 1 Red and AYS 254 prohibit searching or physically examining any resident for the sole purpose of determining the resident's genital status. During the site visit, all residents interviewed stated they were unaware of any resident being searched for this reason. All staff interviewed stated searching or physically examining any residents for the sole purpose of determining the residents genital status was prohibited and they were not aware of this ever occurring at the facility. The PAQ indicated that the facility stated there were no such searches in the past 12 months.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

AYS 330 prohibits all pat down, strip and visual body cavity searches, and defers to the local LEA for these types of searches. During the site visit, all residents interviewed stated they had never been subjected to any physical touching, pat, strip and visual body cavity searches, nor inspections to determine gender or intersex status. All staff interviewed stated that they have never conducted searches of any kind and they were not aware of this ever occurring at the facility.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.316 Residents with disabilities and residents who are limited English proficient.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS 380</p> <p>AYS PREA Staff Training Manual</p> <p>AYS Disability PREA education handout</p> <p>AYS Long Term Health and Safety Plan</p> <p>Interviews:</p> <p>PC</p> <p>Residents</p> <p>Staff</p> <p>Findings by Provision:</p> <p>(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>AYS 380 informs how staff will communicate with residents with disabilities to</p>

ensure they have equal access to participate in or benefit from all aspects of the agency's efforts to prevent, detect and response to SA. In part, AYS 380 states "For a short-term issue caused by such things as a surgery, cast, etc. allowances and special provisions are made. For such disabilities/impairments as deaf, hard of hearing, blind, low vision, intellectual, psychiatric, and speech, AYS has many resources to work with including, the Appalachia Intermediate Unit 8, Nulton Diagnostic, Saint Francis University, and the county of origin as necessary. Such assistance includes, but is not limited to interpreter, written materials, and special equipment, such as fire alarm triggered lighting for hard of hearing individuals. These services are accessed on a case by case basis according to need." The Disability PREA education handout uses large print and pictures to augment disabled resident PREA education. In speaking with the PC, she indicated that management both pre-screens and interviews potential residents prior to admission, and due to the programing space, mission and resident type (male sexual abusers), the facility is generally unable to accept residents such as this provision envisions. During the onsite visit, the auditor spoke with one resident who appeared to have intellectual challenges and was low hearing, and found him fully versed on PREA (rights, education, reporting, and abuser sanctions etc.). This resident confirmed his needs are being met and staff take the time to explain materials and answer any questions that he has, and anytime he does not comprehend something, he knows he can seek assistance from a staff. During interviews with the PC and the therapist, both reported that they spend "extra" time with this resident when reviewing information, to ensure he fully understands the material. That resident credited staff and the facility therapist for this knowledge and stated he was comfortable at the facility and had no sexual safety issues. When the auditor asked the PC why this resident has been admitted, she stated the resident was a CYS placement case and did not have anywhere else to go. AYS completed a Long Term Health and Safety Plan on the resident to accommodate his disabilities - Staff is assigned to ensure this resident exits the building should a fire alarm sound, is given "preferential" seating in classrooms to ensure teachers are in close proximity to assist, and will wear hearing aids daily - staff will facilitate putting them in and out.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

AYS 380 informs staff how to communicate with LEP residents to ensure they have equal access to participate in or benefit from all aspects of the agency's efforts to prevent, detect and response to SA. This includes providing an interpreter and appropriate written materials. In part, AYS 380 states options for LEP communications include reaching out to the county of origin, obtaining translation services from Saint Francis University, Google Translate, and accessing the Propio Language Services website. During random staff interviews, most knew of

translation service options, but all stated they would contact a supervisor to assist them in obtaining these services as they have never known of a resident who did not speak English fluently. During random resident interviews, all stated they have never known a resident at the facility who did not speak English fluently. In speaking with the PC, she indicated that management both prescreens and interviews potential residents prior to admission, and due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept LEP residents, and to her knowledge, never has.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

AYS 380 prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited, exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of a resident's allegation. Exigent cases would involve the immediate safety of the resident, an emergency medical incident, police involvement, incident of a fire, ambulance personnel, etc.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>§ 115.317 Hiring and promotion decisions.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS Unit 1 Red</p> <p>Disclosure Statement for Employment</p> <p>Interviews:</p> <p>ED</p>

Findings by Provision:

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) 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);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

AYS Unit 1 Red prohibits hiring, promoting, or enlisting the services of anyone who may have contact with residents and prohibits enlisting the services of contractors who has engaged in abuse, sexual abuse, retaliation, and/or sexual harassment. Further, this applies to those that engaged in such prohibited behaviors in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in the activity described above. AYS will not hire, promote, or enlist the services of a contractor, or anyone else that may have contact with the residents if involved in incidents of abuse, sexual abuse, and/or sexual harassment. Prior to employment, staff are required to sign a disclosure statement which in part reads “ I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse committed within the past five (5) years. I swear/affirm that I have not been convicted of an offense similar in nature to any of the following offenses under Title 18 (relating to crimes and offenses) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth. I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five (5) years.”

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall 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.

AYS Unit 1 Red states AYS will not hire, promote, or enlist the services of a contractor, or anyone else that may have contact with the residents if involved in incidents of abuse, sexual abuse, and/or sexual harassment.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Before hiring new employees who may have contact with residents, the agency shall:

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and

(3) 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.

Unit 1 Red states that AYS policy and practice as well as DHS regulation and state law, dictates that all new hires must provide three child abuse and criminal and background clearances/certifications prior to starting employment. All new hires are placed on an "uncleared" status and are not permitted alone with residents until all orientation training requirements are met. Actions including termination occur for any new hire as per a problematic clearance. The following background clearances are completed on each employee, intern, and IU8 personnel: Pennsylvania Child Abuse History Clearance; Pennsylvania State Police Criminal Background Check; and FBI Criminal Background Check. In addition, when hiring, management staff obtain at least three references. An effort is made to include in this reference process, contact with all prior institutional employers for information on substantiated allegations of abuse, sexual abuse, retaliation, sexual harassment or any resignation during pending investigation of an allegation of abuse, sexual abuse, retaliation, and sexual harassment. Pending new hires are asked about previous misconduct in written applications and/or interviews. In addition, staff are informed that they have a continuing affirmative duty to disclose any such misconduct regarding child abuse during the mandated on-line training. In addition, all staff must comply with CPSL during employment with regard to informing AYS of incident/findings that occur while not on duty. This affirmative duty with regard to abuse, sexual abuse, retaliation, and sexual harassment is contained in the AYS PREA Staff Training Manual. As per applicable PREA standards AYS will comply with expectations that we provide notification to institutional employers who are considering hiring a previous employee who while at AYS had substantiated allegations of abuse, sexual abuse, retaliation, and sexual harassment.

During conversations with the PC, she confirmed that every staff hired and those currently employed have had all three child abuse and criminal background checks completed and had provided copies to AYS. Additionally, the auditor conducted file reviews for every facility staff and determined that their child abuse and criminal background checks were current. During the past 12 months only one staff was hired and they were in full compliance with the requirements of these provisions.

Conclusion: The evidence indicates the facility is in substantial compliance with this

provision. No corrective action is required.

(d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

Unit 1 Red mandates child abuse and criminal background records/ clearances be completed and provided to the agency before enlisting the services of any contractor who may have contact with residents. Currently, AYS does not employ any contractors.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The agency shall 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.

Unit 1 Red requires child abuse and criminal background clearances of all new and current employees with the renewal date set by DHS regulation and state mandated law. These three clearances must be renewed at a minimum every five years as per Pennsylvania CPSL/APS Laws and DHS Regulations. As these deadlines are changed/updated by regulation and/or state law, this policy will be updated accordingly. All staff, interns, and IU8 personnel must maintain compliance with this process to remain associated with AYS. In addition, staff must comply with CPSL during employment with regard to their continuing affirmative duty to inform AYS of incident/findings that occur while not on duty and/or if their status of the three clearances changes. The auditor conducted file reviews of every facility staff and found all staff had renewed checks and clearances timely.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(f) The agency shall also 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 and in any interviews or written self evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The facility uses the disclosure statement mentioned above to comply with this provision. The auditor observed these forms in staff files. Additionally, staff hiring, promotion and performance reviews have a disclosure statement on the form in which the staff must affirmatively report any misconduct.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(g) Material omissions regarding such misconduct, or the provision of materially

	<p>false information, shall be grounds for termination.</p> <p>Unit 1 Red mandates that any AYS employee found to have engaged in material omissions regarding such misconduct as detailed in previous standards in this chapter with regard to abuse, sexual abuse, and sexual harassment, or the provision of materially false information, is grounds for immediate termination.</p> <p>During an interview with the ED, he stated that the facility had zero tolerance for staff found to not be in compliance with these provisions and would not employ any individual who could not meet the requirements of these provisions.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.318 Upgrades to facilities and technologies.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <ul style="list-style-type: none"> · AYS PAQ <p>Interviews:</p> <ul style="list-style-type: none"> · ED <p>Findings by Provision:</p> <p>(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>AYS indicated in their PAQ that the agency has not designed or acquired any new</p>

	<p>facilities nor has made any substantial expansion or modification of their existing facility since the last PREA audit. During interviews, the ED confirmed that AYS has not designed or acquired any new facility and has not planned any substantial expansion or modification of existing facilities. During the site visit, the auditor did not observe any evidence to the contrary.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>AYS indicated in their PAQ that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. During interviews, the ED confirmed that AYS has not installed or updated the facility video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. During the site visit, the auditor did not observe any evidence to the contrary.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>§ 115.321 Evidence protocol and forensic medical examinations.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <ul style="list-style-type: none"> AYS PAQ AYS MOU with local LEA AYS Unit 2 Brown AYS MOU with Conemaugh Memorial Medical Center AYS MOU with Blair County Family Services Incorporated <p>Interviews:</p>

Police Chief, Cambria Township Police Department

Conemaugh Memorial Medical Center Operations Coordinator / SANE Coordinator

Cambria County regional PADHS representative

Program Coordinator Blair County Family Services Incorporated

AYS PC

AYS ED

AYS Therapist

Random resident

Findings by Provision:

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

AYS indicated in their PAQ that the facility does not conduct any administrative or criminal PREA investigations. In the event a PREA incident or allegation is made, the facility contacts the PADHS Childline and the Cambria Township Police Department (CTPD) to respond and conduct any needed investigation. The writer contacted the CTPD Chief of Police, who confirmed his department has a MOU with the facility to respond to all PREA incidents and allegations should they occur. During the interview, the Chief stated that he has been employed by the CTPD since 2009 and the facility has never reported a PREA incident or allegation in that time. The auditor was able to receive a copy of the MOU and confirmed it is current. Also contained in the MOU as a statement that the CTPD would follow a uniform evidence protocols that is developmentally appropriate for youth and follows the PREA standards (115.321 (a) through (e))

Unit 2 Brown mandates that the facility conduct preliminary and follow up internal reviews when an allegation and/or incident of abuse, sexual abuse, sexual harassment, retaliation, sexual activity among residents occurs. First and foremost, however, the agency and all staff members are to follow applicable regulations and laws. When a staff learns of an incident or has reasonable suspicion that one has occurred he/she is to immediately report the alleged abuse to Childline or Adult Protective Services as appropriate. Following this notification, the staff member is to follow on-call procedures and other reporting procedures. The Childline form, CY-47 Form, is completed as needed. Other investigating authorities include, but are not limited to, personnel from Children and Youth Services, Office of Children, Youth, and Family Services, and DHS. In PA typically the referral for a criminal investigation is made by one of these authorities. The Executive Director, therapy staff, and the management staff will conduct a basic, limited, preliminary internal review of the alleged incident as appropriate and permitted by investigating

authorities in efforts to ascertain if the alleged perpetrator (if a staff) can remain working, institute an approved Staff Supervision Plan, take the necessary steps to assure the safety and supervision of all the children, determine if the alleged perpetrator (if a resident) can remain with AYS, make sure that all conditions of the investigating authority are adhered to, and make all needed notifications including notifying the Board of Directors. This internal review process is repeated at the conclusion of all investigations with changes, updates, and discipline of staff occurring as needed. Should for any time, for any reason, an allegation be determined insufficient such that an investigation will not take place, AYS will conduct an internal review with actions taken accordingly. AYS may also refer a staff member or a resident for criminal charges accordingly should this not occur via an investigating authority.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

Conclusion: NA as the facility is not responsible for investigating allegations of sexual abuse. No corrective action is required.

