

PREA Facility Audit Report: Final

Name of Facility: Bucks County Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/26/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Joseph W.Ehrhardt	Date of Signature: 03/26/2020

AUDITOR INFORMATION	
Auditor name:	Ehrhardt, Joseph
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Telephone number:	(609) 510-9440
Start Date of On-Site Audit:	03/02/2020
End Date of On-Site Audit:	03/03/2020

FACILITY INFORMATION	
Facility name:	Bucks County Youth Center
Facility physical address:	1750 Easton Rd, Doylestown, Pennsylvania - 18901
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	John Corr
Email Address:	jcorr@buckscounty.org
Telephone Number:	215-340-8300

Superintendent/Director/Administrator	
Name:	John Corr
Email Address:	jcorr@buckscounty.org
Telephone Number:	215-340-8300

Facility PREA Compliance Manager	
Name:	Jason Tumelty
Email Address:	jstumelty@buckscounty.org
Telephone Number:	M: (215) 340-8300

Facility Health Service Administrator On-Site	
Name:	Pam Coccia
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Telephone Number:	215-340-8300

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	37
Average daily population for the past 12 months:	41
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	10-18
Facility security levels/resident custody levels:	Secure & Community-Based Residential
Number of staff currently employed at the facility who may have contact with residents:	84
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

AGENCY INFORMATION	
Name of agency:	Bucks County Commissioners
Governing authority or parent agency (if applicable):	County of Bucks/Court of Common Pleas
Physical Address:	1750 S. Easton Rd., Doylestown, Pennsylvania - 18901
Mailing Address:	55 E. Court St., Doylestown, Pennsylvania - 18901
Telephone number:	215-348-6000

Agency Chief Executive Officer Information:	
Name:	Stephen Heckman
Email Address:	sgheckman@buckscounty.org
Telephone Number:	215-348-6699

Agency-Wide PREA Coordinator Information			
Name:	John Corr	Email Address:	jcorr@buckscounty.org

AUDIT FINDINGS

Narrative:

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

The Bucks County Youth Center's (BCYC's) third PREA compliance pre-audit process began with the posting of the Audit Notices on January 15, 2020. This followed preliminary discussions with the facility Director/PREA Coordinator on the advantages of using the Online Auditing System (OAS) and how to gain access and upload information. Following these discussions, the Auditor initiated BCYC's audit in the OAS.

On February 2, 2020, the Auditor continued the pre-audit process by conducting an online search regarding incidents and concerns at BCYC. The Auditor reached out to Just Detention International (JDI) to see if there were any registered concerns against BCYC. There were none. On February 2, 2020, the Auditor received the Pre-Audit Questionnaire (PAQ), PREA procedures, and supporting facility operational documents from BCYC. The Auditor also received a list of contractor staff and volunteers, as well as staff PREA training and resident PREA educational materials. The Auditor began a slow review of these materials while forming questions around the PREA interview guides for staff, contractors and volunteers. An audit schedule and requested documents for on-site review was forwarded to the Director/PREA Coordinator and Deputy Director/PREA Compliance Manager on February 18, 2020. The Auditor continued with a second review of the PAQ and noted questions on the document for the site-review and interview process. The Auditor was also able to electronically review the incident reports from three sexual harassment incidents at BCYC in 2019. Finally, the Auditor reviewed BCYC's compliance audit from 2017.

The on-site audit commenced on Monday, March 2, 2020 at 8:30 a.m. with a brief conversation with the facility Director/PREA Coordinator, followed by an entry briefing with the Director/PREA Coordinator, the Deputy Director/PREA Compliance Manager and all supervisory staff present in the building at that time. The Auditor explained the on-site audit process, how collected data is analyzed, provided their professional auditing background, and entertained questions from those in attendance.

The Auditor then met with the Deputy Director/PREA Compliance Manager who provided resident and staff rosters and assisted the Auditor in selecting specialized resident and staff specialized interviews. The Auditor next selected random resident interviewees based on balanced demographics including gender, housing unit, age, length of stay, and sending county. Finally, the Auditor selected random staff interviewees based on housing unit assignments and length of service. The Auditor interviewed both the newest and longest serving staff members and staff members assigned to the Detention Units, the Residential Treatment Units and the Special Services Units.

The site-review immediately followed and was conducted by the Auditor, the Director/PREA Coordinator and the Deputy Director/PREA Compliance Manager. During the site-review, the Auditor had the opportunity to follow the admission process of a new resident and to tour all five housing units including Detention and Residential Treatment Units. The Auditor was able to view all resident bathrooms and shower areas. Bathrooms provide private stalls. Showers are fitted with 3/4 length shower curtains for resident safety and privacy. Residents may change clothes in their rooms with privacy at specified times, to avoid viewing by opposite gender staff. Opposite gender staff make announcements when entering housing units. Both field and formal interviews with staff and residents verified that BCYC is in substantial compliance regarding cross-gender announcements. The Auditor was able to view the facility's PREA postings including Zero Tolerance for Sexual Abuse/Sexual Harassment, Sexual Abuse Reporting, Audit Notices in English and Spanish and use of the NOVA hotline. The Auditor was able to tour all program areas including the gymnasium, the classrooms, the Special Treatment Unit, and the Dining Room/Activity Area. The Auditor was able to view all service areas having no resident access. During the tour, the Auditor was able to engage residents and staff members freely, to ask questions of administrators, and to gain access to all areas of the building. The site review concluded in the Control Room where the Auditor was able to view all interior cameras and to ensure that no camera violated resident privacy. The facility is to be commended on the quality and control of its video monitoring system. This system allows for maximum viewing of all areas with no infringement to resident privacy. The blind spot located during the 2017 PREA on-site audit in the Resident Property Room of the Intake Unit has been controlled by camera and restrictive movement policies. There were no physical plant concerns at BCYC during the site review. Since the last PREA audit, the facility added one camera to enhance safety and supervision and several sensors to enhance the operation of the facility's pager alert system.

Following the site-visit, the Auditor began specialty interviews with residents. This was followed by specialty interviews with staff and administration. Resident Grievances were reviewed. The Auditor also interviewed random residents and staff and a facility volunteer. After completing interviews at 6:30 p.m., the Auditor departed the facility.

The second day of the on-site audit began at 6:30 a.m. Interviews were conducted with the night shift staff followed by the medical, education and kitchen staff. The Auditor interviewed Special Services Unit staff and reviewed resident records electronically. Additional random resident and staff interviews followed. The Auditor concluded the second day of the on-site audit with a review of sampled staff personnel records and training records. The Auditor reviewed a sample (6) of the personnel files of interviewed staff. The sample included both new and long-term employees who work directly with the residents. The files confirmed that BCYC had followed all requirements of standard 115.317 including criminal record checks, child abuse registry checks, inquiries with former institutional employers, and advising new employees of their affirmative duty to report any sexual misconduct. All reviewed records were 100% complete. The Auditor also reviewed the training records of seven (7) employees and confirmed that BCYC exceeds the standard in providing PREA refresher training from both internal and external resources (NOVA of Bucks County) at least once per year.

The on-site audit was concluded on the second day at 6:00 p.m. with a short Exit-Briefing with the BCYC Director/PREA Coordinator and Deputy Director/PREA Compliance Manager.

In all, the Auditor interviewed nineteen (19) of twenty-five (25) residents, including five (5) specialized residents and fourteen (14) random residents. All interviewed residents reported feeling safe at BCYC. One resident reported suicidal ideation after speaking about their sexual abuse and sexually abusive history. That resident was immediately referred to Special Services Staff and transported to a local mental health facility for evaluation. They were found to be safe and returned the same day to BCYC.

The Auditor also interviewed twenty-six (26) staff and contractors and one student volunteer. All staff and the volunteer were well-versed on the facility's Zero-Tolerance policy; their duty to report any and all knowledge, information and suspicions regarding sexual abuse/sexual harassment at BCYC; and their duties as first responders.

Resident interviews were chosen by specialized interview criteria, and then randomly using length of stay and county of origin as selection criteria. Specialized staff were chosen by the interview criteria and are detailed by title in this report. Random staff were chosen by shift. All available supervisors were interviewed. Interviews were conducted using the current PREA Resource Center interview protocols. The Auditor was able to interview 30% of all BCYC staff and 76% of residents in the building during the on-site audit.

In the Post-Audit phase, the Auditor began their analysis with a triangular review of procedures, observations and interview notes for each standard provision. This Auditor placed an emphasis on observing how BCYC had not only established effective operational PREA procedures, but how these procedures were practiced during every day operations, and how the culture of sexual safety has developed since the 2017 PREA compliance audit. Security staff members were consistently asked to explain how they applied their PREA training to their daily tasks in supervising the residents.

The Auditor also asked staff members to be candid about additional training that they might need. Many reported that they were pleased with the content of the training and felt included in discussions and in asking questions during scenario-based trainings. There is a degree of concern amongst staff regarding complacency because BCYC does not experience a large number of PREA-related incidents. When asked how this complacency might be addressed, staff was able to consistently report open lines of communication with supervisory staff and the administration. The Auditor noticed regular rounds by both supervisors and the two administrators. Staff were asked if this was the norm and were spontaneous in their affirmation. The Auditor was also impressed with the staff briefings occurring at every shift change. BCYC has a very high staff retention rate and the cohesiveness of the current staff was remarkable. Resident interviews revealed that all residents but one readily named staff members they trust and would speak to if they felt concerned for their safety.

The final task of the Post-Audit involved the attention to each audit provision to ensure that compliance had been attained by the facility. The Auditor then completed the standard analyses, followed by the facility description and Audit methodology narratives.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Bucks County Youth Center is a temporary holding facility (youth detention center) for alleged and adjudicated delinquent juveniles operated by the Bucks County Board of Supervisors under authority of the Court system. The facility is operated under licensure of the Commonwealth of Pennsylvania, Department of Human Services, Title 55, PA Code 3800 - Secure Detention Facility. The facility operates both a secure detention center and two housing units designated as a non-secure community-based residential treatment unit. The current facility was opened in 1996 on Route 611 South in Doylestown Township and is operated as a separate facility located within a County Complex of buildings. The Youth Center building is a single-story concrete block structure comprised of five (5) separate housing units (three secure, two non-secure) with three housing units on one security corridor and the residential treatment units on the other side of the building. One detention housing unit is dedicated to special needs residents. It houses both male and female residents who are closely supervised by male and female staff members. There is a center courtyard, a full-court gymnasium, five classrooms, private interview/conference rooms, a sixty (60) seat dining room/multi-purpose area with a full commercial kitchen, a medical suite and special services interview area. There is also a sallyport with separate intake/search areas, a secure control room with video monitoring, and a separate administrative area, adjacent to the public lobby. The maintenance, food preparation, laundry and service/receiving areas are separated from the resident areas by the locked kitchen. All common areas of the building with the exception of resident rooms, lavatories/showers and the administrative wing are monitored by cameras. Persons entering BCYC must allow their image and proper identification to be viewed by the Central Control staff member prior to being electronically admitted to the facility.