(c) The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

AYS Unit 2 Brown outlines the facility on this provision. Any resident who experiences sexual abuse will receive, at no cost to them, access to a forensic medical examination by outside medical personnel. Should payment issues occur following use of the resident's health care coverage, then payment for bills will be the responsibility of the placing agency and/or AYS. These forensic examinations, when possible, will be conducted by a Sexual Assault Forensic Examiner (SAFEs) or a Sexual Assault Nurse Examiner (SANEs). Should a SAFEs or a SANEs examiner not be available, a forensic exam will be recommended with a qualified medical practitioner at Conemaugh Memorial Medical Center or by Dr. Enrique Koh of Conemaugh Physicians Group, located in Ebensburg, PA. Should the investigating authority prefer/require a different facility, AYS will comply with the change. During interviews with the PC, she confirmed that should a resident request or need a FME, the facility would transport the resident to the Conemaugh Memorial Medical Center for treatment at no cost to the resident. The PAQ indicates that there were no FMEs conducted, nor such exams conducted by SAFEs / SANEs or qualified medical

practitioner during the past 12 months which the PC confirmed during interviews. AYS has a MOU (dated April 9, 2024) with the Conemaugh Memorial Medical Center to provide a SAFE or SANE services following allegations of sexual assault. The auditor spoke with the SANE Coordinator at the Conemaugh Memorial Medical Center who confirmed the MOU with AYS was in place. Additionally, the SANE Coordinator stated that there are currently nine SANEs on staff in the emergency department so one would always be available (either on shift or on call) to conduct FMEs. The SANE Coordinator began her role as the SANE coordinator in 2011, and stated her facility has never been asked to perform a FME for an AYS resident. The auditor obtained a copy of the MOU between the facility and Conemaugh Memorial Medical Center and found it to be current. The auditor was unable to corroborate this service with a resident who has reported sexual abuse, as there have not been any PREA reports made since the last PREA audit.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

AYS Unit 2 Brown outlines the facility on this provision. AYS maintains a MOU with Blair County Family Services Incorporated for victim services and for AYS residents and staff to report PREA allegations. The most recent MOU is dated April 23, 2024. The auditor interviewed the Blair County Program Director who confirmed the MOU and stated they would provide these services to AYS residents without cost. Should Blair County Family Services Incorporated not be able to provide victim services at any given time, the facility would use their facility therapist. The therapist has a master's degree in Sociology, and has been employed by AYS as the therapist since 2014. Additionally, the therapist leads PREA education in weekly group and individual resident sessions and completes PREA continuing education on a regular basis. The auditor was not able to interview any residents who may have used this service, as there have not been any PREA reports made since the last PREA audit.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and

support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

AYS Unit 2 Brown outlines the facility on this provision. The states that at a resident's request, the victim advocate and/or agency therapist will accompany and support the victim throughout the forensic examination process and investigatory interview. This person will provide emotional support, crisis intervention, information, and make any necessary referrals for the benefit and well-being of the victim. During interviews with the Blair County Family Services Inc. Director, PC and random staff, they confirmed that AYS residents could request and receive victim advocate services to accompany the resident to FMEs and investigatory interviews. During interviews with random residents, they confirmed they were aware of these victim services..

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

AYS and the Cambria Township PD have a written MOU dated May 22, 2024 in which the LEA agrees to investigate all PREA allegations occurring at AYS and included in the MOU is a statement that the LEA will follow PREA evidence protocols.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Per the OAS, the auditor is not required to audit this provision

(h) For the purposes of this standard, a qualified agency staff member or a qualified community based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The OAS instructs to check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above, which AYS does.

Auditor Overall Determination: Meets Standard

Auditor Discussion

§ 115.322 Policies to ensure referrals of allegations for investigations.

The following was evaluated in making a determination of compliance:

Documents:

AYS PAQ

AYS Unit 2 Brown

AYS 203

PREA Policy Statement

Interviews:

ED

PC

Site Review:

Findings by Provision:

(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The facility does not conduct any administrative or criminal PREA investigations. Unit 2 Brown states should such an investigation be needed, the authority for this is relegated to the following: Childline, Children and Youth, OCYFS, APS, DHS, Cambria Township Police, the Ebensburg Police, PA State Police, other police as applicable, and/or the Cambria County District Attorney's Office. AYS will cooperate fully with any and all abuse investigations. In interviews with the ED and PC, they stated all allegations must be reported to ChildLine, the state agency who manages all reports and investigations.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall have in place a policy 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. The agency shall publish such on its website or, if it does not have one, make the available through other means. The agency shall document all such referrals.

As stated in previous provisions, When a staff learns of an incident or has reasonable suspicion that one has occurred he/she is to immediately report the

	<p>alleged abuse to Childline or Adult Protective Services as appropriate. Following this notification, the staff member is to follow on-call procedures and other reporting procedures. The Childline form, CY-47 Form, is completed as needed. Other investigating authorities include, but are not limited to, personnel from Children and Youth Services, Office of Children, Youth, and Family Services, and DHS. In PA typically the referral for a criminal investigation is made by one of these authorities.</p> <p>The auditor reviewed the facility's website and found and reviewed the "PREA Policy Statement" which satisfies the provision's posting requirement.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. must have a in place that makes explicit both the responsibilities of the agency in a criminal investigation and the corresponding responsibilities of the external investigating entity. The agency being audited also must publish that on its website or make it available through other means if the agency has no website of its own.</p> <p>The auditor reviewed the facility's website and found and reviewed the "PREA Policy Statement" which satisfies the provision's posting requirement.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a governing the conduct of such investigations.</p> <p>Conclusion: NA. No corrective action is required.</p> <p>(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a governing the conduct of such investigations.</p> <p>Conclusion: NA. No corrective action is required</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	§ 115.331 Employee training.

The following was evaluated in making a determination of compliance:

Documents:

AYS PAQ

AYS 401

Unit 3 Orange 2024,

AYS staff training plan

AYS training curriculum

PREA staff training manual updated 2024

PREA Staff Training Verification Form

AYS Staff Orientation Form

Training Records

Job Descriptions

A sampling of staff meeting minutes

Interviews:

Random Staff

Site Review:

Findings by Provision:

(a) The agency shall train all employees who may have contact with residents on:

(1) Its zero-tolerance for sexual abuse and sexual harassment;

(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

(3) Residents' right to be free from sexual abuse and sexual harassment;

(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;

(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;

(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;

(8) How to avoid inappropriate relationships with residents;

(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

(11) Relevant laws regarding the applicable age of consent.

AYS Unit 3 Orange mandates staff be trained in the 11 criteria listed above. The auditor reviewed the training curriculum and confirmed it covers the 11 criteria listed above. The AYS Staff Training Plan mandates that all new hires and interns must complete the Orientation Training materials prior to working with and/or being around the children in any capacity. Included in the orientation form is an overview of PREA and the facility's zero tolerance and resident/parent PREA information. Employees at this stage of training are considered an "uncleared" staff. As an "uncleared" staff, they must always be in the eyesight of a trained staff when around the children. They will remain as an "uncleared" staff until all the DHS regulations regarding initial staff training requirements are successfully satisfied. This training process includes: Units 1-8 (Unit 1 Universal Precautions, Unit 2 Health and Other Special Issues, Unit 3 Crisis Intervention/Behavior Management, reading SCM Workbook, Unit 4 The Juvenile Act, Unit 5 Child Abuse Recognition, Prevention, and CPSL Laws. Online Training/Certificate. APS (Act 70), Unit 6 DHS 3800 Regulations Requirements, Unit 7 Fire Safety/test, Unit 8 Suicide Awareness and Prevention (Act 71)), obtaining CPR and First Aid certification, attending the agency's crisis management/Emergency Safety Intervention training, and completing the medications training. Staff must accrue a minimum of 30 hours of training within their first 120 days, successfully complete all the training requirements, and be "cleared" prior to this 120 day deadline. During interviews with the PC, she stated that all staff completes the initial PREA training biennially and refresher training is given in between these times. Upon reviewing employment files, staff hired since the date of the last audit complete initial PREA training within approximately a week of entering on duty. During interviews with random staff, they were all familiar with the PREA training regarding preventing, detecting, responding and reporting PREA allegations. During file reviews, the auditor observed this duty in all of the staff job descriptions which were signed by the appropriate staff - "Ensuring full compliance with applicable Department of Human Services regulations, county contract expectations, state and federal laws, PREA standards and AYS policies and procedures. This includes serving as designated staff for the implementation of normalcy provisions and prudent parent standards as well as serving as a first responder as per PREA standards."

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The

employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

AYS Unit 3 Orange states staff training is tailored to the unique needs, attributes, and gender of the residents in the facility. All AYS residential facilities house only males. All training is focused on the supervision and treatment needs of the adolescent male population, most of whom have been the victims of abuse or neglect or have been PREA abusers. However, female employees received additional training on the unique needs and attributes for male housing residents. Females are trained that when completing a Health and Safety Screening and/or Health and Safety Assessment and/or PREA Screening they ask the resident if they have a preference as to what gender staff completes the assessment. Female staff are also trained that should they need to visibly view a resident to assess a medical condition or health and safety concern they ask the resident if they have a preference as to what gender staff completes the visual assessment. Viewing a resident to assess a medical condition or health and safety concern is always completed with two staff members present. At no time will a female or male staff be permitted to view the genitalia of a resident to assess a medical condition or health and safety concern. The resident will be taken to a medical facility to have a needed assessment of a condition involving their genitalia completed. Female staff are additionally trained that they are required to announce their presence when entering a facility where residents are likely to be showering, performing bodily functions or changing clothing.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

During interviews with the PC, she stated that all staff completes the initial PREA training biennially and refresher training is given in between these times. Upon reviewing employment files, staff hired since the date of the last audit complete initial PREA training within approximately a week of entering on duty. During interviews with random staff, they were familiar with the PREA training regarding preventing, detecting, responding and reporting PREA allegations and could explain aspects of the training. Further, during random staff interviews, the staff indicated that they receive informal refresher PREA education throughout the year. During the auditor's review of training files, she observed PREA staff training verification forms which detailed the PREA topic, date completed, total training time, location, instructor and staff signature. While on site, the auditor reviewed a sampling of staff meeting minutes and observed that during these meetings, the 11 factors listed in §

	<p>115.331(a) were reviewed.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>AYS Unit 3 Orange states that staff members complete a training verification from that provides documentation that he/she attended and understood the training. During the auditor’s review of training files, she observed PREA staff training verification forms which detailed the PREA topic, date completed, total training time, location, instructor and staff signature.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.332 Volunteer and contractor training.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS PREA Training Handout (contractors and volunteers)</p> <p>AYS Training files</p> <p>Interviews:</p> <p>Pastor (Volunteer)</p> <p>Tutor (Unofficial Contractor)</p> <p>Findings by Provision:</p> <p>(a) The agency shall ensure 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.</p> <p>All contractors and volunteers are supervised by AYS staff while in the presence of AYS residents. The contractors and volunteers receive PREA training commensurate with their level of involvement with the residents. Contractors and volunteers</p>

receive a PREA Training Handout which instructs on AYS' zero tolerance , PREA definitions, the PA Child Protective Services Law, the PA Adult Protective Service Law, mandated reporter requirements, responsibility to respond and report, maintaining appropriate boundaries, abuse of power, PREA sanctions for contractors and volunteers, and telephone numbers for reporting PREA allegations. Additionally, there are PREA reporting posters hanging in the school building in plain sight.

AYS has one volunteer, a pastor, who visits approximately once per month. During an interview with the pastor, he stated that he is supervised by staff while visiting the facility. He also was able to detail the AYS PREA training he had received. AYS residents attend school on the grounds, and the three Cambria County Intermediary Unit teachers are not contracted by AYS, but a PREA resource Center FAQ states that although no contract exists, for PREA purposes, they are considered contractors. The auditor was unable to interview the three school year teachers as they were on break, but she was able to review their training records while on site. Additionally, there is an "extended school year" teacher who does tutoring over the summer months and was on site during the auditor's visit. The auditor interviewed her and she was also able to detail the AYS PREA training she had received. The auditor reviewed training files and determined both the contractor and volunteer had completed required PADHS background checks which were current, and they had also completed the required facility PREA training.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance regarding sexual abuse and sexual harassment and informed how to report such incidents.

Contractors and volunteers receive a PREA Training Handout which instructs on AYS' zero tolerance , PREA definitions, the PA Child Protective Services Law, the PA Adult Protective Service Law, mandated reporter requirements, responsibility to respond and report, maintaining appropriate boundaries, abuse of power, PREA sanctions for contractors and volunteers, and telephone numbers for reporting PREA allegations. Additionally, there are PREA reporting posters hanging in the school building in plain sight.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.333 Resident education.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS Resident Tasks/Reviews/Education by Quarter Form</p> <p>Resident files</p> <p>Unit 3 Orange</p> <p>AYS 310, 380</p> <p>Resident/Parent PREA Education Handbook and Pamphlet</p> <p>AYS Resident Intake Checklist</p> <p>Interviews:</p> <p>Intake Staff</p> <p>Random residents</p> <p>PC</p> <p>AYS therapist</p> <p>Findings by Provision:</p> <p>(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>AYS Unit 3 Orange requires that upon intake, prior to sleeping at the AYS facility, all residents are given comprehensive information outlining the agency “zero tolerance”, AYS policies and procedures for responding to such incidents, and ways to report instances or suspicions of abuse, sexual abuse, retaliation, or sexual harassment. This information is written in an age appropriate fashion and contains outside contact phone numbers. Residents are also given the Resident/Parent PREA Education Handbook and Pamphlet. The Resident/Parent PREA Education Handbook and Pamphlet contains the “zero tolerance”, ways to report allegations, as well as details their rights. These rights include: to be free from abuse, sexual abuse, retaliation, and sexual harassment; their right to be free from retaliation for reporting such incidents; and agency policies and procedures for responding to such</p>

incidents. AYS 310 also mandates that residents receive the Resident/Parent PREA Education Handbook and Pamphlet which is reviewed with them at intake. During file reviews, the auditor observed that the handbook has a cover sheet which is kept in each resident file with dates and resident /staff signatures of initial and subsequent handbook presentations. During an interview, the PC explained the resident intake / PREA education process, and stated that she was one of the primary intake staff. The auditor interviewed random residents and all stated they had received PREA information at intake and again about a week later, could explain the zero tolerance , their rights while at the facility, how to file grievances, ways to report PREA allegations, retaliation, or sexual harassment. The auditor reviewed resident PREA educational materials and found them to satisfy the requirements of this provision. The PAQ indicates nine residents were admitted in the past 12 months, and the auditor confirmed this by reviewing resident census' for the past year. Of the nine admissions, all were given PREA education as part of their intake procedure. The auditor interviewed all staff who conduct intake and confirmed the PREA information is given at intake. The auditor reviewed resident files and confirmed that all of the residents had received a PREA education upon intake. During file reviews, the auditor observed the AYS Resident Intake Checklist, which has a line item- PREA notification of zero tolerance (Resident /Parent PREA education Handbook and Pamphlet) with a line for the residents signature and date. As the facility received few intakes every few months, staff conducted a mock intake with the auditor posing as resident. The staff conducting most intakes are the PC and the AYS therapist. Due to their positions, these staff have extensive PREA knowledge and are well suited to convey PREA education to residents. During intake, staff explain the information in a way that the resident may truly comprehend the information. During an interview with the AYS therapist, she explained that she is the primary staff to conduct the follow up education, and in the off chance a resident had cognitive or other disabilities, she would use techniques to ensure the resident comprehended the information. The auditor did not test translation services, as the PC stated that only fluent English speaking residents are accepted for AYS placement.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

To ensure that residents understand the PREA information, and to allow them time to formulate any questions, the entire PREA education is repeated in person approximately ten days after intake. This follow up PREA education is primarily conducted by the AYS therapist. The PC also stated that additionally, residents participate in a PREA Education group four times a year (February, May, August, and November). The auditor interviewed all staff who conduct intakes and confirmed the PREA information is given again approximately 10 days after intake. During

interviews of random residents, all confirmed they received a second PREA education a week or so after intake. The PAQ indicates nine residents were admitted in the past 12 months, which the auditor confirmed by reviewing resident census' for the past year. The auditor reviewed the nine resident files and confirmed that all of the residents had received timely education follow up.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.