On the first day of the On-Site Audit, there were twenty-five (25) residents at BCYC. The capacity of the Center is sixty (60) and the average daily population in 2019 was forty-one (41). All residents at BCYC are assigned their own room and BCYC does not use isolation; except when ordered by a licensed physician for health reasons. BCYC follows Pennsylvania Department of Human Services supervision guidelines which are a staff-resident ratio of 1:6 during waking hours and 1:12 during sleeping hours. Roving and supervisory staff are used to break security staff and maintain staffing ratios. They are also used to provide proper supervision when residents come out of their rooms to use the lavatory during sleeping hours. Currently, BCYC has contracts with Berks, York and Lehigh Counties to hold their residents. These residents are afforded the same program, treatment and PREA guarantees as a resident from Bucks County.

Bucks County Youth Center (BCYC) employs a total of 84 administrative, supervisory and security staff. Security staff are both full and part-time and hold Bachelor's degrees. Administrative, supervisory and Special Services Staff hold Masters Degrees. BCYC maintains a retention rate of its security staff in the high ninetieth percentile; a characteristic which is uncommonly found in juvenile facilities and which has led to a very cohesive, mission-led staff. Administrative staff have also remained stable over time and the Auditor witnessed a high degree of availability of administrators and supervisory staff to line security staff.

Education services are provided by the Intermediate Unit of the Bucks County Vocational School System and include Physical Education, Health Education and Art. Residents receive graduation credit for school attendance at BCYC or can pursue their GED.

Medical Services are provided through a contract with PrimeCare and include an RN Supervisor and three additional RNs which cover healthcare services from 7am - 10 pm. daily and are on-call during off hours. A physician provides hours three times per week and a dentist visits regularly. All residents receive a comprehensive medical screening upon intake and a physical within 48 hours of admission. Residents who have experienced sexual abuse prior to admission are provided counseling and health advocacy services by the Network of Victim Assistance (NOVA) of Bucks County. BCYC has entered into a Memorandum of Understanding (MOU) with NOVA to provide counseling and victim advocacy to BCYC residents. NOVA also provides sexual abuse prevention education to residents and staff. They maintain a sexual abuse victim hotline which operates live in all of BCYC's housing units and the Special Services Unit Office. There are instructions posted for all residents to use the hotline. The Auditor tested the hotline and it was answered by NOVA staff.

Mental health services and psychiatric evaluations are provided by the Bucks County Juvenile Court for detention residents and as outpatient services provided by the Bucks County Probation Department and/or community agencies for residential treatment residents. Acute mental health services are provided for both detention and residential residents at local community mental health centers.

Maintenance and Kitchen staff are provided through a contract with Aramark. All kitchen workers are long-term employees and one maintenance worker was relatively new. The Auditor spoke with four kitchen workers and one maintenance staff member. All had received required training for both "Zero Tolerance" for sexual abuse/sexual harassment and their responsibilities as mandatory reporters. These contracted staff have very limited contact with residents and no residents work or have access to the kitchen, laundry, maintenance or receiving area.

Residents have regularly scheduled recreational activities in the gymnasium and center courtyard. There are common areas in each housing unit where they may move about, socialize with other residents, watch television and play games and do craft activities; unless restricted within the unit for disciplinary reasons. Even restricted residents will receive educational instruction inside the unit and will participate in activities while separated from certain or all residents in the unit.

Residents are provided three meals a day and a snack in the facility's Dining Room/Multi-purpose area. This is a large space with seating for sixty (60), which also facilitates program activities and larger table games. BCYC participates in the Federal School Lunch program and has initiated a Resident Wellness Policy designed to promote healthy eating, exercise and an awareness of good health practices.

Residents at BCYC have access to weekly visits with families, including parents/guardians, grandparents and adult siblings at a minimum. Residents may make collect unmonitored telephone calls to their homes. They may also make unmonitored calls to attorneys, probation officers, caseworkers, and NOVA advocates.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	8
Number of standards met:	35
Number of standards not met:	0

The Buck's County Youth Center exceeded eight (8) standards (115:311; 115:331; 115:335; 115:351; 115:368 and 115:386). The Youth Center met thirty-five (35) standards (115.312; 115:313; 115:315; 115:316; 115:317; 115:321; 115:322; 115:332; 115:333; 115:341; 115:342; 115:352; 115:361; 115:362; 115:363; 115:364; 115:365; 115:366; 115:367; 115:371; 115:372; 115:373; 115:376; 115:377; 115:378; 115:381; 115:382; 115:383; 115:387 115:388; 115:389; 115:401; and 115:403. There were no standards that the Bucks County Youth Center did not meet at the time of this report.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) The Bucks County Youth Center (BCYC) has a strong statement regarding Zero-Tolerance for Sexual Abuse and Sexual Harassment at the facility. Facility Policy 4.03 under "Residents Rights" clearly delineates the facility's responsibilities in meeting all requirements contained within standard provisions 115.311 (a) - (c). The policy clearly defines and assigns staff responsibility implementing policies and procedures to prevent, detect and respond to Sexual Abuse and Sexual Harassment in its daily operations. Prohibited behaviors by staff, residents, contractors, volunteers and visitors have been clearly defined in the policy.</p> <p>(b) BCYC's Director has been designated as the facility's PREA Coordinator and the Director has also designated the Deputy Director as the PREA Compliance Manager. This unique structure has provided strong, united leadership to the facility's commitment to sexual safety. The Auditor witnessed several instances during the on-site review and interview process where this leadership model provided constant reinforcement of PREA policies to both upper management and line staff. For this reason, the Auditor finds that Bucks County exceeds this standard.</p> <p>(c) This standard provision is not applicable as the agency operates only one facility.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BCYC does not contract with any other agency to hold juveniles from Bucks County. It does hold residents at BCYC for other contracted counties and those residents are provided all protections of the Prison Rape Elimination Act of 2003.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) BCYC meets each element of the standard provision. Facility Procedure 4.03 (PREA Policy) outlines the facility's response to each of the required elements in standard provision (a). The Auditor was provided the facility's staffing plan, was able to review the plan against provided work schedules and was able to interview both supervisory and line staff regarding staffing ratios. The Auditor could find no instance where staffing ratios were not maintained during the three year audit period. BCYC utilizes both roving staff and on-shift supervisors who are not counted in order to maintain staffing ratios, but are security staff who can be assigned supervision duties when unforeseen circumstances arise. BCYC follows staffing guidelines established by the Pennsylvania Department of Human Services which exceed the requirements of the standard provision. All areas of BCYC with the exception of resident sleeping rooms, lavatories and showers are captured by video cameras. Video monitors provide both fixed and dial-up camera images. A dedicated security staff member monitors the camera system on a 24/7/365 basis and can direct staff response throughout the building using a coded public address message. The Director, Deputy Director and Supervisors can also view both live and video footage as required. Video footage is retained for a minimum of 30 days and can be archived where needed. This information was confirmed by interview with the PREA Coordinator.</p> <p>(b)The facility meets the standard provision. The Auditor's review of the staffing review reports, special incidents and administrative and staff interviews confirm there was no occasion during the audit period when the staffing plan was deviated from. In the event of a staff shortage and no available replacement, staff are retained from the previous shift until a replacement can be obtained.</p> <p>(c)The facility meets the standard provision. The Auditor's review of work schedules, the staffing review and administrative and security staff interviews confirm that staffing rations are maintained by the Detention and Residential Unit Supervisors at all times. There was no deviation from the 1:6 awake staff ratio or the 1:12 sleeping staff rations during the audit period.</p> <p>(d)The facility meets the standard provision. The Auditor was able to review the facility staffing review for both the past 12 months and for the entire audit period. This staffing review satisfied all elements of the standard provision and included video monitoring. While there were no camera improvements made in the past 12 months, there were camera additions and improvements made during the audit period. This included a procedural change to address a blind spot identified during the last PREA compliance audit.</p> <p>(e) The facility meets the standard provision. The Auditor was able to review logs of unannounced rounds performed by mid and upper level supervisors. These rounds were performed on all shifts. Facility policy 4.03 prohibits facility staff from alerting other staff of the unannounced rounds as required by the standard provision.</p>

115.315	Limits to cross-gender viewing and searches
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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- (a) The facility meets the standard provision. Facility policy 4.03 prohibits cross-gender searches of any kind, except in exigent circumstances. BCYC is staffed in such manner that both male and female staff are readily available to perform searches. Visual cavity searches are not provided, unless performed by a medical provider. During the three year audit period (2017-2020), there have been no visual cavity searches or cross-gender searches at BCYC. This includes both pat-downs and strip searches. Strip searches are conducted in the Intake Unit and are only performed by a staff member of the resident's gender with a second staff member of the resident's gender acting as witness. Confirmation of this practice is memorialized by video cameras which capture the parties entering the search area, but not the actual search. All interviews with Supervisors, security staff, and residents confirm that no cross-gender searches were performed at BCYC to their knowledge. The Medical Unit supervisor confirmed that no resident was examined or transported for examination by medical personnel for the purpose of a body cavity search during the audit period.
- (b) The facility meets the standard provision. Interviews with the PREA Coordinator, PREA Compliance Manager, Supervisors, security staff and residents confirm that there have been no cross-gender pat-down searches performed at BCYC during the past 12 months.
- (c) The facility meets the standard provision. Facility policy 4.03, pg. 3 requires that any cross-gender searches performed at BCYC be authorized by the Director and documented. The Director was specific that they could not imagine such a circumstance that would necessitate a cross-gender search but if there were, the standard provision would be adhered to.
- (d) The facility meets the standard provision. Facility policy 4.03, pg. 3 requires all staff to ensure that residents may use the bathroom, change clothing, and shower in privacy that prevents cross-gender non-medical staff from viewing their unclothed breasts, buttocks, or genitalia. All interviewed staff and residents reported that residents always have complete privacy when performing these functions and there is an institutionalized expectation for such.
- (e) The facility meets the standard provision. Facility policy 4.03, pg. 3 requires all staff to announce their entrance to a housing unit where opposite gender residents are. During the on-site audit, the Auditor conducted interviews in a conference room adjacent to three of five housing units. In the course of moving about this area, the Auditor observed cross-gender announcements that were spontaneous and could not have been staged for the Auditor's benefit. This finding was supported by both resident and staff interviews. There were candid reports of rare lapses in making announcements, but substantial compliance has been achieved at BCYC.
- (f) The facility meets the standard provision. The Auditor was able to review training and training records that reflect that staff have been properly trained in how to perform pat-down searches of cross-gender, transgender and intersex residents. Facility policy 4.03, pg. 3 prohibits cross-gender searches absent exigent circumstances and without administrative authorization. Staff interviews reported that such circumstances are rare at BCYC and a majority of staff have not worked with transgender or intersex residents. Staff interviews and training documentation support significant staff training around these circumstances and staff interviews demonstrate a sensitivity and respect to working with this population. Interviewed Supervisors, staff and medical staff reported that residents are encouraged to self-identify, if comfortable, and that self-identification would be the primary consideration when determining the gender and manner of a resident search.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)The facility meets the standard provision. Facility policy 4.03, pg. 4 directs security and social services staff to take all steps necessary to provide residents with the information necessary to prevent, detect, and respond to instances of Sexual Abuse and Sexual Harassment. These steps include Special Services Unit (SSU) staff reading the PREA posters and literature to residents who are visually impaired, illiterate or mentally challenged. There were no visually or physically challenged or illiterate residents at BCYC during the onsite audit, but there were several residents with developmental and mental health challenges. In each case, the SSU staff explained how they reviewed PREA rights with the residents. The BCYC Director maintains a positive working relationship with the Family Court and Probation Department which enables them to advocate for the best placement and treatment needs of special needs juveniles who enter the County Juvenile Justice system.</p> <p>(b)The facility meets the standard provision. Facility policy 4.03, pg.4 outlines the responsibilities of staff when working with Limited English Proficient (LEP) residents. The facility currently employs one bilingual (Spanish/English) supervisor and has access to the County's Language Line. Intake and SSU staff have utilized the Language Line to review PREA rights with residents. There were no LEP residents at BCYC at the time of the onsite audit.</p> <p>(c)the facility meets the standard provision. Facility policy 4.03, pg. 4 prohibits all staff from using residents at interpreters for other residents. Interviews with administrative, supervisory and security staff confirmed this procedural knowledge and practice.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. Facility Policy 4.03 pg.4 prohibits the hiring or promotion of 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.C.S.C. 1997); (2)Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by 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 (a) (2) of this section.</p> <p>(b)The facility meets the standard provision. Facility policy 4.03 pg. 4 requires the facility to consider the hiring or promotion of any employee who has been involved in an incident of sexual harassment. Interview with the Director/PREA Coordinator and Deputy Director/PREA Compliance Manager detailed the consideration that would be given in not promoting a standing employee who has been involved in a sexual harassment incident. Both administrators emphasized that all cases would be considered on an individual basis with strong consideration given to past conduct in this regard.</p> <p>(c) The facility meets the standard provision. Facility policy 4.03 pg. 4 details that criminal record checks shall be conducted on all potential new hires, a check shall be completed with the Pennsylvania State Child Abuse Registry; and all previous institutional employers shall be contacted , unless prohibited by law. The Auditor reviewed the pre-employments checks of six randomly selected personnel ho have contact with the residents. This check included one staff member hired within the past year. All criminal record checks and Child Abuse Registry checks were completed and were negative prior to any employee being offered employment at BCYC. One current employee had a prior criminal offense, the nature of which is not exclusionary by statute. There was also evidence of BCYC having contacted previous employers and references of any potential employees who had previous employment contact with minors.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03 pg. 7 requires that BCYC performs record checks on any contracted employees who may have contact with residents. BCYC hired a new maintenance employee in the past twelve (12) months and that employee's records check was confirmed by the Auditor. Interview with the administrative employee responsible for initiating records checks confirmed both initial and five-year record checks on all contracted staff members at BCYC.</p> <p>(e) The facility meets the standard provision. Examination of both employee and contractor personnel files demonstrated both five year criminal record checks and Pennsylvania Child Registry checks for all current employees and contractors who have contact with the residents. The continued Child Registry checks exceeds the standard requirements.</p> <p>(f) The facility meets the standard provision. Bucks County's employment application asks all potential employees to disclose any previous charges and convictions for sexual abuse. Annual staff evaluations impose continuing questions about any past or present prohibited behaviors of sexual abuse. Facility policy 4.03 pg. 5 imposes an affirmative duty of all BCYC employees and contract staff members to disclose any new criminal and/or prohibited behaviors, including Sexual Abuse/Sexual Harassment.</p> <p>(g) The facility meets the standard provision. Facility policy 4.03 pg. 5 states that any material omissions or false statements made by a potential employee on a job application or pre-</p>

employment document constitutes grounds for immediate termination. The Bucks County job application was reviewed by the Auditor.

(h) The facility meets the standard provision. facility policy 4.03 pg. 5 clearly states that unless prohibited by law, the agency shall provide information of 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. Thi practice was confirmed during interview with the Director/PREA Field Coordinator.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) This standard provision is not applicable as BCYC as BCYC has not acquired a new facility nor has it made substantial expansion or modification to the existing facility since the last PREA compliance audit in March, 2017.</p> <p>(b) The facility meets the standard provision. BCYC has made technological improvements in its facility as a result of both the past PREA audit and administrative reviews and performance testing of existing safety equipment. These improvements were incorporated into annual PREA reviews and included one additional camera in a common area and the installation of additional body alarm sensors in both the Gymnasium and in the Residential Services Unit.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b)The facility meets all elements of both standard provisions. Facility Policy 4.03 pg. 6 states that all criminal and administrative investigations of resident on resident sexual abuse and sexual abuse and misconduct by staff and contractors will be referred to the Bucks County Detectives. The Bucks County Detectives are the investigative arm of the Bucks County District Attorney's Office. Pennsylvania Administrative law also requires that all suspected cases of child sexual abuse must be reported to the Pennsylvania Department of Human Services and therefore all employees and contractors at BCYC are mandatory reporters of child abuse. The Bucks County Detectives follow an evidence protocol adapted from 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 Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011. The Auditor was able to view and receive a copy of BCYC's MOU with the Buck's County Detectives and to confirm the evidence protocol with the Lieutenant of the Bucks County Detectives.</p> <p>(c)The facility meets all elements of the standard provision. All resident victims of sexual abuse at BCYC will be transported to Doylestown Hospital after consultation with the Bucks County Detectives. Doylestown Hospital has a SAFE program for victims of sexual abuse and all forensic examinations will be conducted by a Sexual Abuse Nurse Examiner (SANE). These services are performed without cost to the victim</p> <p>(d) The facility meets all three elements of the standard provision. BCYC has entered into a MOU with the Network of Victims Assistance (NOVA) of Bucks County. NOVA will provide a victim advocate during the forensic examination at Doylestown Hospital with the resident's consent and following confidentiality protocols and parental consent where required by law. In the event that NOVA cannot provide an advocate for the forensic examination, BCYC ill provide a Youth Counselor of the victim's gender from the Special Services Unit (SSU).</p> <p>(e)The facility meets the standard provision. Facility policy 4.03 pgs. 16-17 provides when requested by the sexual abuse victim, the Victim Advocate from NOVA or qualified staff member will support the victim during the forensic examination process and investigatory interviews and will provide emotional support, crisis intervention, information and referrals.</p> <p>(f) The facility meets the standard provision. BCYC has entered into a MOU with the Bucks County Detectives which meets the requirements of standard provisions (a-e). The Auditor has viewed the MOU executed on 3/2/2020 and in effect until terminated by either party with 30 days prior notice.</p> <p>(g) This standard provision is not required to be audited.</p> <p>(h)The facility meets the standard provision. BCYC has entered into a MOU with NOVA of Bucks County and in the event that a Sexual Abuse Advocate is unavailable, BCYC has screened staff members from the SSU and trained by NOVA available to assist sexual abuse victims.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. Facility policy 4.03 pgs. 6,8 require that all allegations of Sexual Abuse/Sexual Harassment are referred for investigation. There were three allegations of Sexual Harassment at BCYC during the audit period. Two were unsubstantiated and one was substantiated. The juvenile actor involved in the substantiated case was separated and housed separately from the victim. They were discharged from BCYC as they were being held under contract from another county. They were also placed on a "Do Not Accept" list to prevent future admission to BCYC. The substantiated allegation was reviewed and did not rise to the level of sexual abuse and prosecution.</p> <p>(b) The facility meets the standard provision. Facility policy 4.03 pg. 8 requires that all allegations of Sexual Abuse/Sexual Harassment be referred to the Bucks County Detectives unless the allegation does not involve potentially criminal behavior. This policy is available to the public via BCYC's public website: http://buckscounty.org/Courts/YouthCenter/BCYC-PREA. BCYC now uses an electronic case management system and documents all investigative referrals in both the accuser and alleged actors case records.</p> <p>(c) The facility meets the standard provision. Facility policy 4.03 pg. 8 describes the responsibilities of both BCYC and the Bucks County Detectives with regard to allegations of Sexual Abuse/Sexual Harassment.</p> <p>(d-e) These standard provisions are not required to be audited.</p>