Due to AYS policies/procedures, and staff adherence to those mandates, all residents receive PREA education at intake and approximately ten days later. The PAQ indicates nine residents were admitted in the past 12 months, and the auditor confirmed this by reviewing resident census' for the past year. Of the nine admissions, all were given PREA education as part of their intake procedure and had received timely education follow up. Further, AYS only has one facility, so no transfers occur.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

During intake and during the follow up PREA education, staff explain the information in a way that the resident may truly comprehend the information. During an interview with the AYS therapist, she explained that she is the primarily staff to conduct PREA education, and in the off chance a resident had cognitive or other disabilities, she would use techniques to ensure the resident comprehended the information. In speaking with the PC, she indicated that management both prescreens and interviews potential residents prior to admission, and due to the programing space, mission and resident type (male sexual abusers), the facility is unable to accept LEP residents, and to her knowledge, never has. The auditor did not test translation services, as the PC stated that only fluent English speaking residents are accepted for AYS placement. Notwithstanding this information, AYS 380 discusses accommodating residents with disabilities and LEP individuals.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The agency shall maintain documentation of resident participation in these education sessions.

	<p>The PAQ indicates nine residents were admitted in the past 12 months, and the auditor confirmed this by reviewing resident census' for the past year. Of the nine admissions, the auditor confirmed all were given PREA education as part of their intake procedure and follow up PREA education. The auditor reviewed resident files and confirmed that all of the residents had received a PREA education upon intake and timely PREA education follow up. Additionally, the auditor reviewed files for every resident currently at the facility and found appropriate PREA education documents in each file.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>AYS Unit 3 Orange mandates PREA information be posted in the entrance way of all buildings. These PREA materials and posters stress the agency zero tolerance and the residents right to be free from abuse, sexual abuse, retaliation, and sexual harassment, ways to report, and contact phone numbers for residents and others to report such allegations/incidents. Additionally, residents maintain possession of PREA education materials and bring them to group therapies to review as a group. Should a resident misplace these materials, the facility will replace them. During the site visit, the auditor observed multiple PREA and grievance postings throughout the facility, to include the dining area, bedroom corridor and the school building. During interviews with staff and residents, both groups talked about these postings and that they could obtain PREA information and contact information. Due to the small size and layout of the facility, the auditor felt the posting placements sufficiently covered the facility area.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>§ 115.334 Specialized training: Investigations.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 3 Orange</p>

Interviews:

PC

ED

Site Review:

Findings by Provision:

(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

In interviews with the PC and ED, they stated that the facility does not conduct any administrative or criminal investigations. Unit 3 Orange states AYS does not employ persons who conduct administrative or criminal investigations with regard to abuse, sexual abuse, retaliation, or sexual harassment. All reports of abuse, sexual abuse, retaliation, and sexual harassment are reported to Childline or APS as per state law. The agency abides by the policies and requests of the investigating parties to include the appropriate police department, CYS, OCYFS, and DHS. Further, contained in the MOU between AYS and the Cambria Township Police Department is a commitment to follow all PREA standards related to conducting investigations.

Conclusion: NA. No corrective action is required.

(b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Conclusion: NA. No corrective action is required.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Conclusion: NA. No corrective action is required.

(d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Conclusion: NA. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

§ 115.341 Obtaining information from residents.

The following was evaluated in making a determination of compliance:

Documents:

Unit 4 Light Orange

AYS Health And Safety Assessment/PREA screening instrument

AYS Resident Intake Checklist

Resident files

AYS 310, 270

Interviews:

PC

Residents

Screening staff

Findings by Provision:

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

AYS Unit 4 Light Orange requires every resident upon admission, before sleeping, is administered a Health and Safety Assessment / PREA Screening to assess the risk of sexual abuse victimization or sexual abusiveness toward other residents. This screening is also administered twice yearly while the resident remains at the facility. During interviews with the PC, she explained the screening questions and demonstrated how the instrument gave values for the different answers to determine the resident's risk. AYS 270 states screening information is used for bedroom assignments, bathroom assignments, programming needs, therapy, and individualized services to meet the need of each resident. As previously noted, AYS staff gather both PREA Screening information as well as Health & Safety information on each resident to assure their safe stay while at the facility. During file reviews, the auditor observed the AYS Resident Intake Checklist, which has line items - Bedroom assignment: decision based on sexual victimization risk and risk for sexual abusiveness towards other residents - and- H&S assessment / PREA screening. During the mock intake, the auditor was administered this screening by the intake staff. During interviews with staff who conduct intake screenings, they confirmed

this is done at every intake. During interviews with residents, most remembered that intake screening questions were asked and all confirmed that the risk screening is conducted a few times a year. The AYS PAQ stated that all nine residents admitted to the facility in the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The auditor confirmed this information through resident file reviews.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Such assessments shall be conducted using an objective screening instrument.

Unit 4 light Orange states that AYS developed / adapted an objective risk assessment to determine risk of sexual victimization and sexual abusiveness. With this screening tool any gender non-conforming information is gathered and any possible impact on the resident's vulnerability for abuse is noted. This screening indicates any heightened needs for supervision and additional safety precautions. Any and all information gathered is for supervision and treatment purposes. Unit 4 Light Orange also states screening staff administer the screening instrument using trauma informed and trauma focused practices and are also held to confidentiality and ethics standards. During interviews with the PC, she explained the screening questions and demonstrated how the instrument gave values for the different answers to determine the resident's risk. The same screening instrument is used for all intakes and repeated twice yearly while the resident is at the facility. While conducting resident file reviews, the auditor observed these repeated screenings in the files. During the site visit mock intake, the auditor was administered this screening by the intake staff and was able to confirm:

The AYS therapist, PC primarily complete the risk screenings.

The screening takes place in a private setting

The screening staff asked the risk questions in a calm and interested manner.

The screening instrument listed above is used for every resident to collect information during the risk screening process.

Screening staff affirmatively ask residents their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).

Screening staff use additional sources of information, to complete the initial risk screening assessment.

Information obtained pursuant to Standard 115.341 is used to reduce the risk of sexual abuse by or upon a resident.

Although not required to return a "score," the AYS screening instrument does.

During interviews with residents, the auditor asked if they remembered some of the

screening questions, such as LGBTI status, medical and mental health status, and most of the residents did.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) At a minimum, the agency shall attempt to ascertain information about:

(1) Prior sexual victimization or abusiveness;

(2) 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;

(3) Current charges and offense history;

(4) Age;

(5) Level of emotional and cognitive development;

(6) Physical size and stature;

(7) Mental illness or mental disabilities;

(8) Intellectual or developmental disabilities;

(9) Physical disabilities;

(10) The resident's own perception of vulnerability; and

(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

AYS Unit 4 Light Orange states AYS requires that upon admission, every resident, before sleeping, is administered a Health and Safety Assessment / PREA Screening to assess the risk of sexual abuse victimization or sexual abusiveness toward other residents. The AYS Health and Safety Assessment /PREA Screening contains questions related to all the factors listed in this provision.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

During interviews with screening staff, they noted that part of the screening process included reviewing offense history, court documents where available. Additionally, staff receives the type of information contained in this provision when assessing whether to accept a resident and during interviews with that resident prior to

	<p>admission.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(e) The agency shall implement 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.</p> <p>This facility is small (15 beds), and the program specializes in residents who are sexual abusers (and several were also sexual victims). The facility only has 20 staff, who rotate through all shifts over a period of time. All staff are also first responders and mandatory reporters. Unit 4 Light Orange states staff are held to confidentiality and ethics standards. The PREA screenings and other resident information is used to inform bedroom placement, program assignments, individualized service plans for therapy and counseling- activities which all staff are involved in and have a need to know. For these reasons, AYS maintains resident files in the manager’s office. This office is kept locked when the manager on duty is not there, but staff are allowed to review resident files for safety and security purposes in the office as the need arises. This has been the facility practice for several years and no misuse of resident confidential information has been identified.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.341 Obtaining information from residents.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 4 Light Orange</p> <p>AYS Health And Safety Assessment/PREA screening instrument</p> <p>AYS Resident Intake Checklist</p> <p>Resident files</p> <p>AYS 310, 270</p> <p>Interviews:</p>

PC

Residents

Screening staff

Findings by Provision:

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

AYS Unit 4 Light Orange requires every resident upon admission, before sleeping, is administered a Health and Safety Assessment / PREA Screening to assess the risk of sexual abuse victimization or sexual abusiveness toward other residents. This screening is also administered twice yearly while the resident remains at the facility. During interviews with the PC, she explained the screening questions and demonstrated how the instrument gave values for the different answers to determine the resident's risk. AYS 270 states screening information is used for bedroom assignments, bathroom assignments, programming needs, therapy, and individualized services to meet the need of each resident. As previously noted, AYS staff gather both PREA Screening information as well as Health & Safety information on each resident to assure their safe stay while at the facility. During file reviews, the auditor observed the AYS Resident Intake Checklist, which has line items - Bedroom assignment: decision based on sexual victimization risk and risk for sexual abusiveness towards other residents - and- H&S assessment / PREA screening. During the mock intake, the auditor was administered this screening by the intake staff. During interviews with staff who conduct intake screenings, they confirmed this is done at every intake. During interviews with residents, most remembered that intake screening questions were asked and all confirmed that the risk screening is conducted a few times a year. The AYS PAQ stated that all nine residents admitted to the facility in the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The auditor confirmed this information through resident file reviews.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Such assessments shall be conducted using an objective screening instrument.

Unit 4 light Orange states that AYS developed / adapted an objective risk assessment to determine risk of sexual victimization and sexual abusiveness. With this screening tool any gender non-conforming information is gathered and any possible impact on the resident's vulnerability for abuse is noted. This screening indicates any heightened needs for supervision and additional safety precautions. Any and all information gathered is for supervision and treatment purposes. Unit 4 Light Orange also states screening staff administer the screening instrument using trauma informed and trauma focused practices and are also held to confidentiality

and ethics standards. During interviews with the PC, she explained the screening questions and demonstrated how the instrument gave values for the different answers to determine the resident's risk. The same screening instrument is used for all intakes and repeated twice yearly while the resident is at the facility. While conducting resident file reviews, the auditor observed these repeated screenings in the files. During the site visit mock intake, the auditor was administered this screening by the intake staff and was able to confirm:

The AYS therapist, PC primarily complete the risk screenings.

The screening takes place in a private setting

The screening staff asked the risk questions in a calm and interested manner.

The screening instrument listed above is used for every resident to collect information during the risk screening process.

Screening staff affirmatively ask residents their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).

Screening staff use additional sources of information, to complete the initial risk screening assessment.

Information obtained pursuant to Standard 115.341 is used to reduce the risk of sexual abuse by or upon a resident.

Although not required to return a "score," the AYS screening instrument does.

During interviews with residents, the auditor asked if they remembered some of the screening questions, such as LGBTI status, medical and mental health status, and most of the residents did.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) At a minimum, the agency shall attempt to ascertain information about:

(1) Prior sexual victimization or abusiveness;

(2) 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;

(3) Current charges and offense history;

(4) Age;

(5) Level of emotional and cognitive development;

(6) Physical size and stature;

(7) Mental illness or mental disabilities;

(8) Intellectual or developmental disabilities;

(9) Physical disabilities;

(10) The resident's own perception of vulnerability; and

(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

AYS Unit 4 Light Orange states AYS requires that upon admission, every resident, before sleeping, is administered a Health and Safety Assessment / PREA Screening to assess the risk of sexual abuse victimization or sexual abusiveness toward other residents. The AYS Health and Safety Assessment /PREA Screening contains questions related to all the factors listed in this provision.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

During interviews with screening staff, they noted that part of the screening process included reviewing offense history, court documents where available. Additionally, staff receives the type of information contained in this provision when assessing whether to accept a resident and during interviews with that resident prior to admission.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The agency shall implement 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.