115.331	Employee training
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 1384">(a) The facility exceeds the standard provision. BCYC requires all new staff to take the online National Institute of Corrections (NIC) PREA training module developed in conjunction with the PREA Resource Center (PRC). BCYC also requires yearly refresher training using a curriculum developed by the Network of Victim Assistance (NOVA). This training is specific to adolescent sexual abuse and adolescent sexual abuse in confinement. The training covers all eleven components required by the standard provision including: 1) The facility's 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' rights to be free from sexual abuse and sexual harassment; 4)The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5)The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6)The common reactions of juvenile victims to 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 non-conforming residents; How to comply with relevant laws relating to the mandatory reporting of sexual abuse to outside authorities; 11)Relevant laws regarding the applicable age of consent. The Auditor was able to interview eight (8)specialized staff members and eighteen (18) random staff members. All interviewed staff members acknowledged yearly PREA training covering the above required training points. They also reported specialized training by facility administration and NOVA-Bucks County. The Auditor also reviewed the training records of seven staff members which supported staff reports. The standard requires refresher training to be offered every two years. BCYC exceeds the requirements of the provision.</p> <p data-bbox="252 1397 1477 1559">(b) The facility meets the standard provision. The Auditor found the PREA training delivered to the BCYC staff to be tailored to the needs of the facility's adolescent population and to the needs of both genders. Given the proximity of BCYC's Detention and Residential Services Units, the staff work well with and around both genders of residents.</p> <p data-bbox="252 1572 1458 1688">(c) The facility meets the standard provision. As stated in (a), staff interviews and a review of sample training records confirmed that BCYC exceeds the required refresher training by offering the training every year.</p> <p data-bbox="252 1702 1474 1818">(d)The facility meets the standard provision. The facility does a commendable job of collecting and maintaining staff sign-off's indicating understanding of all required and elective training. This documentation included employee training certificates.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b)The facility meets the standard provision. Facility policy 4.03, page 7 requires all contractors and volunteers who have contact with the residents to be trained regarding the facility's policies around the prevention, detection and response to sexual abuse/sexual harassment at BCYC. The level of training is commensurate with the contractor or volunteer's level of responsibility at the facility. The Auditor was able to interview six (6) contracted staff and one volunteer and confirmed their training as per the standard provision. All interviewed contractors and volunteers were aware of and understood BCYC's "Zero Tolerance Policy for Sexual Abuse/Sexual Harassment".</p> <p>(c) The facility meets the standard provision. The facility properly maintains training records for all contracted staff and volunteers. These records were reviewed by the Auditor.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. New residents at BCYC receive Form #26 upon admission. This form contains BCYC's program description, pertinent information, facility rules and a thorough explanation of PREA. The form is available in Spanish and English. If the resident is LEP, the admitting staff member shall read the form to the resident while using Language Line in the resident's native language for translation. The information is age appropriate and all residents admitted to BCYC in the last 12 months (603 residents) received the form. All residents sign an acknowledgement for receiving and understanding the form. All interviewed residents (19) acknowledged receipt of the form.</p> <p>(b) The facility meets the standard provision. All residents (304) remaining at BCYC for a minimum of ten (10) days received comprehensive education from the staff of the Special Services Unit (SSU). During this interview, the resident is administered a risk assessment and is advised of their right to be free from sexual abuse/sexual harassment, of their right to be free from retaliation from other residents or staff members for reporting sexual abuse/sexual harassment, how to report abuse or retaliation, and the required response of the facility to such reports. All interviewed residents reported having the meeting with SSU and the Auditor's electronic review of resident's records documented these meetings.</p> <p>(c) The facility meets the standard provision. In the past twelve (12) months, all residents at BCYC more than forty-eight (48) hours received the SSU interview and PREA orientation. They also received an additional safety screening including sexual abuse/sexual abuser questions from the Medical Department. Facility policy 4.03, pgs. 7-8 requires that any resident transferred into BCYC receive PREA education upon arrival. Verification of the education required by the standard provision was verified by the Auditor through interviews with the PREA Compliance Manager/Deputy Director, the Supervisor of the SSU, and the Medical Unit Supervisor.</p> <p>(d) The facility meets the standard provision. It is the responsibility of the Special Services Unit (SSU) to meet with each special needs resident and to ensure that all steps are taken to provide the resident with the required PREA education. These steps may include use of the Language Line, a Court-appointed interpreter, a TTY machine, reading and explaining the PREA rights to the resident and addressing mental health issues to ensure the resident understands their PREA rights.</p> <p>(e) The facility meets the standard provision. The facility maintains electronic records of both the Intake PREA education and the comprehensive information supplied during the SSU interview. The Auditor was able to view the electronic records.</p> <p>(f) The facility meets the standard provision. The Auditor viewed PREA posters throughout the building, viewed the contents of the Resident Information Sheet (Handbook) and interviewed nineteen (19) resident who acknowledged both the posters and the Handbook.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b) The facility meets the standard provision, but the Auditor wishes to add the following explanation. BCYC utilizes and has executed a proper MOU with the Bucks County Detectives to refer all matters of sexual abuse involving employees, contractors and volunteers-on-residents or residents-on-residents to the Bucks County Detectives. BCYC also refers any type of sexual harassment/sexually inappropriate behavior by employees, contractors and volunteers to the Bucks County Detectives for investigation. The Detectives are specially trained in handling sexual abuse investigations and follow appropriate DOJ evidence protocols and procedures. The Auditor confirmed this information through an interview with the Lieutenant from the Bucks County Detectives. The Auditor was also informed by the PREA Compliance Manager/Deputy Director that they and the PREA Coordinator/Director make decisions as to whether resident-on-resident sexual harassment rises to the level of abuse. When the Auditor asked the PREA Compliance Manager if they had received specialized training investigating Sexual Harassment, it was reported that they had not. Standard provision (b) requires specialized training that requires training in the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Auditor expressed concern that this lack of training could lead to a finding of non-compliance to 115.334(b). To the credit of the administration of BCYC, both the Director/PREA Coordinator and the Deputy Director/PREA Compliance Manager took the required National Institute of Corrections Investigative Training and received certificates of satisfactory completion, prior to the completion of this PREA compliance report. Corrective Action was satisfied without citation.</p> <p>(c) The agency meets the standard provision. The Auditor was able to view the documentation of "Investigative Training" for the PREA Coordinator and PREA Compliance Manager and was able to confirm the specialized training of the Bucks County Detectives via a telephone conversation with the Lieutenant of the Bucks County Detectives.</p> <p>(d) The Auditor is not required to audit this standard provision.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) The facility exceeds the standard provision. Medical services at BCYC are provided by contract with PrimeCare, LLC and PREA related services are outlined in Facility policy 4.03, pg. 7. The Auditor met with the Medical Unit Supervisor from PrimeCare LLC and reviewed the training provided to each health care worker. Health care workers receive the same training regarding the prevention, detection and response to sexual abuse/ sexual harassment as employees at BCYC do under 115.331. In addition, employees of PrimeCare LLC, who are employed at BCYC, receive specialized PREA training as outlined by this standard provision from their employer. Medical Unit staff also receive the same refresher education as security staff, exceeding the standard requirements.</p> <p>(b) The standard provision is not applicable at BCYC. Medical practitioners at BCYC do not perform forensic examinations of residents under any circumstances and are prohibited from doing so by facility and contractor policies. Residents who meet the criteria for and consent to forensic examinations are transported to Doylestown Hospital where the examination is performed by a SANE.</p> <p>(c) The facility meets the standard provision. The Auditor was able to review the training of the Medical staff. There are no Mental Health staff employed by or contracted for BCYC. Mental Health Services are provided by allied agencies either in-house or by transport of the resident to the service.</p> <p>(d) The facility meets the standard provision. All contracted Medical practitioners at BCYC also receive the training mandated for employees which exceeds 115.331. The Auditor was able to review documentation of this training.</p>

115.341	Obtaining information from residents
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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(a) The facility meets the standard provision. Facility policy 4.03 pg. 8 requires all residents admitted to the BCYC participate in three separate interviews to determine their potential sexual abuse victimization or if they could be a potential sexual abuser within 48 hours of their admission. The first interview is conducted by security staff and involves the review of Court and Probation records and a basic demographic questionnaire plus questions about their current safety and emotional status. The second is conducted by Special Services Staff (SSU) and includes a suicide assessment and an objective questionnaire with questions designed to pinpoint the resident's vulnerability to victimization. The third interview is conducted immediately following the SSU interview and is conducted by a medical practitioner. This assessment asks historical questions about violent behaviors, sexual abuse victimization and sexual abuse against others. Affirmative answers to any of these questions generate a safety plan for the resident which is shared with administrative and supervisory security staff immediately. Housing and supervision assignments are made in accordance with the safety plan. SSU conducts subsequent interviews and updates this information every 10 days that a resident remains at BCYC.

(b) The facility meets the standard provision. BCYC uses an objective screening instrument. The Auditor was able to view the screening instruments used both by SSU and the Medical Unit (PrimeCare Nurse Task 2019-0000 "Receiving Screening"). While these instruments meet the requirement of the standard provision, the Auditor has shared the Vulnerability Assessment Instrument (VAI) with both the Director/PREA Coordinator and the Deputy Director/PREA Compliance Manager for future consideration.

(c) The facility meets the standard provision. The SSU and Medical Unit questionnaires satisfy all informational requirements of the standard provision including at a minimum: (1) Prior victimization or abuse; (2) Any gender nonconforming appearance or mannerisms 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 residents that might indicate needs for supervision, additional safety precautions or separation from certain other residents. The Auditor was able to "walk through" a scenario admission with both the Supervisor of the Special Services Unit and the Medical Unit Supervisor.

(d) The facility meets the standard provision. BCYC develops necessary information regarding resident sexual abuse victimization/abuse from conversations with residents during the intake process, from Court and Probation Department document reviews, from classification meetings developed by the Supervisor of the SSU and other relevant documents from the resident's files. The Auditor was able to confirm this information through review of the resident's files and interview with the Supervisor of the SSU.

(e) The facility meets the standard provision. Facility policy 4.03 pg. 8 requires that sensitive background information about residents is shared with supervisory and other staff on a strict need to know basis. This information is considered extremely confidential and protected. It can only be used to make housing, supervision, and treatment decisions.

115.342	Placement of residents
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 741">(a-b)The facility meets all elements of both standard provisions.Facility policy 4.03 pg 9 clearly delineates supervision and placement guidelines for residents who are vulnerable to sexual abuse. BCYC operates a separate unit for resident with special needs or whom as been identified as vulnerable to sexual abuse.The facility does not use isolation as a protective measure for vulnerable residents and has chosen to utilize close staff/resident supervision and physical separation as an alternative. Therefore, residents who are housed or maintained apart from other residents still receive educational services, large muscle exercise, access to social an medical services and generally participate in all program activities. The Auditor directly observed this process and discussed it with all interviewed administrative and supervisory staff.</p> <p data-bbox="252 752 1485 1133">(c)The facility meets all elements of this standard provision. BCYC does not use isolation for any reason than when medically ordered fo the protection of all persons in BCYC. Therefore, BCYC dos not use isolation to protect lesbian, gay, bisexual, transgender, or intersex resident, nor does it consider isolation as a classification factor. The facility has prioritized the personal safety of all residents. At all levels and stations, the staff reported a commitment to the safety of the residents and remain in constant private conversation with the residents toward that end. Supervision and separation are used to mantain resident safety as opposed to isolation. Resident interviews and Auditor observations support these reports. All interviewed residents (19 of 25) reported feeling safe at BCYC.</p> <p data-bbox="252 1144 1485 1346">(d) The facility meets the standard provision. Facility policy 4.03 pg. 9 requires that housing and programmatic assignments of residents are made on an individual basis for all resident regardless of sexual identification and expression. Detention and Special Services Unit Supervisors will make housing and programming assignments based on the personal safety concerns of the residents. Supervisor and resident interviews confirmed this practice.</p> <p data-bbox="252 1357 1485 1603">(e-f) The facility meets both standard provisions. The Special Services Unit Supervisor and the Detention Supervisor reported that housing assignments for transgender and intersex residents will be reviewed on a weekly basis or any time new relevant information is received. Both supervisors reported that they are in constant communiction with identified special needs residents and the residents' concerns for their safety are always considered in reviewing housing assignments.</p> <p data-bbox="252 1615 1485 1771">(g) The facility meets the standard provision. Facility procedure 4.03 pg. 9 provides the opportunity for transgender and intersex residents to shower separately. Interviewed staff members reported that they would always offer these residents the oppportunity to shower before or after the other residents on the houing unit.</p> <p data-bbox="252 1783 1485 1906">(h,i) The facility meets both standard provisions. BCYC does not utilize isolation to protect vulnerable residents. Separation and increased supervision are utilized. Therefore both standard provsions are not applicable.</p>

115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) The facility exceedss the standard provision. Facility policy 4.03 pg. 9 provides multiple ways for residents to privately report about Sexual Abuse/Sexual Assault; retaliation from residents and/or staff for having reported sexual abuse/sexual harassment or staff neglect or violation of responsibility that may have contributed to any such incidents. These multiple means include private reports to any staff member, contractor, or volunteer; a private grievance to the Director or Deputy Director; a confidential oral report to the Medical Unit staff; a private written note to the Medical Unit that is placed by the resident in a locked box; a hotline call to NOVA which is not monitored; a private call to the PA ChildLine through SSU; or a letter to a family member, lawyer or Probation Officer. Residents are advised of these reporting mechanisms in the Residents Rights pamphlet. The Auditor was able to test the hotline and it was live on the housing units. Resident interviews revealed that all interviewed residents were aware of the NOVA hotline.</p> <p>(b) The facility meets standard provision (a) and standard provision (b) is not applicable as BCYC does not hold residents due to immigration status. Facility policy 4.03 pg. 10 provides that all BCYC residents are advised of their ability to report Sexual Abuse/Sexual Harassment privately via the NOVA hotline and the Pennsylvania Department of Youth Services (PA DHS) ChildLine. Nova Hotlines are monitored for operation by the Deputy Director/ PREA Compliance Manager and facility Supervisors. BCYC exceeds the standard because it offers a number of methods for residents to privately report abuse.</p> <p>(c) The facility meets both elements of the standard provision but exceeds the second element. Facility policy 4.03 (pgs. 10-11) requires staff to accept reports of sexual abuse/sexual harassment orally, in writing, anonymously and from third parties. The standard provision requires prompt written reports from staff of all such reports. BCYC exceeds this element because it requires the staff member to generate an immediate written report and forward it to their supervisor.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03 pg. 9-11 provide for the report of sexual abuse/sexual harassment by residents, parents and third-parties utilizing the grievance policy. The Auditor was able to review all resident grievance forms from the three-year audit period. The Auditor also viewed shown blank grievance forms on each housing unit and was able to review the grievance procedure. Finally, resident interviews revealed that the majority of BCYC residents were aware of how to utilize the grievance procedure.</p> <p>(e) The facility meets the Standard Provision. Facility policy 4.03 pg.s 10-11 allows for BCYC staff to privately and confidentially report sexual abuse/sexual harassment to the Director or Deputy Director by note, Incident Report or email. Interviewed staff members also know they can confidentially and anonymously report sexual abuse/sexual harassment of resident via the NOVA Hotline or the PA DHS ChildLine.</p>

115.352	Exhaustion of administrative remedies
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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- (a) The facility meets the standard provision. Facility policy 4.03, pg.11 details BCYC's formal grievance policy which allows residents to submit a formal or emergency grievance reporting sexual abuse/sexual harassment.
- (b) The facility meets both elements of the standard provision. Facility policy 4.03, pg.11 states that there is no time limit on the submission of a grievance reporting sexual abuse/sexual harassment and staff members are precluded by policy from attempting to resolve the grievance informally. The grievance must be properly forwarded and reviewed by the Deputy Director/PREA Compliance Manager.
- (c) The facility meets both elements of the standard provision. Facility policy 4.03, pg.11 prohibits a requirement that the resident must submit a grievance to the staff member who is the subject of the grievance or the grievance must be reviewed by the staff member who is the subject of the grievance.
- (d) The facility meets the standard provision. Facility policy 4.03 pgs 10-11 requires that a resident grievance be resolved within a total time period of eight (8) days. If an extension is required, the resident shall be advised of the need for an extension and the reason why. A review of all grievances by the Auditor found that they had been resolved within the procedural time limit.
- (e) The facility meets all elements of the standard provision. Facility policy 4.03 pgs. 10-11 allows third parties, including other residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedies to allegations of sexual abuse and shall be permitted to file such requests on behalf of residents. If a third party, other than a parent or 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 processed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the facility shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding an allegation of sexual abuse, including appeals, on behalf of such a juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the grievance filed on his or her behalf.
- (f) The facility meets both elements of the standard provision. Procedure 4.03 pg.11 establishes procedures for the filing of an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse. Facility staff are authorized to immediately seek relief from other job duties in order to ensure that the resident's safety is provided for until a formal safety plan has been developed to ensure resident safety from the imminent threat. The facility shall process the grievance within twelve (12) hours and the grievance shall be brought to the attention of the Director or Deputy Director. Corrective action shall be completed within forty-eight (48) hours. Within five (5) days of the submission of the emergency grievance, a final decision shall be issued determining if the resident was at substantial risk of imminent sexual abuse and shall document all steps taken to remedy the situation. This practice was documented through interviews with the Deputy Director/PREA Compliance Manager and shift supervisors.
- (g) The facility meets the standard provision. Facility Policy 4.03, pg.11 mandates that no resident at BCYC will be disciplined for filing a grievance regardless of the findings of the grievance and their intent in doing so.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. BCYC has entered into a formal agreement with the Network of Victim Assistance (NOVA) of Bucks County. NOVA provides comprehensive victim assistance services to BCYC residents including prevention services, victim assistance and advocacy, and continued support after sexual abuse. The agency also provides staff training on sexual abuse and maintains an active hotline in every housing unit of the facility. New BCYC residents are advised of NOVA services upon intake and there are hotline numbers and instructions above every dedicated hotline telephone in every housing unit. The Auditor was able to test the hotline telephone for operation and to review the current executed MOU between BCYC and NOVA. NOTE: BCYC does not detain residents solely for immigrant status and therefore element (3) of the standard provision is not applicable.</p> <p>(b) The facility meets all elements of the standard provision. Facility policy 4.03, pg. 12 requires that NOVA and PA. DHS ChildLine calls are confidential and not monitored. Residents are advised upon admission that no telephone calls made by residents at BCYC are ever monitored.</p> <p>(c) The facility meets all elements of the standard provision. The Auditor was able to review the current MOU with NOVA and all victim advocacy and support services are provided without cost or consequence to the residents of BCYC.</p> <p>(d) The facility meets both elements of the standard provision. Residents have regular access to their parents/guardians and their attorneys and Probation officers. The Auditor interviewed nineteen (19) residents and all residents reported regular contact with their families except one resident, who is estranged. That resident has regular contact with their attorney and Probation Officer. All other residents reported regular contact with their attorneys and Probation Officers. Facility policy allows for weekly visits of parents, grandparents and adult siblings and un restricted visits by attorneys and Probation Officers.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility meets both elements of the standard. Facility policy 4.03, pg. 12 provides that third party reports may be made orally or in writing to the attention of the BCYC Director, Deputy Director or their designee, which is the building supervisor. The report can be in the form of a written grievance that can be dropped into a mailbox in the BCYC lobby. The report then follows the path of a grievance/emergency grievance. Parents/Guardians and other interested third parties may also contact NOVA- Bucks County or PA DHS ChildLine. Reporting information appears on the BCYC website at: http://buckscounty.org/Courts/YouthCenter/BCYC-PREA.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-) The facility meets all elements of both standard provisions. Facility policy 4.03, pg. 12 states, "All Youth Center staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurs in the building. This includes third party and anonymous reports. Reports are not contingent on persons, location, intent, neglect, performance or any other contributing factors to the incident. All incidents fall under the mandated abuse reporting requirements and confidentiality as outlined under Pennsylvania Title 55 Child Protective Service laws." All BCYC staff are trained in and must sign an acknowledgement of PA's mandatory child abuse reporting laws. Interviews with administrators, supervisors, and staff also report that staff are always advised that retaliation for reporting sexual abuse/sexual harassment and staff neglect or failure to follow procedures that led to an incident of sexual abuse/sexual harassment must also be reported immediately. The Auditor checked the staff training module and verified this information is disseminated to all staff, contractors, and volunteers.</p> <p>(c) The facility meets the standard provision. Facility policy 4.03 requires all BCYC staff to operate on a strict "Need to Know" confidentiality policy.</p> <p>(d) The facility meets both elements of the standard provision. PrimeCare Health Services staff are trained and directed to report any knowledge, suspicion, or information regarding resident sexual abuse/sexual harassment to both their immediate supervisor and the building supervisor in the absence of the Director or Deputy Director. They are also trained as mandatory reporters under PA Child Abuse Laws -Title 55. PrimeCare's resident questionnaire includes the disclaimer read to new residents by medical staff about the limits of confidentiality and their duty to report child abuse.</p> <p>(e) The facility meets all element of the standard provision. Interview with the Director/PREA Coordinator reveals that facility policy 3.04 details their reporting responsibilities under 115.364. All reports required by this standard provision are made by the Director or Deputy Director immediately following a reported incident of sexual abuse.</p> <p>(f) The facility meets the standard provision. All incidents of sexual abuse/sexual harassment are reported to the Bucks County Detectives or facility investigators as deemed appropriate. The Auditor reviewed three incidents from 2019 and all three were investigated appropriately. (NOTE: See 115.321 note regarding investigative training.)</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. Facility policy 4.03, pgs.8-9 provide for screening and follow-up to identify and respond to residents who are of substantial risk of imminent sexual abuse. These procedures and practices provide for subsequent identifications and immediate staff response. Interviews with the Director/PREA Coordinator, Deputy Director/PREA Compliance Manager and the Supervisor of the SSU confirm that staff are continuously in communication with identified vulnerable residents as well as potential abusers. Any staff member can trigger a response that results in an immediate safety plan for an identified vulnerable resident.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b) The facility meets all elements of both standard provisions. Facility policy 4.03, pg. 12 requires that the Director shall inform the Superintendent, Director or Head of the facility where sexual abuse of a resident, who has reported such abuse to BCYC, is alleged to have occurred within 24 hours of the report. Separate from the report, BCYC staff shall complete a CY-47 form and the report shall be forwarded to the PA Department of Human Services as required by law. There were no instances of such a report at BCYC during the last 12 months.</p> <p>(c) The facility meets the standard Provision. Facility policy 4.03, pg. 12 requires the Director to document the notification and that document to be entered as an incident report in the resident's electronic file. The Director advised the Auditor of this practice during their interview.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pg. 12 requires BCYC staff to initiate a full-response to an allegation of sexual abuse/sexual harassment that comes from another facility and is alleged to have occurred at BCYC. This practice was verified by interview with the Director/PREACoordinator.</p>