This facility is small (15 beds), and the program specializes in residents who are sexual abusers (and several were also sexual victims). The facility only has 20 staff, who rotate through all shifts over a period of time. All staff are also first responders and mandatory reporters. Unit 4 Light Orange states staff are held to confidentiality and ethics standards. The PREA screenings and other resident information is used to inform bedroom placement, program assignments, individualized service plans for therapy and counseling- activities which all staff are involved in and have a need to know. For these reasons, AYS maintains resident files in the manager's office. This office is kept locked when the manager on duty is not there, but staff are allowed to review resident files for safety and security purposes in the office as the need

	<p>arises. This has been the facility practice for several years and no misuse of resident confidential information has been identified.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS 248</p> <p>Unit 4 Light Orange</p> <p>PAQ</p> <p>Interviews:</p> <p>PC</p> <p>Resident identified as LGBTI</p> <p>Findings by Provision:</p> <p>(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Unit 4 Light Orange states that AYS's goal is to always ensure the health and safety of residents at all times and to keep them free from abuse, sexual abuse, retaliation, and sexual harassment. AYS uses the information from the risk screening process to inform all staff of any identified sexual victimization risk and/or sexual abusiveness risk towards other residents with the goal of keeping all residents safe and free from abuse. The information gathered during the screening for sexual victimization and sexual abusiveness is used to make decisions about bedroom assignment, educational programming, therapist or counselor caseloads, and any other</p>

individualized service that may be warranted. During the site visit, the auditor observed that each resident has assigned seating in all areas of the facility to include the recreation room and dining table. Unit 4 Light Orange states in part, Staff members provide supervision at all times and respond to a serious health risk, safety risk, victimization risk, or if sexual abusiveness is identified. Additionally, should a resident identify as "at risk for sexual victimization" the PC, PCM, therapist/ counselor and Executive Director will re-evaluate the resident's programming to include bedroom assignment, educational programming, as well as place the resident on a Health and Safety Plan. This plan will identify and list goals and expectations to keep this resident safe, supervised by staff, and free from victimization. Residents continue to participate in programming to include, but not limited to, counseling services, educational programming, and regular exercise. During interviews with the PC, she confirmed that the goals stated in the health and safety plan continue to be emphasized. For example, a resident who scores high on the risk assessment will be placed in a bedroom close to the staff station, so the resident can receive increased supervision. There are not any work assignments at the facility, but at least one resident works in the community. In part the decision to allow that was based on his risk screening. When interviewed, the resident appeared proud and fulfilled to be allowed to work in the community and was eager to earn money prior to his departure from the facility when he turns 21 years old.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Per AYS 248 AYS does not utilize or permit any form of seclusion, isolation, or exclusion. Per AYS Unit 4 Light Orange, page 2, AYS does not utilize any type of seclusion, isolation, or exclusion with residents. These practices are not permitted as per PADHS regulations, and any such practice could be grounds for terminating the facility's license. The PAQ indicates in the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation, have been denied daily access to large muscle exercise, and/or legally required education or special education services and/or spent any period of time in isolation to protect them from sexual victimization was zero.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such

identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

AYS Unit 4 Light Orange, states AYS does not solely use a resident's sexual orientation, identification or status (lesbian, gay, bisexual, transgender, or intersex) to determine their bedroom assignment, educational programming, any other assignment, or programming within the agency. Considerations are made with regard to health and safety issues as well as risk and vulnerability levels. During interviews with the PC, she confirmed a resident's LGBTI status was not a stand-alone factor for assignments as that is only one of many factors considered during the screening process, and also reiterated that AYS management both pre-screens and interviews potential residents, and due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept transgender or intersex individuals. During the site visit, the facility reported that they had one resident who identified as bisexual, but during the auditor's interview with that resident, he did not identify as bisexual to the auditor so additional interview protocols could not be done.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

During interviews with the PC, she stated that AYS management both pre-screens and interviews potential residents, and due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept transgender or intersex individuals.

Conclusion: NA. No corrective action is required.

(e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

During interviews with the PC, she stated that AYS management both pre-screens and interviews potential residents, and due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept transgender or intersex individuals.

Conclusion: NA. No corrective action is required.

(f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

During interviews with the PC, she stated that AYS management both pre-screens

and interviews potential residents, and due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept transgender or intersex individuals.

Conclusion: NA. No corrective action is required.

(g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

During interviews with the PC, she stated that AYS management both pre-screens and interviews potential residents, and due to the programming space, mission and resident type (male sexual abusers), the facility is unable to accept transgender or intersex individuals.

Conclusion: NA. No corrective action is required.

(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Per AYS 248 AYS does not utilize or permit any form of seclusion, isolation, or exclusion. Per AYS Unit 4 Light Orange, page 2, AYS does not utilize any type of seclusion, isolation, or exclusion with residents. These practices are not permitted as per PADHS regulations, and any such practice could be grounds for terminating the facility's license. The PAQ indicates in the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation, have been denied daily access to large muscle exercise, and/or legally required education or special education services and/or spent any period of time in isolation to protect them from sexual victimization was zero.

Conclusion: NA. No corrective action is required.

(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Per AYS 248 AYS does not utilize or permit any form of seclusion, isolation, or exclusion. Per AYS Unit 4 Light Orange, page 2, AYS does not utilize any type of seclusion, isolation, or exclusion with residents. These practices are not permitted as per PADHS regulations, and any such practice could be grounds for terminating the facility's license. The PAQ indicates in the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation, have been denied daily access to large muscle exercise, and/or legally required education or special education services and/or spent any period of time in isolation to protect them from sexual victimization was zero.

	Conclusion: NA. No corrective action is required.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.351 Resident reporting.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 5 Yellow</p> <p>AYS Resident Reporting Form</p> <p>Resident/Parent PREA education handbook</p> <p>AYS Policy 350</p> <p>AYS PREA Staff Training Manual</p> <p>Blair County (Family Services Inc) MOU</p> <p>Interviews:</p> <p>Random Staff</p> <p>Random Resident</p> <p>PC</p> <p>Organizations listed at the facility and in facility /procedure documents</p> <p>Findings by Provision:</p> <p>(a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>AYS Unit 5 Yellow states residents are allowed to report privately and/or anonymously to agency officials about: abuse, sexual abuse, and sexual harassment; retaliation by other residents or staff for reporting abuse, sexual abuse, or sexual harassment; staff neglect or violation of responsibilities that may have contributed to such incidents. Further, the following methods may be used:</p>

- Direct reporting to any agency employee.
- Direct reporting to an agency therapist or program coordinator.
- Reporting via a facility Question/Suggestion Form
- Resident Reporting Form.

These reporting options are posted in several places at the facility and are found in the Resident/Parent PREA Education Handbook and Pamphlet which residents are given at intake. The handbook also states residents can make a report of abuse, sexual abuse, retaliation, or sexual harassment at any time privately and confidentially. Residents don't have to give their name and the calls can be made privately. These phone numbers are free to call. During the auditor's site visit, she observed PREA information to include reporting, posted in several areas of the small facility. During resident interviews, all residents stated they were aware of these reporting avenues and could name several of them off the top of their head. During the interviews, residents confirmed they had also received this information during intake, orientation and in weekly individual and group therapy sessions.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

AYS Unit 5 Yellow states AYS allows residents to report privately and/or anonymously to outside entities about: abuse, sexual abuse, and sexual harassment; retaliation by other residents or staff for reporting abuse, sexual abuse, or sexual harassment; staff neglect or violation of responsibilities that may have contributed to such incidents. Further, the following methods may be used:

Private reporting to a public entity, outside entity, or office that is not part of AYS. These entities include:

- o Childline 1(800)932-0313 or Adult Protective Services 1(800)490-8505
- o Family Services Incorporated (Blair County) 2022 Broad Avenue, Altoona, PA 16601. (814) 944-3585 (24 hour victim services helpline)

The auditor placed calls to the organizations listed in Unit 5 Yellow, identifying herself and asking how they would respond, should a AYS resident want to report a PREA and found:

The Family Services Incorporated stated PREA reports could be made 24/7, and

would either speak with an advocate during business hours or reach the on call advocate at other times. The advocates are all mandatory reporters, so they would immediately contact ChildLine to make the report. Calls to this number are confidential and can be made anonymously. The facility has a MOU with Family Services Incorporated (Blair County) for reporting services, This PREA reporting avenue appears to be compliance with the requirements of § 115.351.

Childline stated anonymous reports are accepted and they would route the call to the Regional CYS office and the District Attorney's office for action. The operator stated the Regional CYS office would receive the report in seven to ten minutes. This PREA reporting avenue appears to be compliance with the requirements of § 115.351

Adult Protective Services stated anonymous reports are accepted and they would route the call to Liberty Health, a 24 hour agency which handles these types of reports. The operator also stated that their protocols required emergency reports to be put in touch with a local LEA. This PREA reporting avenue appears to be compliance with the requirements of § 115.351

The AYS PREA Staff Training Manual has the same reporting organizations listed as Unit 5 Yellow.

During the site visit the auditor observed several PREA notices posted around the facility listing Childline, Adult Protective Services and Family Services Inc. This information was clearly and boldly posted in several areas of the small facility, in places residents and staff pass by several times a day.

The auditor placed calls to the organizations listed on the notices, identifying herself and asking how they would respond, should a AYS resident want to report a PREA and found:

The Family Services Incorporated stated PREA reports could be made 24/7, and would either speak with an advocate during business hours or reach the on call advocate at other times. The advocates are all mandatory reporters, so they would immediately contact ChildLine to make the report. Calls to this number are confidential and can be made anonymously. The facility has a MOU with Family Services Incorporated (Blair County) for reporting services, This PREA reporting avenue appears to be compliance with the requirements of § 115.351.

Childline stated anonymous reports are accepted and they would route the call to the Regional CYS office and the District Attorney's office for action. The operator stated the Regional CYS office would receive the report in seven to ten minutes. This PREA reporting avenue appears to be compliance with the requirements of § 115.351

Adult Protective Services stated anonymous reports are accepted and they would route the call to Liberty Health, a 24 hour agency which handles these types of reports. The operator also stated that their protocols required emergency reports to be put in touch with a local LEA. This PREA reporting avenue appears to be

compliance with the requirements of § 115.351

Unit 5 Yellow states that residents, at any time, may request to contact any of these agencies to report alleged abuse, sexual abuse, retaliation, or sexual harassment. Residents are informed that when they want to contact one of the above listed agencies they need to ask staff to make a phone call privately. These calls are not “monitored” by staff. The contact between the resident and the reporting agency will be done in private and kept confidential as long as the safety of the resident is not in jeopardy

During resident interviews, all residents stated they were aware of these outside reporting avenues and also volunteered that they could report to their probation officer, a family member, a pastor, or a teacher. During the interviews, residents confirmed they had also received outside reporting avenues during intake, orientation and in weekly individual and group therapy sessions.

AYS Unit 5 Yellow states AYS does not accept residents held solely on civil immigration purposes and the PC confirmed that Department of Homeland Security does not place residents at AYS.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Unit 5 Yellow states during staff training and education of PREA standards, it is reviewed with staff that they must accept reports of abuse, sexual abuse, retaliation, or sexual harassment from any resident as well as others at any time. Reports must be accepted by staff no matter how the report is received or from whom, i.e. verbally, in writing, anonymously, or from a third party. The agency policies and procedures for staff receiving abuse reports, reporting the abuse to the proper authorities and agency personnel are also taught and reviewed during training sessions and staff meetings. A formal training session is conducted during the orientation phase and reviewed during staff meetings using the AYS PREA Staff Training Manual. Additionally, Unit 5 Yellow and the AYS PREA Staff training Manual requires staff to immediately contact Childline or Adult Protective Services (depending on the age of the resident) to report abuse, sexual abuse, retaliation, or sexual harassment as reported to them by a resident, another adult, or due to their own suspicion. Staff must complete a CY 47 (Child Abuse Reporting Form) and submit it to Childline within 48 hours after receiving the abuse report. All reports no matter how received are to result in on-call procedures being followed immediately after the Childline call is made. In addition, staff, before they leave their shift, are required to follow on-call procedures as well as complete Logbook entries and an Incident Report to document the report/allegation and follow up actions taken. In addition, all reporting guidelines as per DHS, Childline, APS, CYS, OCYFS, and AYS policies and procedures are taught and are to be adhered to including all notifications. Applicable laws, regulations, standards, and agency expectations are found in the PREA Staff Training Manual as well as in the agency Policies and

Procedures Manual. During interviews, all interviewed staff were able to explain these requirements and knew they had to immediately document any verbal reports they received. During interviews with residents, they were all aware that there were multiple ways to report a PREA allegation (Although no one had made a report previously) and stated they felt comfortable should they need to in the future. Additionally, all residents interviewed stated they were aware of the contact numbers posted and also had that material in their resident PREA education materials in their rooms. All residents stated should they want to make a report, they would ask staff to use the phone. The residents did not think the staff would ask who the resident was calling, and would let them call from either the timeout room or the library. Unit 5 Yellow states that residents, at any time, may request to contact any of these agencies to report alleged abuse, sexual abuse, retaliation, or sexual harassment. Residents are informed that when they want to contact one of the above listed agencies they need to ask staff to make a phone call privately. These calls are not “monitored” by staff. The contact between the resident and the reporting agency will be done in private and kept confidential as long as the safety of the resident is not in jeopardy. The residents were also aware that they could write a grievance or PREA report to either give to the staff or mail outside of the facility, and stated they felt comfortable using this method. Residents reported they had paper and writing instruments in their room and would ask for an envelope, giving it back to staff after addressing it. During interviews with staff, they stated if a resident gave them an envelope to mail, they would give it to a manager who would either mail it or give it to office staff to mail without looking at the correspondence.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No Corrective action is required.