115.364	Staff first responder duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 528">(a-b)) The facility meets all elements of both standard provisions. Facility Policy 4.03,pgs. 12-13 "Youth Counselor First Responder Duties" requires that the first responder, upon learning of alleged resident sexual abuse, shall take immediate steps to protect the victim, by ensuring that the alleged victim and the alleged perpetrator are physically separated pending an investigation, which may include, but is not limited to:</p> <ul data-bbox="300 568 1469 1285" style="list-style-type: none"> • Dorm transfer or placement within the facility; or administrative transfer to another facility or program • Notify medical staff for instructions regarding examination of the resident. • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence • If the abuse occurred within a time period that 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, defacating, smoking, drinking, or eating. • If the abuse occurred within a time period that 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, defacating, smoking, drinking or eating. • If the first responder is not a Youth Counselor, responder shall be required to request that the victim not take any action that could destroy physical evidence, and then notify security staff. NOTE: At BCYC, non-security staff and residents are always within shouting distance or vision of security staff. <p data-bbox="252 1326 1430 1402">The facility administrator, in consultation with the appropriate law enforcement agency, will make the following notifications.</p> <ol data-bbox="292 1442 1422 1688" style="list-style-type: none"> 1. The victim's parents or guardians of the report. 2. Placing agency (i.e. Juvenile Probation Department) 3. Department of Public Welfare and a reportable Incident should be generated on the State HCSIS system. 4. Bucks County Detectives 5. NOVA Victim Services <p data-bbox="252 1729 1469 2018">All interviewed security staff were aware of their first responder duties without prompting. All non-security staff were aware of their first responder duties with minimal prompting. Substantial compliance was achieved through the interviews of both groups of staff. The Director and Deputy Director were aware of their first responder duties when interviewed. BCYC does not currently utilize first responder pocket cards. While the Auditor has found this to be a valuable resource for other facilities, the frequency and level of staff training at BCYC does not indicate that the cards would enhance staff first response.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility meets the standard. BCYC has developed a written institutional plan which incorporates the responsibilities of all facility and allied agency personnel to provide for the safety and care of all resident sexual abuse victims, while maintaining and preserving all physical evidence which can be utilized to hold the sexual abuse perpetrator accountable after a proper investigation has been initiated and completed.. Facility policy 4.03 has carefully detailed these components to provide the response required by these PREA Standards. Interviews with the Director/PREA Coordinator, Deputy Director/ PREA Compliance Manager and Supervisors confirmed this plan.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets this standard. The Auditor was provided a copy of the current collective bargaining agreement in force. The Auditor reviewed the document in detail and found nothing in the document restricting Buck's County's authority to remove alleged abusers from contact with residents pending the outcome of a sexual abuse investigation.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b) The facility meets all elements of both standard provision. Facility policy 4.03, pgs.13-14 protects both residents and staff from retaliation for reporting sexual abuse/sexual harassment or for cooperating with sexual abuse/sexual harassment investigations. Detention and RTU Supervisors are designated to watch for retaliation against residents and have been trained to look for signs of retaliation. They will employ common remedies as detailed by these provisions and will offer outside support to the residents. Administrators are assigned to monitor retaliation against staff and will take affirmative steps to support staff and control retaliation.</p> <p>(c)The facility meets the standard provision. Facility policy 4.03, pgs. 13-14 requires the monitoring of residents and staff who reported sexual abuse/ sexual harassment or who cooperated with investigations of such for 90 days past the date of report. Those assigned to monitor for retaliation are looking for behavioral changes around the actors or victims and measurable changes including housing assignments, programmatic changes, resident disciplinary reports or negative reviews and job assignments for staff. For cause, the period of monitoring retaliation ca be extended. There were no reported incidents of retaliation at BCYC during the past 12 months.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pgs 13-14 requires the PREA Compliance Manager to make periodic status checks with residents who may face retaliation. Interview with the Deputy Director/PREA Compliance Manager verified their understanding of this responsibility. The Deputy Director/PREA Complaince Manager indicated they may utilize SSU staff and supervisors to make these checks depending on thir rapport with the resident.</p> <p>(e) IfThe facility meets the standard provision. Facility policy 4.03 provides that any other person who cooperates with the investigation and raises a concern regarding retaliation will be protected from such, by the facility taking reasonable steps and enlisting allied agencies to help do so. This provision was confirmed by interview with the Drector/PREA Coordinator.</p> <p>(f)The facility meets the standard provision. Facility policy 4.03 allows for the facility to stop monitoring for retaliation if the sexual abuse investigation is unfounded.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) The facility exceeds the standard. By facility policy 4.03, BCYC does not utilize isolation under any circumstances to prevent a resident from experiencing sexual abuse victimization. BCYC employs favorable staffing ratios, the deployment of additional available staff members, increased supervision and effective separation to prevent sexual abuse victimization when suspected or reported. BCYC's commitment to resident safety without the use of isolation under any circumstances removes the perception of punishment and further victimization. It is for this reason that the Auditor finds that BCYC exceeds the standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets both elements of the standard provision. Facility policy 4.03, pg. 14 requires that all sexual abuse allegations involving staff-on-resident and resident(s)-on-resident(s) are immediately referred to the Bucks County Detectives for investigation. Staff-on-resident sexual harassment cases are also immediately referred to the Bucks County Detectives. All of these cases are also reported to PA DHS, Division of Child Welfare via the ChildLine hotline. Resident-on-resident sexual harassment is reviewed by the facility Director/PREA Coordinator and Deputy Director/PREA Compliance Manager. Based on their review, matters that rise to sexual misconduct or criminality are referred to the Bucks County Detectives as well. In reviewing staff training records and interviewing the facility Administrators, the Auditor became aware that they had not receive additional PREA investigative training as required by the standard. The Auditor reviewed the three cases of resident-on-resident sexual harassment from 2019 and determined they were handled within acceptable guidelines. The Auditor advised both the Director/PREA Coordinator and the Deputy Director/PREA Compliance Manager of this compliance issue. Both administrators were responsive, concerned and immediately completed the virtual investigator training provided by the National Institute of Corrections. This corrective action occurred during the Audit Report period and satisfied the Auditor's concern that administrative incident reviews are being conducted within the specific criteria established in conjunction with the PREA Resource Center. The facility's policy requires that all allegations be properly investigated, including third-party and anonymous reports.</p> <p>(b) The facility meets both standard provisions. Facility policy 4.03, pgs.8,14 requires that all allegations of sexual abuse at BCYC are investigated by the Bucks County Detectives who are specially trained in sexual abuse investigation of children and adolescents and work in concert with NOVA of Bucks County. This information was verified by the Auditor through interview with the Lieutenant of the Bucks County Detectives.</p> <p>(c) The facility meets all three elements of the standard provision. The Bucks County Detectives are trained and follow DOJ protocols to preserve and collect all available physical and DNA evidence; to interview all victims alleged perpetrators and witnesses; and to review prior complaints and reports regarding former sexual abuse by the alleged perpetrator.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pg. 14 requires that all investigations proceed to conclusion even if the allegation is recanted. This practice was verified by interview with the Deputy Director/PREA Compliance Manager.</p> <p>(e) The facility meets the standard provision. Facility procedure 4.03, pg. 14 requires when the quality of evidence supports prosecution, the facility shall consult with the Bucks County Detectives and shall refrain from conducting any compelled interviews that could impede prosecution.</p> <p>(f) The Facility meets both elements of the standard provision. Facility procedure 4.03, pg. 14 requires that investigators judge victim, alleged abuser and witness credibility based on individual reliability and not on their status as resident or staff. No resident who alleges sexual abuse will be required to submit to a polygraph examination. These practices were confirmed through interviews with the Deputy Director/PREA Compliance Manager and the Bucks County Detectives.</p> <p>(g) The facility meets both elements of the standard provision. Facility policy 4.03, pg.14</p>

requires in the matter of administrative investigations: (1)Such investigations 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 reasonig behind credibility assessments, and investigative facts and findings.

(h) The facility meets the standard provision. Facility policy 4.03, pg.14 requires that all criminal investigations of sexual abuse allegations made at BCYC are investigated by the Bucks County Detectives. Criminal investigative reports generated by the Bucks County Detectives are legal documents and contain a thorough description of physical, testimonial and documentary evidence with copies of documentary evidence attached to the report.

(i) The facility meets the standard provision. Facility policy 4.03, pgs.14 provides that substantiated allegations of conduct that appears to be criminal shall be referred to the Bucks County Detectives who will submit the results of their investigation to the Bucks County District Attorney's Office for proecution. All allegations of sexual abuse are referred by policy to the Bucks County Detectives for investigation.

(j)The facility meets the standard provision. Facility policy 4.03, pg.14 requires the retention of all criminal and administrative investigation reports for as long as the alleged abuser is incarcerated or employed at the facility plus 5 years. The Deputy Director/PREA Compliance Manager confirmed this practice.

(k)The facility meets the standard provision. Facility policy 4.03, pg. 14 requires that the departure of the victim or the abuser from employment or control of the facility shall not provide a basis for the termination of the investigation. This practice was confirmed by interview with the Deputy Director/PREA Compliance Manager.

(l) The Aauditor is not required to audit this standard provision.

(m)The facility meets the standard provision. The MOU in force between the BCYC and the Bucks County Detectives mandates both cooperation between the two agencies and communication regarding the progress of the investigation.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility mets the standard provision. Facility policy 4.03, pg. 14 imposes that for sexual abuse investigations, the standard of evidence for both BCYC and the Bucks County Detectives shall be no higher than the preponderance of evidence.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b)The facility meets the standard provision. Facility policy 4.03 pg.15 requires the facility to provide the resident victim and their parent/guardian with regular updates regarding the status of the investigation. This includes requesting regular updates from the Bucks County Detectives and sharing the status of the investigation with the resident. There were no investigations of sexual abuse at BCYC during the past 12 months.</p> <p>(c) The facility meets all elements of the standard provision. Facility policy 4.03, pg. 15 requires that in cases where a resident has made an allegation of sexual abuse against a staff member or contractor, and the results of that investigation are substantiated or unsubstantiated; the resident shall be informed of the following by the Deputy Director/PREA Compliance Manager or their designee: 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 facility has learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The facility learned that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been no substantiated or unsubstantiated allegations of sexual abuse made against staff members at BCYC within the past 12 months.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pg.15 requires that following a resident's allegation that he or she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever: 1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2)The facility learns that the alleged abuser has been convicted of a charge related to sexual abuse within the facility. This notification would be made by the Deputy Director/PREA Compliance Manager or their designee. There have been no substantiated or unsubstantiated allegations of sexual abuse made by a resident of the BCYC in the past 12 months.</p> <p>(e) The facility meets the standard provision. Facility policy 4.03, pg.15 requires that all investigation outcome notifications of sexual abuse victims at BCYC are recorded on a status report that is entered into the resident's electronic record.</p> <p>(f) The Auditor is not required to audit this standard provision.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b) The facility meets the standard provision. Facility policy 4.03, pg.15 mandates that staff members who are found to have violated facility policy against sexual abuse/sexual harassment are subject to disciplinary action up to and including termination of employment. In the past 12 months, there were no allegations of sexual abuse/sexual harassment made against employees of BCYC and therefore no disciplinary actions were taken.</p> <p>(c) The facility meets the standard provision. Facility policy 4.03, pg.15 requires that the disciplinary action taken against staff members is commensurate with the seriousness of the acts committed. Termination is the presumptive penalty for substantiated acts of sexual abuse. There were no allegations of sexual abuse/sexual harassment made against staff members at BCYC.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pg.15 provides that in cases where an employee has been terminated for violation of agency sexual abuse/sexual harassment policies, or has resigned prior to having been terminated; the facility will notify law enforcement of the violation for investigation. The facility will also notify relevant child welfare and licensing agencies as required by law and/or code.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-b) The facility meets all elements of both standard provisions. Facility policy 4.03, pg.15 requires that any allegations of facility sexual abuse/sexual harassment policies by contractors or volunteers at BCYC are immediately reported to the Bucks County Detectives and any other relevant licensing bodies. That contractor or volunteer will also be prohibited from further contact with residents at BCYC pending the results of the investigation. Upon substantiation of a violation of facility sexual abuse/sexual harassment policies, the contractor or volunteer will be barred from future entry at BCYC. This practice was confirmed by interview with the Director/PREA Coordinator. In the past 12 months, there have been no allegations of a violation of the sexual abuse/sexual harassment policies made against a contractor or volunteer at BCYC.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets all elements of the standard provision. Facility policy 4.03, pg.16 provides for the discipline of residents who engage in violations of the facility's policy on sexual abuse/sexual harassment. This disciplinary action has been incorporated into the facility's formal disciplinary process and only following a finding of guilt, if the actions rose to the level of criminal prosecution. There were two administrative findings that resulted in disciplinary action at BCYC in the past 12 months and no criminal charges resulting in a guilty finding.</p> <p>(b) The facility meets the standard provision. Facility policy 4.03, pg. 16 provides for disciplinary action commensurate with the nature and circumstances of the sexual abuse/sexual harassment committed, of the residents's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. BCYC does not allow the use of isolation of residents under any circumstances, other than when deemed medically appropriate by a licensed physician.</p> <p>(c) The facility meets the standar provision. Facility policy 4.03, pg.16 requires that facility staff and supervisors consider the resident's mental abilities and mental illness when applying disciplinary sanctions for violations of the facility's sexual abuse/sexual harassment policies. This practice was verified through interviews with the Director/PREA Coordinator, Deputy Director/PREA Compliance Manager, Supervisors and staff.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pg.17 provides that residents who have participated in prior sexual abuse or sexual abuse at BCYC are referred to counseling on the underlying causes for their sexual abuse by NOVA of Bucks County. BCYC does not provide in-house therapy but does have the capability of referring residents for therapy by community providers via the Court and Probation Department. Residents who do not choose to participate in the recommended counseling by NOVA are not denied earned privileges, educational programming or large muscle exercise. These residents may be separated for activities from other residents to maintain safety within BCYC.</p> <p>(e) The facility meets the standard provision. Facility policy 4.03 pg.16 requires that residents only be disciplined for sexual contact with staff only after a finding that the staff member did not consent to the contact. This practice was confirmed by interview with the Deputy Director/PREA Compliance Manager.</p> <p>(f) The facility meets the standard provision. Facility policy 4.03, pg.16 prohibits disciplinary action against a resident who makes an allegation of sexual abuse/sexual harassment in good faith even if the subsequent investigation does not establish sufficient evidence to substantiate the allegation.</p> <p>(g) the facility meets the standard provision. Facility policy 4.03, pg.16 prohibits all sexual activity between residents but does not constitute concensual sexual activity between residents as sexual abuse for prosecution or disciplinary purposes. Residents are advised of this policy in the Resident Handbook and the Auditor had the opprtunity to review this document.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets all elements of the standard provision. Facility policy 4.03, pg.16 mandates that all residents, who upon intake to BCYC, disclosed prior sexual abuse victimization, are offered a follow-up meeting with a medical or mental health provider within 14 days. During the past 12 months, 100% of all residents admitted to BCYC , who disclosed prior sexual abuse victimization, were offered a follow-up meeting with a medical or mental health practitioner. This practice was confirmed by the Auditor through an interview with the Medical Unit Supervisor from PrimeCare, who also showed the Auditor how such referrals are documented in a secondary, confidential electronic recordkeeping system.</p> <p>(b) The facility meets all elements of the standard provision. Facility policy 4.03, pg 16 mandates that all residents, who upon intake to BCYC, disclose a history of sexual abuse to others, are offered a follow-up meeting with a mental health practitioner within 14 days. During the past 12 months, 100% of all residents admitted to BCYC, who disclosed a history of being a sexual abuser, were offered a follow-up meeting with a mental health practitioner. This practice was confirmed by the Auditor through an interview with the Medical Unit Supervisor from PrimeCare, who also showed the Auditor how such referrals are documented in a secondary, confidential electronic recordkeeping system.</p> <p>(c) The facility meets the standard provision. Facility policy 4.03, pg 16 severely limits information regarding sexual victimization or abusiveness that occurred in an institutional setting to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, work, education and program assignments, or as otherwise required by Federal, State and local law. BCYC operates on a strict "Need to Know" policy and this practice was confirmed through interviews with the Director/PREA Coordinator, Deputy Director/PREA Compliance Manager and the Medical Unit Supervisor.</p> <p>(d) The Facility meets the standard provision. Facility policy 4.03, pg.17 requires medical and mental health practitioners to 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. This practice was confirmed by the Auditor through an interview with the Medical Unit Supervisor.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets all elements of the standard provision. Facility policy 4.03, pg. 17 requires that resident victims of sexual abuse receive immediate, unimpeded access to emergency medical treatment and crisis intervention services. Medical services are triaged by on-duty nursing staff or by first responding EMS personnel during off-duty hours. Necessary emergency medical treatment is accomplished by transport to Doylestown Hospital Emergency Room in Doylestown, Pennsylvania. Crisis Intervention Services are provided by specially trained advocates from NOVA of Bucks County.</p> <p>(b) The facility meets both elements of the standard provision. Facility policy 4.03, pg.17 requires first responding on-duty facility staff to provide care for the residents until community first responders arrive. Facility staff, on-call medical and administrative staff shall direct community first responders to follow facility protocols. Bucks County EMS responders are well-versed in following sexual abuse victim protocols. This information was verified by the Auditor through interviews with the Director/PREA Coordinator, the Health Services Director and the Bucks County Detectives.</p> <p>(c-d) The facility meets both standard provisions. Facility policy 4.03, pg.17 and Prime Care PREA policies require that 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 professional accepted standards of care, where medically appropriate. These services are provided without cost to the victim. These services and practices were confirmed by the Auditor through an interview with the Medical Unit Supervisor.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require that the facility offer medical treatment and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile facility. This treatment was confirmed by the Auditor through an interview with the Medical Unit Supervisor.</p> <p>(b) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require the evaluation and treatment of such victims to include, as appropriate, follow-up services treatment plans, and when necessary, referrals for continued care following their transfer to, placement in other facilities, or their release from custody. These services are coordinated by the Medical Unit with NOVA of Bucks County. The services were confirmed by the Auditor through an interview with the Medical Unit Supervisor.</p> <p>(c) The facility meets the standard provision. The Medical Unit Supervisor confirmed that the medical and mental health services provided to the victim are consistent with the community level of care.</p> <p>(d) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require that resident victims of sexually abusive penetration while incarcerated shall be offered pregnancy tests. This testing was confirmed by the Medical Unit Supervisor.</p> <p>(e) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require that should pregnancy result from the conduct specified in standard provision (d), victims shall receive timely and comprehensive information about timely access to all lawful pregnancy services. The availability of these services was confirmed by the Medical Unit Supervisor.</p> <p>(f) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as medically appropriate. The availability of these services was confirmed by the Medical Unit Supervisor.</p> <p>(g) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require that treatment services are provided to the victim without costs and whether the victim names the abuser or cooperates with any investigation arising out of the incident. This practice was confirmed by the Auditor in their interview with the Director/PREA Coordinator.</p> <p>(h) The facility meets the standard provision. Facility policy 4.03, pg.17 and PrimeCare PREA policies require that the facility attempt to conduct a mental health evaluation on all known resident-on-resident abusers within 60 days of learning of their abuse history and offer treatment when deemed necessary by mental health practitioners. This practice was confirmed by the Medical Unit Supervisor.</p>