(d) The facility shall provide residents with access to tools necessary to make a written report.

During the site visit, the auditor observed that copies of Resident Reporting Forms and grievance forms were hanging in the main hallway of the facility, within easy access of residents wishing to obtain a copy. During resident interviews, all residents reported they were aware of these forms and knew they could easily obtain one. Additionally, all residents reported that they had paper and writing instruments to use should they want to send a written PREA report.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Unit 5 Yellow states Staff are informed that they may report any and all concerns including abuse, sexual abuse, retaliation, or sexual harassment privately or anonymously to a therapist/counselor, management staff, or Executive Director, using the Question/Suggestion Form or the Resident Reporting Form if they choose to do so, a phone call, e-mail, note, or a letter sent to the Main Office. During staff

	<p>interviews, all staff were aware of the different ways to privately report PREA allegations and also knew they could call Childline or Adult protective Services anonymously without going through facility channels.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>§ 115.352 Exhaustion of administrative remedies.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <ul style="list-style-type: none"> Unit 5 Yellow Grievance Policy Staff training Resident Education <p>Interviews:</p> <ul style="list-style-type: none"> PC <p>Findings by Provision:</p> <p>(a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p>(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p>(3) The agency shall not require a resident to use any informal grievance process,</p>

or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d)(1) The agency shall 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.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the resident may consider the absence of a response to be a denial at that level.

The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) 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.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

	<p>The agency is exempt as it does not have administrative procedures to address resident grievances regarding sexual abuse. All PREA related reports are immediately reported to the PA state ChildLine, which investigates these reports.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>§ 115.353 Resident access to outside support services and legal representation.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <ul style="list-style-type: none"> Unit 5 Yellow AYS MOU with Blair County Resident / Parent PREA Education Handbook Resident Pamphlet AYS Informed Consent/Notification Form <p>Interviews:</p> <ul style="list-style-type: none"> Residents PC ED PCM <p>Site Review:</p> <p>Findings by Provision:</p> <p>(a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable</p>

reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Unit 5 Yellow provides information on this provision. Residents are given the mailing address, and telephone numbers for Blair County Family Services in several ways. The address and phone number is posted in the facility, in the Resident/Parent PREA Educational Handbook and the information is reviewed with staff quarterly. Unit 5 Yellow also states that residents are informed that when they want to contact any agencies they need to ask staff to make a private phone call. These calls are not "monitored" by staff. The contact between the resident and the reporting agency will be done in private and kept confidential as long as the safety of the resident is not in jeopardy. The Resident / Parent PREA Education Handbook states residents can make a report of abuse, sexual abuse, retaliation, or sexual harassment at any time privately and confidentially. These phone numbers are free to call. During the onsite visit, the auditor observed the victim services postings in the facility. During resident interviews, all the residents were able to tell the auditor that Blair County could provide victim services. Residents also understood that staff were mandated reporters and were required to report any PREA allegations to Childline and facility managers. Residents are given the AYS Informed Consent/Notification Form and sign it to acknowledge that the information was reviewed with them and that they understand the limits to confidentiality at AYS. AYS does not lodge residents detained solely for civil immigration purposes.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The facility shall 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.

During resident interviews, residents stated they understood that staff were mandated reporters and were required to report any PREA allegations to Childline and facility managers. Upon intake residents are given the AYS Informed Consent/Notification Form and sign it to acknowledge that the information was reviewed with them and that they understand the limits to confidentiality at AYS.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

During interviews with the PC, she stated AYS has contacted and entered into a MOU with Blair County Family Services Inc., a local victim advocacy center. The auditor was also provided with the active signed MOU between AYS and Blair County. This agency is able and will provide emotional support related to abuse,

sexual abuse, retaliation, or sexual harassment 24 hours a day 365 days a year to any resident at AYS.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Unit 5 Yellow states residents are permitted to contact their attorney, advocate, placing agency representative or other legal representative during regular business hours. Conversations between residents and their attorneys or other legal representatives are conducted in private and kept confidential to the resident unless they choose to share the conversation. Calls with a legal representative and the placing agency are not counted in the number of weekly calls. Residents are entitled to a maximum of seven ten minute phone calls weekly or 6 ten minutes calls and one 30 minute zoom call with their parents, guardians, legal custodians and other family members or person that were previously approved for phone contact by their placing representative. The Resident / Parent PREA Education Handbook in part states residents have the opportunity to speak with their attorney, privately, whenever requested. During resident interviews, all residents stated they were aware that calls to their attorneys do not count towards their weekly allowance and to place a call to their legal representative, they only needed to ask staff to use the phone. Residents also stated that for an attorney call they would be allowed to use the time out room or library, so their call would be confidential. Residents were aware that they could call their parents or legal guardians for seven ten minute calls a week, or six ten minutes calls and one 30 minute zoom call. During staff conversations, they were aware of the different rules for calling parents, attorneys etc. During interviews with the ED, he stated that residents place all attorney, parent and legal guardian calls in the library, to provide privacy, even though the door is not allowed to be closed. During interviews with the PCMs, they confirmed that attorney calls are taken in the timeout room or library and that these calls do not go against residents' calling allowances. Residents can request legal calls at any time. Regarding providing residents access to their parents and legal guardians, those calls go against residents' weekly calling allowances and the only reason staff would deny a parent call is if there was a court or a probation order denying contact.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>§ 115.354 Third-party reporting.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Resident / Parent Handbook</p> <p>Interviews:</p> <p>Findings by Provision:</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The facility posts on their website “All allegations of abuse, sexual abuse, and sexual harassment are reported to Childline at 1-800-932-0313 or the Adult Protective Services Hotline (if over 18) at 1-800-490-8505” enabling third party reporters to call and report PREA allegations on behalf of residents. Additionally, visitors to AYS will observe reporting information posted in the facility and parents receive information on reporting via the Resident / Parent PREA Education Handbook.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>§ 115.361 Staff and agency reporting duties.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 6 Green</p> <p>PREA Incident Report Form</p> <p>Employee Handbook</p> <p>AYS 202 and 203</p> <p>AYA Informed Consent and Notification Form</p>

Interviews:

Staff

ED

AYS Therapist

PCM

Findings by Provision:

(a) The agency shall require all staff to report immediately and according to agency 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Unit 6 Green states it is the and practice at AYS that all staff immediately report any and all information, knowledge, suspicions, allegations, and/or incidents of abuse, sexual abuse, retaliation, sexual harassment, or sexual activity among residents that occur/may have occurred with any resident or student in AYS programs. AYS 203 states that as “mandated reporters” all staff must comply without fail with CPSL (Child Protective Services Law applies to youth 17 and down) and APS (Adult Protective Services law applies to youth 18 and older). Further, AYS 203 states staff, interns, volunteers, teachers, etc. must immediately and directly report any suspicion of child abuse as defined by CPSL to ChildLine. After this call is made, then the staff, intern, volunteer, teacher, etc. must immediately inform a management staff to include the Executive Director. The AYS Staff Training Manual instructs staff to immediately follow agency on-call procedures (contact the manager in-charge of the program) to report: an alleged incident of retaliation; threat of retaliation; concern for retaliation against resident(s) or staff who have reported an alleged incident of abuse, sexual abuse, sexual harassment, or sexual activity among residents. Further the training manual states it is the of AYS that staff are required to immediately follow agency on-call procedures (contact the manager in-charge of the program) and report any staff neglect or violation of responsibilities that may have contributed to an alleged incident of abuse, sexual abuse, sexual harassment, sexual activity among residents, or retaliation. In staff interviews, all staff were familiar with their responsibilities under this provision and could explain the process they would complete should they receive a PREA allegation.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

The AYS Staff Training Manual states that all staff are considered “mandated reporters” and are required to follow all reporting laws as per PA’s Child Protective

Services Reporting Laws, the Adult Protective Services Law, and DHS regulations. In staff interviews, all staff were familiar with their responsibilities under this provision. The AYS Employee Handbook states that all AYS staff are mandatory reporters of suspected child abuse under the CPSL, Chapter 3490. If child abuse is suspected, ChildLine must be immediately notified, then a manager or the ED must be notified and a written report must be filed within 48 hours, and the local LEA is to be called in accordance with APS law. During staff interviews, all staff could articulate what being a mandatory reporter is, what the mandatory child abuse reporting laws are and what steps they would take should they need to report.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

AYS 202 states staff needs to maintain confidentiality as per AYS expectations, DHS regulations, PREA Standards, and state and federal law including (but not limited to) HIPAA. These expectations apply to both during a staff's tenure with the agency as well as after a staff's separation from the agency (termination of employment regardless of the reason). No employee shall disclose or make use of or knowingly permit the use of any information concerning a client or his/her family directly or indirectly. Any employee who willfully commits such acts will be subject to appropriate disciplinary action up to and including immediate dismissal. Unit 6 Green states AYS prohibits staff from disclosing or revealing any information related to alleged abuse, sexual abuse, sexual harassment, retaliation, or sexual activity among residents to parties outside the scope of designated agencies, state and/or local officials, investigating parties, therapeutic entities, medical personnel, or mental health personnel. Staff are required to adhere to the agency's confidentiality and ethics policies which state "No employee shall disclose or make use or knowingly permit the use of any information concerning the child or his/her family directly or indirectly. Any employee who willfully commits such acts will be subject to appropriate disciplinary action up to and including dismissal. During interviews, all staff were able to explain the prohibition from revealing PREA allegation information to anyone without a need to know.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d)(1) Medical and mental health practitioners shall be 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.

The AYS therapist must comply with all agency policies as well as mandated reporting laws, no differently than all the other AYS staff. The therapist receives the

same PREA training other AYS staff do and is a mandatory reporter. In conversations with the therapist, she was well versed in her obligations under this provision.

NOTE: There are no medical staff or contractors at AYS

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

During interviews with the therapist, she explained to the auditor that at the first visit with a resident, she discloses that she is a mandatory reporter and explains what that means if the resident is not aware. Unit 6 green requires this to be done formally via the Informed Consent/Notification Form which also speaks to the limitations to confidentiality during their stay at AYS.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

In interviews with the facility head, the ED confirmed that when a PREA allegation is made, Childline is immediately contacted, then the relevant probation office (if placed via JPO) then parents and guardians. Should the resident victim be under the guardianship of the child welfare system, notifications will be made to the resident's caseworker. Finally, if a juvenile court retains jurisdiction over the alleged victim, the facility will report the allegation to the juvenile's probation office who will contact the resident's attorney or other legal representative of record within 14 days of receiving the allegation. In interviews with PCMs, they corroborated the information the ED gave.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(f) The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

AYS does not conduct any PREA investigations. When PREA allegations are received,

	<p>staff immediately report them to Childline, who coordinates with local LEAs as appropriate.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No Corrective action is required.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.362 Agency protection duties.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS PAQ</p> <p>Unit 6 Green</p> <p>Interviews:</p> <p>Agency Head</p> <p>Superintendent</p> <p>Staff</p> <p>Findings by Provision:</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>If an AYS staff member learns that a resident is subject to substantial risk of imminent abuse, sexual abuse, sexual harassment, retaliation, or sexual activity, Unit 6 Green requires that staff to consider this an “exigent” incident and immediately abide by “red ants” procedures designed to achieve several objectives. These include: to take immediate action, to assess and implement protective measures, and to get additional staff on duty. Actions to be taken include, but are not limited to, immediate and more intensive staff supervision of the alleged victim and perpetrator, following on-call procedures, completion of various assessments, involvement of therapy staff and/or outside parties, completion of Incident Reports and Logbook entries, placing resident(s) immediately on a Health and Safety Plan, instituting other plans as needed, and making other needed programming or structure changes. These health and safety plans outline the specific risks to the resident and document how to protect them. These health and safety plans also list goals and expectations as well as methods to achieve the outlined goals for the</p>

	<p>resident(s) and staff to follow. Plans are reviewed periodically by the PREA Coordinator, therapy staff, and/or PREA Compliance Manager(s) to determine the need for continued protection. In the past 12 months AYS had no incidents during which the agency determined that a resident was subject to imminent, substantial risk of abuse, sexual abuse, sexual harassment, retaliation, or sexual activity among residents. During interviews with staff, they confirmed that they would execute “red ants” to get more staff to the facility to assist, they would immediately apprise a manager, complete incident reports and take additional action as required.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>§ 115.363 Reporting to other confinement facilities.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 6 Green</p> <p>Interviews:</p> <p>ED</p> <p>Findings by Provision:</p> <p>(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>Unit 6 Green requires at any time during a resident’s placement at AYS should they allege that they were a victim of abuse, sexual abuse, retaliation, or sexual harassment, while confined at another placement facility, the ED will promptly (as soon as possible but no later than 72 hours after receiving the allegation) notify the head of said facility or appropriate office of the agency where the alleged abuse occurred. In the past 12 months, AYS received no allegations that a resident was abused, sexually abused, retaliated against, or sexually harassed while confined in another facility. The ED will also report the alleged abuse to Childline/APS or other investigating party as appropriate. Should notification to another confinement facility of alleged abuse, sexual abuse, retaliation, or sexual harassment be necessary, the ED will complete the PADHS required CY-47 “Report of Suspected</p>

	<p>Child Abuse” reporting form and complete an Incident Report. These documents are kept in the resident’s casefile. During an interview with the ED, he confirmed he was aware of his responsibilities and would complete the actions if ever needed.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Unit 6 Green requires the ED to promptly (as soon as possible but no later than 72 hours after receiving the allegation) notify the head of said facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(c) The agency shall document that it has provided such notification.</p> <p>Unit 6 Green requires the ED to complete the PADHS required CY-47 “Report of Suspected Child Abuse” reporting form and complete an Incident Report. These documents are kept in the resident’s casefile.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Unit 6 Green states that should a report be received by AYS from another agency or facility that abuse, sexual abuse, retaliation, or sexual harassment occurred, this will be referred to Childline/APS, the local police department as appropriate, and/or other investigating party as appropriate. During interviews, the ED stated Childline would be immediately called, then facility notifications would be made. AYS has received no allegations of abuse, sexual abuse, retaliation, or sexual harassment from other facilities in the last 12 months.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	§ 115.364 Staff first responder duties.
	The following was evaluated in making a determination of compliance:

Documents:

AYS PAQ

Unit 6 Green

First Responder Checklist

First Responder key tag

AYS PREA Staff Training Manual

Interviews:

Security staff

Findings by Provision:

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Unit 6 Green and the PREA Staff Training Manual both state AYS staff are trained to respond to allegations or incidents of abuse. The first responder staff, the first staff to learn of the allegation or incident, as well as all staff must respond in a specified manner. Staff are required to:

- Immediately separate the victim from the abuser.
- Preserve and protect any crime scene or evidence until appropriate steps are taken to collect evidence. This includes the victim and the physical location where the alleged abuse occurred.
- If the alleged abuse occurred within a time frame that allows for the collection of physical evidence, staff will request that the alleged victim refrain from taking actions that could destroy physical evidence. This would include not: bathing, washing, brushing their teeth, changing clothes, urinating, defecating, smoking, eating, or drinking.

- If the alleged abused occurred within a time frame that allows for the collection of physical evidence, staff will ensure that the alleged abuser refrain from taking actions that could destroy physical evidence. This would include not: bathing, washing, brushing their teeth, changing clothes, urinating, defecating, smoking, eating, or drinking.

In addition to completing incident reports following a PREA allegation, staff is also required to complete a first responder checklist which is more extensive than the above provision. The checklist includes:

Inform/talk with the other staff on duty/get assistance/what other staff are immediately available?

Assess for immediate safety of victim(s) and all kids.

Separate kids as needed to prevent further harm/injury.

Assure the safety of all kids and staff. This may include taking actions as needed if a staff is the alleged abuser.

Follow on-call procedures or "red ant" procedures accordingly to notify managers as well as to get additional staff on duty.

Call state abuse hotlines accordingly as per your role as a mandated reporter. Complete all steps and paperwork as per state law.

Is medical attention necessary? If so, follow on-call procedures, complete assessments and/or take the kid to the appointment.

Pay attention to confidentiality concerns.

Call for emergency police and/or medical assistance as needed and appropriate

Allow for reporting protocols by the kid(s) and/or other party. Accept all reports.

Seal/preserve any and all crime scene areas. Seal off needed areas. Take pictures if needed. Must follow PREA established protocols including, but not limited to, requesting that victim(s) not take actions that could destroy evidence.

Make all needed Log entries before leaving your shift.

Complete all AYS Incident Reports before leaving your shift.

Assure that: all imposed Plans are followed, special rules are followed, supervision needs are met.

Be sure to ask the manager designated to coordinate the agency's response to the incident when your responsibilities end for some of the things on this checklist.

Talk regularly with management staff to assure that all protocols, policies, and procedures are being followed.

	<p>Be sure to report to a manager any and all concerns you have.</p> <p>Be sure to report and document all information factually, completely, accurately, and with correct names/dates/times.</p> <p>In conjunction with agency therapy staff and management staff, cooperate fully with AYS as well as with all investigating parties.</p> <p>During interviews with staff (all of which are considered security staff/first responders), they were able to articulate the required steps they would take, should a PREA incident occur.</p> <p>During the site visit, the auditor observed a laminated first responder field guide attached to the facility key sets.</p> <p>The AYS PAQ indicates that there were no sexual abuse allegations in the past 12 months.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>All AYS staff (except for two office staff who work in a separate administrative building) are considered first responders.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.365 Coordinated response.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 6 Green</p> <p>Coordinated Response Plan</p> <p>Interviews:</p> <p>PC</p>

	<p>Findings by Provision:</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Unit 6 Green states it is policy and practice that all allegations or incidents of abuse, sexual abuse, sexual harassment, retaliation, or sexual activity among residents are investigated and responded to according to AYS Policies and Procedures, PA Child Protective Service Laws (mandated child abuse reporting laws), Adult Protective Service Laws (mandated reporting laws), DHS regulations (Recordable and Reportable incidents), and PREA Standards. AYS provides a coordinated response to all allegations and incidents to include staff responders, mental health staff, outside medical personnel, outside investigators, police, hospital staff, and agency management. Other interested parties may include, but are not limited to, county placement personnel, parents/guardians, and legal representatives. Additionally, the facility has a coordinated response plan which includes all requirements of this provision.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. Corrective action is not required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.366 Preservation of ability to protect residents from contact with abusers.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 6 Green</p> <p>Interviews:</p> <p>ED</p> <p>Findings by Provision:</p> <p>(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is</p>

	<p>warranted.</p> <p>Unit 6 Green states that AYS does not enter into collective bargaining agreements. During an interview with the ED, he confirmed that there is no collective bargaining unit representing employees at the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:</p> <p>(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or</p> <p>(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Unit 6 Green states that AYS does not enter into collective bargaining agreements. During an interview with the ED, he confirmed that there is no collective bargaining unit representing employees at the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.367 Agency protection against retaliation.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS Resident Parent PREA Education Handbook</p> <p>Retaliation Monitoring Form</p> <p>Interviews:</p> <p>ED</p> <p>PC</p> <p>Designated Staff Charged with Monitoring Retaliation</p>

Site Review:

Findings by Provision:

(a) The agency shall establish a 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 and shall designate which staff members or departments are charged with monitoring retaliation.

Unit 6 Green reiterates that AYS has a zero-tolerance with regard to retaliation toward any staff or resident who makes a report of abuse, sexual abuse, sexual harassment, or sexual activity among residents or any staff or any resident who cooperates with or knows about the investigation of such incidents. The PREA Coordinator, PREA Compliance Managers, as well as other key staff, such as the Executive Director, other management staff, and therapy staff are responsible to monitor staff members and residents for possible retaliation following a report of such incidents. All appropriate and reasonable efforts will be taken to provide for the protection and emotional support of residents and staff as listed above. During interviews with the PC, she stated that she, the Itinerant Program Manager, the Program Manager, three Assistant Managers, the ED, and the therapist are the designated staff assigned to monitor for possible retaliation.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

In interviewing the ED, he stated as the facility was small, there were limited options to i.e.: change housing assignment the or placements, but the retaliation monitoring team would be watchful that residents and staff who reported a PREA incident, were not negatively affected in ways such as receiving unnecessary consequences, leaving certain residents out of activities, not being offered work opportunities etc. Additionally, there are measures which can be taken such as removing staff from assignments which interact with the residents or staff who fear retaliation, calling the PADHS representative for assistance, placing the retaliating staff on paid leave and /or removing them from all resident contact. In interviewing designated staff charged with monitoring retaliation, they stated that during the retaliation monitoring period, they would be watchful for bullying of the staff or resident reporter, would check log books to determine whether there were patterns to incident reports and consequences or unusual resident point loss, would look for staff shifts being changes and new complaints about staff or residents. Should the reporter need additional support, the AYS therapist or other community professionals could be used to alleviate the reporter's stress and anxiety. The AYS Resident Parent PREA Education Handbook also appries residents that retaliation monitoring will be conducted to keep them safe, and that retaliation staff will

conduct status checks with them to see if the resident has been subject to retaliation. During interviews with residents and staff, they stated they were aware of retaliation protections.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Unit 6 Green states that a Retaliation Monitoring Form will be completed for a minimum of 90 days. All staff are to report all concerns regarding possible retaliation against a staff (teacher, tutor, vendor, etc.) or resident, and their family member or party associated with the resident. In interviewing designated staff charged with monitoring retaliation, they stated that although the initial monitoring period was 90 days, should retaliation be found, or if the initial monitoring indicates a continuing need in addition to addressing the retaliating staff or resident, the monitoring time period would be increased to ensure the reporter did not suffer further retaliation.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) In the case of residents, such monitoring shall also include periodic status checks.

Unit 6 Green states any act of or suspicion of retaliation due to an abuse report is immediately addressed by the PREA Coordinator, PREA Compliance Managers, other management staff, as well as the Executive Director. Remedies may include, but are not limited to, moving a resident's bedroom, putting the resident on a Health and Safety Plan or other plans, making changes to the staff schedule or Staffing Plan, conducting meetings with the resident or staff member, and/or conducting meetings with parents/placing agency representatives or agency therapy staff. Disciplinary actions will be taken against staff and residents as appropriate on a case by case basis. Managers and therapy staff assess the residents in an ongoing manner during daily contacts as well as formally during sessions. In interviewing designated staff charged with monitoring retaliation, they stated that they would meet periodically with the reporter, and should potential retaliation be found, develop a plan of action and engage the therapist for additional support. Additionally, monitoring staff would complete the PREA Retaliation Monitoring Log to document issues reported or found and to document what action was taken to resolve the issue.

Conclusion: The evidence indicates the facility is in substantial compliance with this

	<p>provision. No corrective action is required.</p> <p>(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>In interviewing designated staff charged with monitoring retaliation, they stated that retaliation monitoring could be initiated for any resident or staff who feels their involvement with a PREA allegation will cause other residents or staff to retaliate against them.</p> <p>The AYS PAQ indicates that there were no issues of retaliation in the past 12 months. The auditor confirmed this information with the PC.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.368 Post-allegation protective custody.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>PADHS Licensing Regulations</p> <p>AYS 248</p> <p>Unit 4 Light Orange</p> <p>AYS PAQ</p> <p>Interviews:</p> <p>Findings by Provision:</p> <p>Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>Per AYS 248 AYS does not utilize or permit any form of seclusion, isolation, or exclusion. Per AYS Unit 4 Light Orange, page 2, AYS does not utilize any type of seclusion, isolation, or exclusion with residents. These practices are not permitted</p>

	<p>as per PADHS regulations, and any such practice could be grounds for terminating the facility's license. The PAQ indicates in the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation, have been denied daily access to large muscle exercise, and/or legally required education or special education services and/or spent any period of time in isolation to protect them from sexual victimization was zero.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.371 Criminal and administrative agency investigations.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Interviews:</p> <p>Site Review:</p> <p>Findings by Provision:</p> <p>(a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>AYS indicated in their PAQ that the facility does not conduct any administrative or criminal PREA investigations. The auditor confirmed this with the PC. In the event a PREA incident or allegation is made, the facility contacts the PADHS Childline and the Cambria Township Police Department (CTPD) to respond and conduct any needed investigation.</p> <p>Conclusion: NA. No corrective action is required.</p> <p>(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p> <p>Conclusion: NA. No corrective action is required.</p> <p>(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and</p>

witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Conclusion: NA. No corrective action is required.

(d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Conclusion: NA. No corrective action is required.

(e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Conclusion: NA. No corrective action is required.

(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

Conclusion: NA. No corrective action is required.

(g) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Conclusion: NA. No corrective action is required.

(h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Conclusion: NA. No corrective action is required.

(i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Conclusion: NA. No corrective action is required.

(j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

	<p>Conclusion: NA. No corrective action is required.</p> <p>.(k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>Conclusion: NA. No corrective action is required.</p> <p>(l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>Conclusion: NA. No corrective action is required.</p> <p>(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Conclusion: NA. No corrective action is required.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.372 Evidentiary standard for administrative investigations.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Interviews:</p> <p>Site Review:</p> <p>Findings by Provision:</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>AYS indicated in their PAQ that the facility does not conduct any administrative or criminal PREA investigations. The auditor confirmed this with the PC. In the event a PREA incident or allegation is made, the facility contacts the PADHS Childline and the Cambria Township Police Department (CTPD) to respond and conduct any needed investigation.</p> <p>Conclusion: NA. No corrective action is required.</p>

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>§ 115.373 Reporting to residents.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 7 Light Green</p> <p>PREA Internal Review and Documentation Checklist</p> <p>Interviews:</p> <p>ED</p> <p>Site Review:</p> <p>Findings by Provision:</p> <p>(a) Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Unit 7 Light Green mandates AYS to request that these outside investigatory entities inform the resident that made the report of the alleged abuse of the outcome of their investigation either verbally or in writing that the allegation was determined to be substantiated, unsubstantiated, or unfounded. The AYS PAQ indicates that in the past 12 months AYS had no PREA allegations, no criminal or administrative investigations. The auditor confirmed with the PC that there were no PREA allegations in the last 12 months.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>Unit 7 Light Green states that AYS requests that these agencies communicate relevant information in an effort to inform the resident of the outcome of the investigation.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(c) Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p>

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Unit 7 Light Green states with regard to an AYS staff member that has an allegation made against him/her, a decision will be made first as to whether or not the employee can remain at work during the investigation, can be moved to a different facility/different duties, or cannot work with children pending the outcome. If the staff member can remain at work, the staff will be placed on a "Staff Supervision Plan" which details rules such as no unsupervised contact with the alleged victim until the results of the investigation are known. Failure to follow the "Staff Supervision Plan" would result in immediate termination. Please note: this plan must be approved by the outside investigating personnel such as DHS, Children and Youth Services, and/or OCYFS staff. Should the staff member be founded or indicated of the alleged abuse, their employment with the agency will be terminated. Additionally, criminal or civil charges may be leveled against the staff founded or indicated of the abuse. AYS will inform the resident that alleged abuse when/if the staff is: no longer working within the resident's group home or Day Treatment; when/if the staff member is no longer employed at by the agency; the agency learns that the staff member has been indicated on a charge related to abuse, sexual abuse or sexual harassment within the facility; or the agency learns that the staff member has been convicted on a charge related to abuse, sexual abuse or sexual harassment within the facility.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Unit 7 Light Green mandates that when a resident makes a report of alleged abuse, sexual abuse, retaliation, or sexual harassment by another resident in the agency, AYS will inform the alleged victim whenever: AYS learns that the alleged abuser has been indicated on a charge related to abuse, sexual abuse, retaliation, or sexual harassment within the agency; or AYS learns that the alleged abuser has been convicted on a charge related to abuse, sexual abuse, retaliation, or sexual

	<p>harassment within the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(e) All such notifications or attempted notifications shall be documented.</p> <p>Unit 7 Light Green mandates that AYS will document on an agency Incident Report and/or other PREA form(s) any time a resident receives notification under this standard. There were no documented incidents of notifications made to residents pursuant to this standard in the past 12 months</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.376 Disciplinary sanctions for staff.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 8 Blue</p> <p>Disclosure Statement for Employment</p> <p>Employee Handbook</p> <p>Staff files</p> <p>Interviews:</p> <p>Findings by Provision:</p> <p>(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Unit 8 Blue mandates that any staff found to be in violation of abuse, sexual abuse, retaliation, or sexual harassment will be disciplined up to and 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>Conclusion: The evidence indicates the facility is in substantial compliance with this</p>

provision. No corrective action is required.

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

During an interview with the ED, he stated that any staff found to be an abuser would be immediately terminated.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Unit 8 Blue states with regard to an allegation of abuse, sexual abuse, retaliation, or sexual harassment, a decision will be made first as to whether or not the employee can remain at work during the investigation, can be moved to a different facility/ different duties, or cannot work with children pending the outcome. If the staff member can remain at work, the staff will be placed on a "Staff Supervision Plan" which details rules such as no unsupervised contact with the alleged victim until the results of the investigation are known. Failure to follow the "Staff Supervision Plan" will result in immediate termination. Please note: this plan must be approved by the outside investigating personnel such as DHS, Children and Youth Services, and/or OCYFS staff. Should the staff member be founded or indicated of the alleged abuse, their employment with the agency will be terminated. Additionally, criminal or civil charges may be leveled against the staff if founded or indicated of the abuse.

The AYS PAQ indicates there were no incidents in which staff were disciplined, short of termination, in the last 12 months for violating agency abuse, sexual abuse, retaliation, or sexual harassment policies.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Unit 8 Blue states that it is the of AYS that criminal or civil charges may be leveled against the staff founded or indicated of abuse, sexual abuse, retaliation, or sexual harassment. All terminations or resignations of staff who would have been terminated if not for their resignation for violations of agency policies if abuse, sexual abuse, retaliation, or sexual harassment are reported to law enforcement licensing agencies and to any relevant licensing bodies as appropriate. The AYS PAQ indicated there were no staff in the past 12 months that were reported to law

	<p>enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency abuse, sexual abuse, retaliation, or sexual harassment policies. The auditor confirmed no staff have been reported to law enforcement or licensing boards in the last 12 months.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.377 Corrective action for contractors and volunteers.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 8 Blue</p> <p>PREA volunteer handout</p> <p>Interviews:</p> <p>ED</p> <p>Findings by Provision:</p> <p>(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Unit 8 Blue states that any of the above noted person(s) who engage in abuse, sexual abuse, retaliation, or sexual harassment will be reported to applicable state agencies, investigating agencies, 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 finding of indicated or founded will result in the termination of the relationship with AYS. Should any prohibited behaviors as well as “red flags” be noticed the above noted person(s) will be met with to determine if further contact with residents should be terminated. Corrective action plans will be made with zero tolerance for non-compliance. Supervisors and other management staff from the agency in question will also be notified and meetings held as needed. The PREA Handout for Volunteers states “You must keep in mind that misconduct on your part can and will result in reporting calls to Childline or APS. You can also be referred for criminal</p>

	<p>charges for misconduct. Dependent on the findings of an investigation of an alleged incident, the outcome may result in the loss of your relationship with AYS. Criminal charges may also result as appropriate. Your personal and professional reputation may be jeopardized because of unprofessional conduct. Your career and family can also be negatively impacted or destroyed. AYS will take action commensurate with the misconduct”.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Unit 8 Blue states AYS will not allow further contact with residents should any above noted person(s) be in violation of policies and expectations regarding professional behavior and ethics with regard to abuse, sexual abuse, retaliation, or sexual contact with a resident. In interviewing the ED, he stated that any contractors or volunteers who violated agency sexual abuse or sexual harassment policies would be removed from contacting or volunteering at the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.378 Interventions and disciplinary sanctions for residents.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>AYS Unit 8 Blue</p> <p>AYS Policy Intervention and Disciplinary Sanctions for Residents</p> <p>Discipline Review Hearing Outcome</p> <p>Notification of Disciplinary Charges</p> <p>AYS PAQ</p> <p>AYS Unit 4 Light Orange</p> <p>AYS 248</p>

Training Files

Interviews:

ED

AYS Therapist

PC

Findings by Provision:

(a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The AYS policy Interventions and Disciplinary Sanctions for Residents states resident may be subject to disciplinary sanctions for PREA offenses only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. AYS 248 states in the event a resident is found to have committed a PREA violation, a formal disciplinary process will be implemented. All staff has been trained on the facility disciplinary policy/procedures and all residents have been educated on the disciplinary policy/procedures. This information is also included in resident / parent educational materials that residents and their parents are advised of and given a copy of, at admission. During an interview with the PC, she stated that all staff has been trained on the policy, process and use of the related forms. The auditor reviewed training information and found all staff had completed the training. The AYS PAQ indicates there have been no administrative or criminal findings of resident on resident sexual abuse occurring at the facility.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Per AYS 248: staff are not permitted to use any form of physical barrier (physical site aspects) which would prohibit a child's egress. Locks will be used only as a means of external security to keep persons out or to deny access to a certain area of the facility in which a program operates (locked office or storage closet) AYS does not utilize or permit any form of seclusion, isolation, or exclusion. Per the AYS Policy

Intervention and Disciplinary Sanctions for Residents; any disciplinary sanctions shall be 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. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Per AYS Unit 4 Light Orange, AYS does not utilize any type of seclusion, isolation, or exclusion with residents. These practices are not permitted as per PADHS regulations, and any such practice could be grounds for terminating the facility's state license. During interviews with the PC and AYS Therapist, both confirmed that isolation / seclusion is prohibited at the facility. During interviews with staff and residents, all stated that they have never observed, or been subject to, isolation while at the facility. The AYS PAQ indicates in the past 12 months, there were no residents at risk of sexual victimization who were placed in isolation, have been denied daily access to large muscle exercise, and/or legally required education or special education services and/or spent any period of time in isolation to protect them from sexual victimization. The AYS PAQ also indicates in the past 12 months, there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Unit 8 Blue states disciplinary actions will be taken on a case-by-case basis; will be made with trauma focused care/trauma informed care principles in mind; will take into consideration the resident's mental health status, disabilities, and abuse history; as well as will be directed to treatment needs/interventions as much as possible. AYS 248 states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. During interviews with the PC and AYS Therapist, both confirmed these elements are taken into consideration when disciplinary actions are contemplated.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other

behavior-based incentives, but not as a condition to access to general programming or education.

AYS Unit Blue states all residents of AYS participate in cognitive behavioral therapy and behavior modification strategies through individual and group treatment processes. The facility behavior modification program offers individual privileges and an allowance for cooperation in the treatment process, participation in educational programming, and for behavior regulation. Issues related to abuse, sexual abuse, sexual harassment as a perpetrator and/or victim or trauma are also processed with residents throughout the treatment process. Access to general or educational programming is not conditional on participation in treatment.

AYS 248 states therapy, counseling or other intervention designed to address and correct underlying reasons or motivations for the abuse are offered. Participation in these interventions are required to access any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education.

During interviews with the PC, AYS Therapist and staff, all confirmed resident participation in therapy / counseling is not tied to accessing general programming or education.

The AYS PAQ indicates the AYS therapist would conduct cognitive behavioral therapy as indicated. In interviewing the AYS Therapist, she stated the services she offers would address the needs related to this provision.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

AYS Unit 8 Blue states any resident found to have had sexual contact with staff without the consent of staff will be placed on "reds" status, placed on a Health and Safety Plan, and will not be permitted to have any unsupervised contact with that staff member, or any other staff member. Agency management will discuss with the placing county representative the possible need for removal of the resident from the program as well as the determination of the need for criminal charges. The applicable staff member may also choose to file charges. AYS 248 states a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. When interviewing the PC, she stated that the facility would not discipline a resident if the staff member was complicit in the activity.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not

	<p>constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>AYS Unit 8 Blue states that no resident, staff member, or other party will be disciplined for making an abuse, sexual abuse, sexual harassment, or retaliation report in good faith even if the investigation of the incident does not establish evidence to substantiate the allegation. AYS 248 states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In interviewing the PC, she stated that residents and staff would not be sanctioned for good faith reports. Staff interviewed stated they would not initiate any disciplinary action when residents make a good faith report. Residents interviewed stated they had not filed any reports at the facility, but did not believe they would be punished for filing a report they believed to be true.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>AYS 248 states: All consensual sexual conduct is prohibited between residents. All sexual conduct must be reported to ChildLine, but should the resulting review or investigation reveal the conduct was consensual, the affected residents may be subject to disciplinary action related to the prohibited behavior, not as sexual abusers. In interviewing the PC, she confirmed this practice at the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.381 Medical and mental health screenings; history of sexual abuse.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 9 Light Blue</p> <p>PREA History of Abuse Form</p>

Informed Consent/Notification Form

Interviews:

Staff who conduct risk screenings

AYS Therapist

Findings by Provision:

(a) 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Unit 9 Light Blue states all residents at AYS that disclose any prior sexual victimization during their intake Health and Safety Assessment/PREA Screening or at any time during their placement at AYS are offered a follow-up meeting with a medical or mental health practitioner. This follow-up meeting is offered within 14 days of the screening or disclosure. Resident Health and Safety Assessment/PREA Screening and History of Sexual Abuse Response Forms are completed and kept in individual resident casefiles. The AYS PAQ indicates that in the past 12 months, 100% of AYS residents who disclosed past victimization during their screening were offered a follow-up meeting with a medical or mental health practitioner. During the auditor's mock intake, in addition to other forms used, staff used the Sexual Abuse Response Form. This form is a partner to the Resident Health and Safety Assessment/PREA Screening- should the intake disclose prior sexual victimization or sexual perpetration, it is noted on the History of Sexual Abuse Response Form and the resident chooses whether they would like to attend a follow up meeting with a medical or mental health provider. The form allows for documentation of the meeting offer. In interviews with staff who conduct risk screening, all staff stated that if the resident intake screening indicates the resident experienced prior sexual victimization or previously perpetrated sexual abuse, a follow up meeting would be offered.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Unit 9 Light Blue states all residents at AYS that disclose they previously perpetrated sexual abuse during their intake Health and Safety Assessment/PREA Screening or at any time during their placement at AYS are offered a follow-up meeting with a medical or mental health practitioner. This follow-up meeting is offered within 14 days of the screening or disclosure. Resident Health and Safety Assessment/PREA Screening and History of Sexual Abuse Response Forms are

completed and kept in individual resident casefiles. The AYS PAQ indicates that in the past 12 months, 100% of AYS residents who disclosed past sexual perpetration during their screening were offered a follow-up meeting with a medical or mental health practitioner. During the auditor’s mock intake, in addition to other forms used, staff used the Sexual Abuse Response Form. This form is a partner to the Resident Health and Safety Assessment/PREA Screening- should the intake disclose prior sexual victimization or sexual perpetration, it is noted on the History of Sexual Abuse Response Form and the resident chooses whether they would like to attend a follow up meeting with a medical or mental health provider. The form allows for documentation of the meeting offer. In interviews with staff who conduct risk screening, all staff stated that if the resident intake screening indicates the resident previously perpetrated sexual abuse, a follow up meeting would be offered.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Unit 9 Light Blue states information gained from Health and Safety Assessment/ PREA Screening and History of Sexual Abuse Response Forms are kept in resident casefiles and aid in making programming decisions that include Individual Service Plans, bedroom assignments, educational programming (Day Treatment or Public School), and all treatment processes.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Unit 9 Light Blue mandates an Informed Consent/Notification Form be reviewed with and signed by each resident upon intake, at the beginning of the treatment process. Residents are informed that AYS staff must by law report allegations of victimization. In interviews with the AYS Therapist, they confirmed that they review the Informed Consent Form with residents which are then signed by the residents.

The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

§ 115.382 Access to emergency medical and mental health services.

The following was evaluated in making a determination of compliance:

Documents:

First Responder Duties Checklist

AYS 252

Interviews:

AYS Therapist

Security staff

Findings by Provision:

(a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Unit 9 Light Blue mandate that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical and mental health treatment (as well as ongoing treatment) through Conemaugh Memorial Medical Center, ICare, their Primary Care Physician, Nulton Diagnostic Services, Blair County Family Services, and/or Crisis Intervention services. Should a resident be in need of emergency access to medical and mental health treatment as a result of abuse, sexual abuse, retaliation, or sexual harassment, AYS will complete all required documentation including Recordable and/or Reportable Incidents Reports, online HICSIS report to PADHS, agency Incident Reports, therapy progress notes and an Examining Physician Form

In interviews with the AYS Therapist, they stated there are no barriers for residents to receive these services and they occur immediately.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The First Responder Duties Checklist includes requirements to assess for medical attention and to call for medical assistance. During interviews, first responder staff confirmed that these actions would be taken. While the auditor was conducting the facility site visit, she noticed staff keys had laminated first responder cards

attached. One of the instructions on the card was to contact the medical department. AYS 252 describes how facility staff quickly get assistance - "Red Ants" is the code words that is to be used by staff when making phone calls to get additional staff/backup immediately in to the facility. This emergency staffing is to be implemented to help manage a crisis or an "emergent" event. Examples of "emergent" incidents that would require additional staff on duty include, but are not limited to: a PREA incident, sexual abuse on site, and child abuse on site, in interviews with staff, they explained how the red ants system could be used effectively in a PREA situation.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) Resident victims of sexual abuse while incarcerated shall be 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.

As the facility only admits males, no access to emergency contraception is needed, but Unit 9 Light Blue requires in an emergency situation as well as on an ongoing need, residents are offered information with regard to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically needed and appropriate by those listed above. The AYS PAQ indicates that sexually transmitted infections prophylaxis is offered.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) Treatment services shall be 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.

Unit 9 Light Blue requires medical, mental health, and crisis intervention services be provided to the victim without financial cost to the victim; regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. During interviews with the PC, she confirmed that victims would be provided services free of charge and even if they did not cooperate with any subsequent investigation.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

§ 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.

The following was evaluated in making a determination of compliance:

Documents:

Unit 9 Light Blue

Interviews:

Residents

AYS Therapist

Site Review:

Findings by Provision:

(a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Unit 9 Light Blue mandates that any resident that has been victimized by sexual abuse, is offered mental health and medical evaluation and treatment as appropriate. In interviewing residents, most confirmed that the facility would provide treatment to them if they reported they had been sexually abused prior to admission to the facility.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Unit 9 Light Blue states treatment services are also provided by an AYS Therapist and/or Program Counselor. Services include, but are not limited to, follow up services, treatment plans, and referrals as needed, and when released from AYS. In interviewing the AYS therapist, they confirmed that these services are available and are used whenever the need arises.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

In interviewing the AYS Therapist, they stated that the mental health service were

	<p>better than in the community as residents receive up to four MH sessions a week.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>As this facility only has male residents, this provision is NA</p> <p>Conclusion: NA. No corrective action is required.</p> <p>(e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>§ 115.386 Sexual abuse incident reviews.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 10 Purple</p> <p>Interviews:</p> <p>PC</p> <p>ED</p> <p>Findings by Provision:</p> <p>(a) The facility shall 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.</p> <p>Unit 10 Purple states AYS conducts an internal review process following every report of abuse. The PC confirmed that the facility has had no such reports in the past 12 months involving alleged abuse, sexual abuse, retaliation, or sexual harassment that occurring at the facility.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Unit 10 Purple further states that AYS will complete an internal review process within 30 days of the completion of the investigation by outside parties. The AYS PAQ indicates that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" was zero. In conversations with the PC, they stated as there has not been any PREA allegations since the last review period, there have not been any criminal or administrative investigations.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

In conversations with the PC, she stated that the incident review committee generally consists of the AYS therapist, Program Manager, ED, the PC, PCMs and a child care worker. In interviewing the ED, he confirmed that the staff listed above make up the incident review team. The auditor also reviewed the form Internal Review Process and Documentation Checklist which lists these staff on the form.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The auditor reviewed the form Internal Review Process and Documentation

	<p>Checklist. The PC explained that this form will be used for incident reviews. The form contains the six factors listed in this provision. In interviewing members of the incident review team, they stated that during an incident review, the 6 factors listed above would be considered. In interviewing the ED, he also confirmed the incident review team would address the six factors listed above.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(e) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>The auditor reviewed the form Internal Review Process and Documentation Checklist. The PC explained that this form will be used for incident reviews. The form contains information over and above the six factors listed in this provision and that additional information could prove beneficial in improving sexual safety at the facility. Additionally, the PC stated that the form would include documenting when the facility decided not to implement the recommendations for improvement.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>§ 115.387 Data collection.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 10 Purple</p> <p>Interviews:</p> <p>PC</p> <p>Site Review:</p> <p>Findings by Provision:</p> <p>(a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Unit 10 Purple states AYS collects accurate, uniform data for every allegation of</p>

abuse, sexual abuse, or sexual harassment. Our data collection process is consistent with the Survey of Sexual Victimization, 2021 Federal Bureau of Prisons Summary Form. As has been noted in other areas of this report, there have been no PREA allegations made since the date of the last audit.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) The agency shall aggregate the incident-based sexual abuse data at least annually.

Unit 10 Purple states AYS gathers data incident-based sexual abuse at a minimum annually.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The agency shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.

Unit 10 Purple states AYS maintains, reviews, and collects data from agency documents. An internal review process is completed of all the documentation including Incident Reports, Reportable or Recordable Incident Reports (HICSIS), CY-47 Forms, medical or mental health response forms, Logbook entries, information from the Incident Review process, and any other relevant documents.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Conclusion: NA. No corrective action is required.

(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Unit 1- Purple states AYS has not provided the Department of Justice with data from the previous calendar year as no data was gathered and the Department of Justice did not request any data. As has been discussed in other areas of this report, the facility has not had a PREA allegation reported since the date of the last audit.

Conclusion: NA. No corrective action is required.

115.388	Data review for corrective action
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 900 376">§ 115.388 Data review for corrective action.</p> <p data-bbox="280 416 1279 452">The following was evaluated in making a determination of compliance:</p> <p data-bbox="280 488 453 524">Documents:</p> <p data-bbox="280 560 485 595">Unit 10 Purple</p> <p data-bbox="280 631 785 667">AYS Annual Report of Findings 2023</p> <p data-bbox="280 703 437 739">Interviews:</p> <p data-bbox="280 775 325 810">ED</p> <p data-bbox="280 846 325 882">PC</p> <p data-bbox="280 918 347 954">PCM</p> <p data-bbox="280 990 587 1025">Findings by Provision:</p> <p data-bbox="280 1061 1471 1178">(a) The agency shall 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:</p> <p data-bbox="280 1214 705 1249">(1) Identifying problem areas;</p> <p data-bbox="280 1285 1027 1321">(2) Taking corrective action on an ongoing basis; and</p> <p data-bbox="280 1357 1471 1429">(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="280 1464 1471 2092">Unit 10 Purple states that during the internal incident review process, AYS uses data gathered to improve the effectiveness of our abuse, sexual abuse, retaliation, and sexual harassment prevention, detection, and response/reporting and training policies and procedures. This internal incident review process includes a thorough review of: all documentation or data related to the abuse incident; review of all agency training materials; review of the agency and procedure manual; review of the AYS PREA Compliance, Policies and Procedures Manual; a review of the agency Staffing Plan; a review of the house Logbook; night staff log; Incident Reports; a review of Reportable or Recordable Incident Reports (HICSIS); a review of the casefile and therapy notes; and a review of CY-47 Report of Suspected Child Abuse reporting form. This thorough internal review helps in identifying problems areas or situations, taking corrective actions on an ongoing basis, and preparing for the agency’s Annual Report of Findings. The auditor reviewed the facility’s Annual Report of Findings 2023 that is posted on its website. In interviewing the ED, he explained that the facility uses incident based sexual abuse data to assess and</p>

improve sexual abuse prevention, detection, response policies, practices and training by looking at common factors, lapses in , training issues and times of the day. When these factors appear, the ED stated that the facility will take immediate action if possible to correct. In interviewing the PC, she stated that she secures all data collected pursuant to 115.387 in a locked file binder. Further, the PC stated that if data reveals a need for corrective action, the facility will make the corrections.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(b) Such reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Unit 10 Purple states the Annual Report, once completed, will include a comparison of the current year's data and corrective actions from prior years. The Annual Report provides an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed the annual PREA report posted on the facility's website and found it to be in compliance with this provision. As noted in several areas of this report, the facility has not has any PREA allegations reported since the last PREA audit, so there is no data in the 2023 annual report.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(c) The agency's report shall be 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.

Unit 10 Purple states AYS will post the agency's Annual Report on the facility's website www.appalachianyouthservice.com on a yearly basis. The Annual Report is reviewed and approved by the Executive Director. In interviewing the ED, he confirmed he approves all such reports. The auditor observed that the annual PREA report was posted on the facility 's website.

Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Unit 10 Purple states if a redaction to a posted Annual Report is necessary, AYS would indicate the nature of the redaction and ensure the redactions are limited to specific materials where publications presented a clear and specific threat to the safety and security of the agency. In interviewing the PC, she stated that the only redaction she could envision is for personally identifiable information.

Conclusion: The evidence indicates the facility is in substantial compliance with this

	provision. No corrective action is required.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>§ 115.389 Data storage, publication, and destruction.</p> <p>The following was evaluated in making a determination of compliance:</p> <p>Documents:</p> <p>Unit 10 Purple</p> <p>Interviews:</p> <p>PC</p> <p>Findings by Provision:</p> <p>(a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>Unit 10 Purple states AYS incident-based and aggregated data are stored securely at the Main Office. In interviewing the PC, she stated that she secures all data collected pursuant to 115.387 in a locked file binder.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(b) The agency shall 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.</p> <p>Unit 10 Purple states aggregated sexual abuse data from AYS will be made readily available annually on the agency website www.appalachianyouthservice.com. The auditor was able to locate this information on the facility website.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>Unit 10 Purple states prior to posting on the agency website, all personal identifies are removed from all documented sexual abuse data and aggregated information</p>

	<p>incident-based reports. The auditor was unable to confirm this as there was no data to aggregate for the past year.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p> <p>(d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Unit 10 Purple mandates that AYS maintains sexual abuse data collected for at least 10 years after the date of initial collection as per the standard's requirement unless otherwise instructed/requested.</p> <p>Conclusion: The evidence indicates the facility is in substantial compliance with this provision. No corrective action is required.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This is the second year of the audit cycle for the Appalachian Youth Services (AYS) and the auditor's first audit of this facility. AYS is a private single-site 15 bed residential facility which accepts youthful males, most under court placement for sexual offenses. The facility sits on several acres in rural Pennsylvania and is contained in one building which is shaped like a "T". The top of the facility contains the main entrance, kitchen, dining and activity area, a bathroom, manager's office, time out room and library/legal visit room. There are several bulletin boards in this space. The rest of the linear building contains a laundry, additional activity rooms, two additional single (with a door) bathrooms containing toilets and showers, a storage room, staff station, and 15 resident single occupant bedrooms. There are large recreation spaces behind and in front of the building.</p> <p>The audit reviewed, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. Due to the small size of the facility, the auditor reviewed every resident and every staff file during the onsite visit.</p> <p>During the onsite phase of the audit, the auditor had unfettered access and observed, all areas of the facility. The auditor requested and received copies of any relevant documents (including electronically stored information). The auditor reviewed a sampling of any available videotapes and other electronically available data that may have been relevant to the provisions being audited. The facility PC and ED were extremely cooperative and quickly fulfilled the auditor's requests at all phases of the audit. The PC was extremely helpful and informative in assisting the auditor when questions or issue arose during the audit. The auditor retained and will</p>

preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. Due to the small size of the facility, the auditor interviewed every resident and every staff, supervisor and administrator at the facility, except for one or two staff who were not scheduled during the site visit. The auditor was permitted to conduct private interviews with residents and staff. During interviews, all residents were pleasant and cooperative and appeared to freely answer the auditor's questions. No resident was uneducated as to their PREA rights and could explain them, reporting avenues and answer other questions during interviews. All residents stated they felt safe and comfortable at the facility and felt they could freely make PREA reports to staff. All staff were cooperative and fully answered the auditor's questions during interviews and informal conversations. Six weeks prior to the date of the onsite visit, the facility hung the audit notice sent by the auditor in several locations in the facility, and send photos to confirm the postings. The auditor confirmed the notices were hung during her visit to the facility. The postings where in areas of the facility staff and residents would pass several times a day, and also in an area where the public would see the notice should they visit the facility. Included in the notice was an address that staff, residents and the public could send information to the auditor. No correspondence was received during the audit period. Residents were permitted to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel. This was confirmed during conversations during the pre audit and on site phase of the audit. The auditor contacted several community-based and national victim advocate organizations who may have had insight into relevant conditions in the facility. No negative information was discovered via these conversations.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the agency under review. The audit report states whether agency-wide policies and procedures comply with relevant PREA standards. For each PREA standard, the auditor determined whether the audited facility reached one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary indicated, among other things, the number of provisions the facility has achieved at each grade level. The audit report described the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for the agency and included recommendations for any required corrective action. The auditor redacted any personally identifiable resident or staff information from her report but will provide such information to the agency</p>

	<p>upon request and will provide such information to the Department of Justice upon request. The agency will ensure that the auditor's final report is published on the agency's website.</p>
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	no
	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?	no
	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?	no
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no
	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?	no
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

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

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.321 (a)	Evidence protocol and forensic medical examinations	

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a 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.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	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.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na

	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.)	na
	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.)	na
	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.)	na
	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.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	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?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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?	no
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	no
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	no
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	no
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	no
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	no

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

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	no
	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?	no
	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?	no
	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?	no
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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