115.386	Sexual abuse incident reviews
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	Auditor Overall Determination: Exceeds Standard
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	Auditor Discussion
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(a) The facility exceeds the standard provision. Facility policy 4.03, pg.17 requires the facility to complete a sexual abuse incident review at the conclusion of sexual abuse investigation regardless of the outcome. The incident shall be reviewed by a team of Youth Center staff. The Review Team will consist of the following individuals:

1. Youth Center Director
2. Youth Center Deputy Director
3. Detention Supervisor
4. PrimeCare Medical Staff
5. NOVA support services
6. County Detectives, where applicable

The Review Team will convene an review the following:

1. Consider whether the investigation or allegation indicates a need to change BCYC policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race, ethnicity, sexual orientation or identification, perception of such status by other residents, gang affiliation, or group dynamics contributed to the incident.
3. Examine the incident area and see what role physical plant may have contributed to the incident.
4. Staff levels or patterns that might have impacted the situation.
5. Assess technology such as cameras for possible changes.

The Review Team shall then prepare a report with the findings and recommendations. The Auditor was able to review the sexual harassment allegation incident reports for 2019. The facility has had no allegations of sexual abuse for the audit period of March, 2017 - March, 2020 and no allegations of sexual harassment for 2017, and 2018. The Auditor finds that BCYC exceeds the standard because the administration has chosen to incorporate trusted systems partners from outside the agency into the review process. Those partners are not under the control of the agency and are likely to provide objective constructive guidance.

(b) The facility meets the standard provision. Facility policy 4.03, pg.17 requires that the facility review all incidents of sexual abuse within 30 days of the conclusion of criminal and/or administrative investigations.

(c) The facility meets the standard provision. Facility policy 4.03, pg. 17, as detailed in standard provision (a) above details the facilities compliance with this standard provision.

(d) The facility meets the standard provision. Facility policy 4.03, pg. 17 requires the Review Team to prepare a report, including but not limited to the five (5) requirements of the standard, and present such to the facility administration. Interview with the Facility Director/PREA Coordinator confirmed this practice.

(e) The facility meets the standard provision. Facility policy 4.03, pg. 17 requires that within 60 days of receiving the Review Team's report, the Director and Deputy Director shall incorporate all recommendations of the report, or shall document reasons for not having the recommendations completed during the time frame.

115.387	Data collection
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 573">(a) The facility meets the standard provision. Facility Policy 4.03, pg.18 require that the facility collect accurate uniform data for every allegation of sexual abuse at the facility using a standard instrument and set of definitions. This data, shall include, at a minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Departmen of Justice and will be compiled into monthly and annual reports.</p> <p data-bbox="252 584 1453 663">The data collected will document that there is accountability for those who perpetrate sexual abuse by tracking:</p> <ol data-bbox="293 696 1485 987" style="list-style-type: none"> 1. The forwarding of reports related to sexual abuse including the disposition of each case; 2. The status of investigations conducted by the Bucks County Detectives concerning suspected incidents of sexual abuse; 3. Referrals of sexual abuse cases for prosecution, including the satus and outcome of such efforts within the judicial system; 4. Document that victims of sexual abuse receive appropriate follow-up care as required under this policy. <p data-bbox="252 1021 1382 1144">The Auditor was able to verify this practice via interview with the Deputy Director/PREA Compliance Manager and by reviewing BCYC incident reports and sexual harassment reports. There were no reports of sexual abuse at BCYC during the audit period.</p> <p data-bbox="252 1155 1469 1312">(b) The facility meets the standard provision. Facility policy 4.03, pg.18 requires the facility to gather data regarding incidents of sexual abuse both monthly and annually. The Auditor was able to review all BCYC incident reports, sexual harassment incident reports, and resident grievances for the audit period.</p> <p data-bbox="252 1323 1481 1447">(c) The facility meets the standard provision. Facility policy 4.03, pg18 requires that the incident-based data collected, at a minimum, satisfy all questions contained in the most recent version of the "Survey of Sexual Violence" conducted by the Department of Justice.</p> <p data-bbox="252 1458 1485 1659">(d) The facility meets the standard provision. Facility policy 4.03, pg.18 equires that the facility shall mintain, review, and collect data as needed from all incident-based documents including report, investigation files, and sexual abuse incident reviews. This practice was verified through interviews with the Director/PREA Coordinator and the Deputy Director/PREA Compliance Manager.</p> <p data-bbox="252 1671 1485 1749">(e) This standard provision is not applicable. BCYC does not contract with any facilities to hold its residents.</p> <p data-bbox="252 1760 1485 1917">(f) The facility meets the standard provision. While facility policy 4.03, pg. 18 requires the facility to collect the data and the data has been properly collected by June 30 for the previous year, the Director/PREA Coordinator advises the Department of Justice has not requested the data for BCYC.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard Provision. Facility policy 4.03, pg.18 requires that the facility review data collected and aggregated pursuant to standard 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. Interviews by the Auditor with the Director/PREA Coordinator, the Deputy Director/PREA Compliance Manager and the Building Supervisors demonstrated to the Auditor that PREA considerations are constantly interwoven into the operation of the facility. When the Auditor pointed out a concern regarding staff training and the development of clear criteria for determining administrative vs. criminal investigations, the training was immediately sought and obtained prior to the completion of the audit process. The Deputy Director/PREA Compliance Manager sought grant funding during the current audit period to improve technology enhancing staff response to crisis situations and minimizing such situations being used as diversions for sexual abusive activity.</p> <p>(b) The facility meets the standard provision. The auditor reviewed the facility's annual PREA report on the facility' webpage and found it to meet all requirements specified by the standard. There is no comparison of year to year sexual abuse reports because BCYC has had no sexual abuse allegations during the current audit cycle.</p> <p>(c) The facility meets the standard provision. The facility ensured there are no identifiers or Personally Identifying Information in the annual report as required by the standard provision.</p> <p>(d) The facility meets the standard provision. The facility prepares their annual report in compliance to Pennsylvania laws governing the confidentiality of juvenile child welfare and court records. The facility did not affirmatively publicly report that Personally Identifying Information (PII) was redacted from the Annual Report because under their laws it would never be included. This requirement was explained to the BCYC Director during the Auditor's report preparation and was immediately abated and checked online by the Auditor.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. Facility policy 4.03, pg.19 requires that the data collected under standard 115.387 is securely retained. The Auditor's interview with the Deputy Director/PREA Compliance Manger confirmd that BCYC has converted all resident paper files to a secure electronic institutional records maagemnt system. This system allows for secure cloud back-up and restricted access to the Director, Deputy Director, Facility Supervisors and with the control and permission of the Special Services Unit (SSU) Supervisor, members of the SSU with a "need to know". The Auditor received a full demonstration of the system security from the SSU Supervisor. Medical records are stored under a separate, but similarly secure system. This system is under the control of PrimeCare. The PrimeCare on-site Supervisor demonstrated the system and its security for the Auditor.</p> <p>(b) The facility meets the standard provision. A review of the facility's website (http://buckscounty.org/Courts/YouthCenter-PREA) by the Auditor confirmed that all aggregated sexual abuse data from the facility was made available to the public for 2019.</p> <p>(c)The facility meets the standard provision. The facility removes all Personally Identifying Information (PII) from aggregate data being placed on the facility website. The Auditor confirmed this practice by reviewing the website.</p> <p>(d)The facility meets the standard provision. Facility policy 4.03, pg.19 requires that the facility retain all data collected prusuant to 117.387 for at least ten (10) years of its initial collection, unless Federal, state or local laws require otherwise. This practice was confirmed by the Auditor through their interview with the Deputy Director/PREA Compliance Manager.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility meets the standard provision. BCYC was audited in the first year of the first audit cycle in March, 2014. BCYC was audited in the first year of the second audit cycle on in March, 2017. This audit meets the mandate for the third cycle and is once again being conducted during the first year.</p> <p>(b) The Agency meets the standard provision. BCYC only operates one juvenile facility and the facility has been audited in the first year of all three audit cycles since PREA audits were initiated in 2013.</p> <p>h) The facility meets the standard provision. The Auditor had access to, and the ability to observe, all areas of the facility.</p> <p>(i)The facility meets the standard provision. The Auditor was able to request and receive all required documents, including electronic files.</p> <p>(m) The facility meets the standard provision. The Auditor was able to privately interview all facility residents chosen by the Auditor.</p> <p>(n) The facility meets the standard provision. Residents were able to send confidential oinformation or correspondence to the Auditor in the same manner as they were communicating with legal counsel. All interviewed residents (19) reported that they were aware they could send a confidential letter/report to the Auditor.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(f) The facility meets the standard. BCYC has its prior PREA Audit Compliance Report (March, 2017) posted on its public website, as required by this standard.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

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

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

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.)	yes
	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.)	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

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

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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).)	yes
	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).)	yes
	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).)	yes
	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).)	yes

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).)	yes

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?	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?	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?	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?	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.)	no

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	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?	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?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

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

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	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).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes