

PREA Facility Audit Report: Final

Name of Facility: Mathom House/Easton Manor

Facility Type: Juvenile

Date Interim Report Submitted: 03/20/2017

Date Final Report Submitted: 04/06/2017

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: Maureen G. raquet	Date of Signature: 04/06/2017

AUDITOR INFORMATION	
Auditor name:	Raquet, Maureen
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Email:	Mraqet1764@comcast.net
Telephone number:	
Start Date of On-Site Audit:	02/06/2017
End Date of On-Site Audit:	02/07/2017

FACILITY INFORMATION	
Facility name:	Mathom House/Easton Manor
Facility physical address:	1740 S. Easton Rd., Doylestown, Pennsylvania - 18901
Facility Phone	
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Kristin DeForest	Title:	Director of Program Services & Compliance
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Warden/Superintendent			
Name:		Title:	
Email Address:		Telephone Number:	

Facility PREA Compliance Manager			
Name:	Judy Holden	Email Address:	judyholden@edisoncourt.com

Facility Health Service Administrator			
Name:		Title:	
Email Address:		Telephone Number:	

Facility Characteristics	
Designed facility capacity:	38
Current population of facility:	30
Age range of population:	13-20
Facility security level:	Secure Care & Residential Services
Resident custody level:	
Number of staff currently employed at the facility who may have contact with residents:	55

AGENCY INFORMATION	
Name of agency:	Edison Court
Governing authority or parent agency (if applicable):	
Physical Address:	43 S Main St, Doylestown, Pennsylvania - 18901
Mailing Address:	
Telephone number:	215-345-8638

Agency Chief Executive Officer Information:			
Name:	Jay Deppeler	Title:	CEO/President
Email Address:	jdeppeler@edisoncourt.com	Telephone Number:	215-345-8638 ext 40

Agency-Wide PREA Coordinator Information			
Name:	Kristin Deforest	Email Address:	kdeforest@edisoncourt.com

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Audit of Mathom House/Easton Manor was conducted on February 6, 7, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in March 2014 by a different PREA Auditor and was found to be in full compliance on April 13, 2014. This was the first Juvenile facility in Pennsylvania to be found PREA compliant. This current Audit, conducted on February 6, 7, 2017 is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on December 21, 2016, and I received an email with pictures of the posting in the living units and public areas on this date. The facility was requested to keep these notices posted during this period prior to the onsite Audit and they were still posted in all areas during the tour on February 6, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On December 22, 2017, I received notification of an on-line Pre-Audit Questionnaire being completed. During this six week period, through emails and phone calls with the PREA Manager and PREA Coordinator, the uploaded information and important documentation was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator and Manager on January 27, 2017 and it was reviewed during a conference call on February 3, 2017. The onsite portion of the Audit commenced with an entrance meeting with the PREA Coordinator/Director of Program Services and Compliance, PREA Manager/Deputy Director of Regulatory Compliance, Clinical Director, Director, Residential Coordinator, and the Clinical Coordinator. A tour of all areas of Mathom House and Easton Manor immediately followed. The buildings were very clean and well maintained. During the tour, I saw postings for the upcoming Audit in the front lobby area, in every living unit and every common area that the residents have access to. In addition there were posters in both Spanish and English in all areas, including the visiting area describing PREA, describing Sexual Abuse, and describing emotional and crisis support offered by NOVA. The reporting posters with the name, address and phone number of NOVA were only in English. Spanish posters were posted that day in the visiting area. Throughout the buildings there are PREA pamphlets with zero tolerance and reporting information.

While on the tour, I saw the phones that are used for reporting. They are located on each wing and in the first floor living area of Easton Manor. There is a programmed button that goes directly to NOVA and Child Line. I asked a resident to show me how the reporting hotline worked. He agreed to do so and told me how he would approach staff and pushed the button on the phone. It went directly to NOVA. During the pre-Audit time period, I contacted NOVA (a PCAR) and spoke to the Director who confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. NOVA also provides the SAFE/SANEs to the area hospitals and runs the Child Advocacy Center. The Director also stated she was not aware of any problems at Mathom House.

During the tour, I candidly questioned 5 residents about PREA education, reporting and unannounced rounds. They were able to spontaneously answer my questions. I spoke to a kitchen employee, a teacher, and a clerical staff person who told me that they had received PREA training. I spoke to staff in

both programs who received training and they told me that Administration conducts unannounced rounds on a regular basis. While onsite, I viewed a video recording of a random unannounced round that was conducted on 1-31-17 at 6:11 AM, a third shift, by an Administrator. Recording capability is for approximately 30 days.

There are no Medical staff in the facility. All medical services are provided in the community. There are extensive Mental Health services provided to every resident. These records are kept electronically and are only available to clinical staff and administration. I reviewed these confidential records while onsite. During the tour, most residents were in group therapy which occurs every morning after breakfast and before school. Two residents were in the day room, each supervised one on one by a staff person. I had the opportunity to see them supervised in group settings during a lunch period while on the tour and during both days of the on-site Audit. They eat all meals as a group.

Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations. The East Side is classified as secure by the Pa. BHS 3800 Child Care Regulations and has a 1:6, 1:12 ratio. The West side is classified as open residential by the same regulations and has a 1:8, 1:16 ratio. Easton Manor is a Transitional Living Unit and has a 1:7 ratio. The staffing superseded the mandated ratios. On the units, I saw how all staff, not just female staff, knock and announce their presence before entering a child's room or the bathrooms.

Directly after the tour of the facility, and the next day, I interviewed the following:

- CEO,
- PREA Coordinator/Director of Program Services with the newly hired Director,
- PREA Manager/Deputy Director of Regulatory Compliance also monitors Retaliation
- Administrative Assistant/Human Resources staff,
- Master's Level Therapist who conducts the risk assessment and provides mental health services
- Residential Coordinator, who conducts Intakes,
- Clinical Coordinator who participates on the Incident review team and conducts unannounced rounds,
- An Extern (a non-employee)
- A Contractor
- Eleven Residents
- Eleven Random Staff

The eleven random staff, represents 42% of the direct care staff. Staff are both full and part time and work rotating shifts with rotating days off, except for the third shift supervisor. A roster of staff was provided to me and I randomly picked staff from both programs. There are no Unions or bargaining units at Mathom House.

I was given a census of all 28 facility residents separated by living unit and by Program. The PREA Coordinator identified any residents in the current population that identified as GBTI, who disclosed a prior sexual abuse, or who were disabled or non English speaking. Of the 28 total residents, I interviewed (11) total residents: 10 from Mathom House(5 from the East side and 5 from the West Side) and one resident from Easton Manor. Those interviews represent 39% of the total population on the days of the Audit. There was one resident who reported a sexual abuse and he was interviewed, however it appears as this would actually be classified as sexual harassment. This investigation is ongoing. There were no Transgender or Intersex residents in the population, but there were two residents that identified as bisexual and both were interviewed. There were no physically disabled or non-English proficient residents. One resident had a neuro-developmental disorder and he was interviewed. Residents who do not speak English or who are severely cognitively impaired would not be admitted into the program, because they would be unable to participate in the group therapy or the cognitive based curriculum. There were several residents who had disclosed prior sexual abuse and I interviewed six of them. I reviewed the files of 10 staff for required documentation including 5 hired within the past 12 months and one recently promoted staff. I reviewed the files of a contractor and a volunteer. I also reviewed the files

of 12 residents, 10 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were those of the residents that I interviewed. All of these files were electronic.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including the dedicated button on the phone to NOVA and Child Line. There is also the grievance procedure, family visiting three times a week, six phone calls every week, visits by attorneys, probation officers, and caseworkers. Both residents and staff who were interviewed knew that they could report in writing, verbally, anonymously and through third parties. Staff knew and understood their mandated reporter responsibilities. Pennsylvania Child Line, by phone or computer, is a mandated reporting requirement for staff, but is also a phone resource for residents as well.

There are no MOUs with Doylestown Hospital for Forensic Examinations, but NOVA is contracted with the hospital to provide SAFE/SANEs and they verified that these Medical staff were always available. There is no MOU with the Doylestown Township Police Department who conducts Criminal Investigations, however they have and do conduct investigations. Documentation of attempts to obtain MOUs were provided to me. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months there have been two allegations of sexual abuse or sexual harassment, both resident on resident. One investigation was concluded and was unsubstantiated and one is still under investigation during the time of the onsite Audit. Both the criminal and administrative investigations were subsequently completed prior to the 45 day interim report. This allegation of sexual harassment was unfounded. I reviewed all reports related to these incidents. Both were reported to Child Line and were investigated by Doylestown Township P. D. There have been no reports from other facilities of abuse at Mathom House and Mathom House has not received any reports of sexual abuse at other facilities from the residents.

At the conclusion of the two day onsite portion of the Audit, an exit interview was conducted with the following in order to discuss the preliminary findings: PREA Coordinator/Director of Program Services and Compliance, PREA Manager/Deputy Director of Regulatory Compliance, Facility Director, and the Clinical Coordinator.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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.

Mathom House/Easton Manor is a private not for profit all male residential treatment facility that is housed in the former Bucks County Juvenile Detention Center. It is the residential component of Edison Court which also offers community based services: Ravenhill in nearby Doylestown, Pa. The facility is located on a County campus which also contains the Bucks County Jail and the Bucks County Youth Center. Edison Court rents the building from the County. Prior to the new Juvenile Detention Center being built and since 1987 (thirty years ago) Mathom House shared the building with the Detention Center and operated out of one of the wings. The facility now consists of three programs: Mathom House East Wing, a secure program, Mathom House West wing, an open residential program and Easton Manor, a transitional living program. Easton Manor was opened in 2005 in a renovated garage next to the original building. The facility consists of a 39 beds, divided into 2 sixteen bed wings in one building and 7 transitional living beds in the other building. They are all single rooms, except for one room in the West wing, which is a double, but is intentionally only used as a single. On the date of the Audit, there were 28 residents: three in Easton Manor, 12 on the Secure East Side and 13 on the residential West Side.

During the past year, 2016, there were 27 admissions, ranging in age from 13-20. Mathom House/Easton Manor is a residential placement for those children who have a history of sexual offenses. Both Delinquent and Dependent children may be placed in this facility by order of the Juvenile Court. The average stay is 18 months at Mathom House and 9 months at Easton Manor. Many of the residents are committed to the Secure program and then move over to the residential side. Most but not all of the admissions to Easton Manor are transitioning from Mathom House to Independent Living. However, they can be directly committed to Easton Manor. Mathom House/Easton Manor contracts with approximately 15 Pennsylvania Counties, with the majority of their referrals currently from neighboring Montgomery County.

The facility is run by the newly hired Director, William Batty, and he reports directly to the Director of Program Services and Compliance/PREA Coordinator. The facility is licensed by the Pa. Department of Public Welfare under the 3800 Child Care Regulations and the Office of Mental Health Services. It is a Residential Treatment Facility and is funded through managed health care organizations. There are 55 full time and part time employees including Administrative, Clinical, Child Care Workers, Teachers, Kitchen, Maintenance, and Clerical. The direct care or line staff are both full and part time, and work rotating shifts. The units are staffed by both male and female staff. There is a long term and extensive extern program, where Doctoral and Masters' degree candidates from surrounding Universities, carry a caseload and run both group and individual therapy. These Externs are not paid and are not employees. Contractors include the usual HVAC, and facilities staff.

All residents attend Group Therapy facilitated by a Master's Level clinician Monday through Thursday before school. They attend school from 10:45 AM to 7:45 PM every day except Friday, when they finish at 2:00 P.M. They participate in recreation in the gym and courtyard. Individual Therapy is once a week. Family visiting is Friday, Saturday and Sunday. There is also Family Therapy every other week. There is a Gay/ Straight Alliance support group available for all residents.

Easton Manor residents attend school in the Mathom House Building. Of the three current residents, one was working in the community, one was attending school at Mathom House and one had graduated and

was trying to find a job. These residents are focusing on life skills and transitioning back into the community. They have unsupervised passes into the community based on their levels.

The main building which houses Mathom House is a small two story brick building, approximately 18,280 square feet, and with Easton Manor, approximately 2,120 square feet, sits on about two acres of the County campus. The employee and visitor parking lots are in the front of the building. There is also an employee entrance off this lot. The building is directly off of busy Route 611 in suburban Philadelphia. It is located in Doylestown Township, Bucks County, Pa. The front door opens to a large vestibule that is decorated with a brightly colored rug and furnishings. This is the public entry and you are electronically buzzed in. There is an administrative office next to the front door, two bathrooms, a group therapy room, a lawyers'/probation office conference room and a large administrative office. The kitchen is also accessed through this administrative corridor. All doors in the facility are locked and opened by a key card, with a key override. Through the door at the end of the Administrative Hallway is the cafeteria. It is also used as a multi-purpose room for school and group therapy activities. There are six tables with six attached seats. There is a serving window to the kitchen on one side of the cafeteria.

The secure area of the building houses one sixteen bed unit. There is a long corridor with single cinder block rooms, with built in beds, and a window to the outside. There is also a window in each heavy metal room door. There is both an inside and outside privacy covering for the window. There is a toilet and a sink recessed next to the door in all but two rooms. The bathrooms contain two showers with curtains. There is a separate toilet room. This is the Secure East wing and all doors are accessed by a key card. The walls are brightly painted with murals of birds and underwater scenes. At the end of the hallway is a day room with wooden sofas, chairs and tables. There is also a phone here that the residents can use. Directly off the day room is the very large gymnasium. There is a door that opens into a large fenced in recreational yard.

The opposite side of the gym opens into the West wing. There are sixteen beds in this program. There is one room that has two beds, but it is intentionally used as a single bedroom. Some of these rooms are much larger, because they were administrative offices and were converted. The windows open a few inches with security screens. There is a toilet and sink in most of these rooms and privacy covers for the door windows. The bathroom has two curtained shower stalls. There is a bathroom with a toilet. The day room has a washer /dryer, kitchenette, and tv room with wooden chairs, table and sofas. There is a small enclosed courtyard behind this area.

The staff office called "the Oasis" is located between the two wings and is adjacent to the cafeteria. Upstairs was an attic which has been converted to a large office at the top of the stairs for the clinicians, several therapy rooms and classrooms. The rooms have tables and chairs which are configured for either school or group therapy usage. The doors are locked, but have a panic bar alarm for fire code. The residents are not locked in their rooms, but there are door alarms, with a monitor in the staff office. Easton Manor was a garage and was converted in 2005 into this transitional living program. There are seven single bedrooms: two on the first floor and five upstairs. There is a large living area when you first come in the door, with a staff office behind it and the two bedrooms. There is a single bathroom and a large modern single shower room. There is a small kitchen, where these residents prepare and eat breakfast and dinner. They eat lunch at Easton Manor, but the meal is provided by Mathom House. The wide stairway with large windows letting in natural light leads to the second floor, which houses five single bedrooms, a single shower and a second bathroom. The rooms have beds and bureaus and many resident belongings, because some of these residents work in the community. This building also uses video surveillance as part of the supervision of residents. There are cameras throughout and they are monitored in the area outside the staff office on the first floor. There is a 30 day recording capability. This is a beautiful building and was designed with clean lines of sight and privacy for the residents. There is a small deck on the back of the building with lawn furniture and a small seating area outside the front door. There is a basketball hoop in the driveway.

Overall, the grounds and building were very well maintained with little or no graffiti. Although there were 25 residents in Mathom House at the time of the onsite it was quiet and orderly. All residents were in group or attending school. Parents were also in the facility for family therapy sessions during this time.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Number of standards exceeded:	4
Number of standards met:	39
Number of standards not met:	0

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness as well as each resident being treated with respect and dignity is present through the facility. There is a PREA Coordinator for the Agency, Edison Court. She also holds the title of Director of Program Services and Compliance. During the Audit, she was also serving in the capacity of Interim Director of Mathom House and Easton Manor. Prior to the onsite, a Director was hired and he sat in on all PREA interviews, but the PREA Coordinator actively participated in those interviews. Her interview during the onsite portion of the Audit demonstrated that Edison Court is committed to the sexual safety of those in their care. Mathom House/Easton Manor was the first juvenile facility in Pa. to be Audited and found compliant during the first three year PREA cycle.

There is a PREA Manager, who is the Deputy Director of Regulatory Compliance. She also monitors retaliation in her role of PREA Manager as well as does PREA training for new staff and annual refreshers for all staff. Both the PREA Coordinator and Manager, along with her management team have developed and implemented policy and procedure to ensure compliance with the PREA Standards. The staff and residents have demonstrated that they not only received but understand the education and training.

There is an ongoing relationship and an MOU with NOVA, Network of Victim Assistance, that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. I spoke to the Director of NOVA prior to the onsite and she confirms the services offered in the MOU. In addition, she also confirmed the use of SAFE/SANEs at Doylestown Hospital, because NOVA holds the contract to provide these SAFE/SANEs for Forensic Examinations. Criminal Investigations are conducted by the Doylestown Township Police Department. Child Abuse Investigations can also be conducted by Pa. Child Line. Documentation of efforts to obtain MOUs with the hospital and the police department was provided to me. This reporting information is posted on the website.

The residents receive timely education at Intake and this also includes the education that is required within 10 days. The Residential Coordinator conducts all education during the Intake Process and a Masters' Level Clinician assigned to that resident conducts the Risk Assessment within 72 hours of Intake. The residents also receive Monthly refreshers conducted by the staff on the living units in a group format called "Town Hall". This refreshes education for those residents who are there for a longer length of time, but also refreshes the education for the staff who are also part of "Town Hall".

The Vulnerability Assessment and the resultant medical and mental health follow up were done in a timely fashion. There are no Medical staff in the facility. The residents are transported to a Medical

Doctor in the Community who conducts a physical within 14 days. Every resident, not just those that are identified, receive a Mental Health Assessment within 72 hours of admission and usually the same day. These records are kept electronically. I reviewed 12 resident electronic files while onsite. There were no issues with these records. All staff and resident logs and files were complete for both education/training, child abuse and criminal history clearances.

Four standards as noted below have been exceeded. Four standards do not apply. One standard requires corrective action. The remaining 32 Standards have been met. All policy and procedure meet the Standards.

On 4-5-17, I received documentation of 60 days of new Admissions and their completed Vulnerability Assessments with recommendations of risk based housing decisions. Additionally the staff conducted a re-assessment on all current residents documenting their risk based housing decisions. This documentation demonstrates compliance with the standard and completes the corrective action.

The following standards have been exceeded:

Standard #333 Resident Education

All residents receive education immediately at Intake. They initial each important point of the education, along with the Residential Coordinator, who conducts the education, on the PREA checklist This includes how to report, who to report to, and zero tolerance. The more comprehensive education is also conducted during Intake in a one on one fashion, reviewing a booklet and taking a test. Once a month, staff conduct a PREA refresher training that all residents must attend. This is called a "Town Hall" meeting. The residents also receive a brochure at Intake and there are pamphlets and posters throughout the facility. The posters are large, laminated and catch the eye. The interviews of the residents corroborate the above information. All eleven residents interviewed could candidly discuss their education. Two residents specifically mentioned the "Town Hall" refreshers.

Standard #331 Employee Training

I reviewed electronic files for 10 employees and saw sign in sheets for PREA training. I conducted 11 staff interviews and all staff stated that they received PREA training prior to the initial Audit in 2014 and a refresher each year since then. Anyone hired since 2014, receives PREA training as part of their Orientation training. Staff could demonstrate understanding of their training and could candidly discuss it. The PREA training was designed for all staff and additionally all staff receive specialized training in the supervision and treatment of sex offenders, because this is a sex offender program. A training entitled: Mandated Reporting: Recognizing and reporting signs of Child Abuse is also received by all direct care staff as required by Pa. BHS 3800 Child Care Regulations. This includes dealing with those residents who are also victims. Due to the specialized training that all staff receive, this standard has been exceeded.

Standard #381 Medical and Mental Health Screenings history of Sexual Abuse

All residents, not just those identified by the risk assessment, receive immediate Mental Health Screening by a Master's Level Caseworker assigned to that resident. This is usually conducted the day of Intake, but at least within 72 hours. All 12 resident electronic files corroborate this. Medical follow up is conducted for all residents by a Medical Doctor in the Community. Electronic files verify this timely medical follow up. Residents confirmed during interviews that they saw a therapist immediately upon Intake. The Mental Health Master's Level Clinician who was interviewed, also conducts Vulnerability

Assessments and she too confirms this immediate assessment. Due to the fact that all residents receive this service, this Standard has been exceeded.

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

All residents are court ordered to this residential treatment facility to receive ongoing treatment because they have been adjudicated delinquent and/or dependent and are in need of treatment because they are sex offenders. Every resident attends group therapy four times a week. There are several different tracks or curriculum and one of those is for residents who are also victims. Every resident receives Individual Therapy once a week. Most residents receive Family Therapy every other week. An after care plan is developed for every resident upon discharge. This standard has been exceeded.

The following Standard requires Corrective Action:

Standard #342 Placement of Residents in Housing, Bed, Program, Education, and work assignments.

There are rooms in each program that are used for a resident who requires more staff supervision for a variety of reasons, including identification on the risk assessment. Although all residents had a risk assessment conducted and most residents are identified as sexually aggressive because of their charges, not all residents require risk based housing. Those residents that do, were placed in the rooms that were shown to me during the tour and designated for that use. However, there was not adequate documentation of which resident required risk based housing and which did not and why. The staff began documenting these decisions during the pre-audit period. At least 60 days of documentation of Admissions of risk based housing decisions must be submitted to and reviewed by the Auditor. On 4-5-17, I received documentation of timely Risk Assessments for 60 days of new admissions with risk based housing decisions. Additionally all current residents were re-assessed with risk based housing decisions documented.

This standard has been met

The following standards do not apply:

Standard #312 Contracting with other entities for confinement of residents: Mathom House/Easton Manor does not contract with any other entities for the confinement of their residents.

Standard #318 Upgrades to Facilities and Technology: There have been no upgrades since the prior Audit.

Standard #334 Specialized Training; Investigations: The Mathom House/Easton Manor staff do not conduct Investigations. This is done by the Doylestown Township Police Department and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Mathom House/Easton Manor.

All other Standards have been met and all Policy meets the Standards. When the documentation for Standard #342 is received, the facility will be in full compliance.

All standards have been met or exceeded and this facility is in full compliance effective 4-6-17.

of Standards Exceeded: 4
of Standards Not Met: 0
of Standards Not Applicable: 4
of Standards Met: 33

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: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Mathom House Zero Tolerance Policy Edison Court Organizational Chart</p> <p>Interviews Conducted: PREA Coordinator/Director of Program Services and Compliance PREA Manager/Deputy Director of Regulatory Compliance</p> <p>The Mathom House Zero Tolerance Policy is a written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment in all its programs. The policy has the required definitions for what constitutes sexual harassment and what the facility will and has done to implement this policy designed to prevent, detect and respond to all incidents of sexual abuse and sexual harassment. This includes discipline for anyone who violates these policies.</p> <p>The PREA Coordinator is the Director of Program Services and Compliance and she is located offsite in the offices of the Agency, Edison Court. During the Audit and for several months prior to the Audit, she was working out of Mathom House/Easton Manor as the Acting Director until someone was hired. She is listed on the organizational chart as a Director reporting directly to the COO. She has the Authority to implement this policy.</p> <p>The PREA Manager is the Deputy Director of Compliance. She works directly from Mathom House and is present every day. She does PREA training for new hires and the annual refresher for all staff. She answers directly to the PREA Coordinator. She too has the authority to implement this policy. Both of these staff work with the licensing regulations and with the Council on Accreditation.</p> <p>Both staff when interviewed state they have the time for their PREA responsibilities and they describe how they correct and implement policy to meet standards.</p> <p>This standard has been met.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard does not apply. This facility does not contract with any other agencies to care for their residents.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations Pa. Bureau of Human Services Licensing and Inspection Summaries for Mathom House Secure, Mathom House Residential and Easton Manor PREA Zero Tolerance Policy Posted Staff Schedules for Mathom House and Easton Manor Logs of Unannounced Rounds Video of a Random Unannounced Round conducted on January 31, 2017 at 6:11 AM (third shift) Documentation of 2016 Annual review of staff schedules by PREA Coordinator and PREA Manager (revised) Interviews: PREA Coordinator/Acting Facility Director PREA Manager/Deputy Director of Regulatory Compliance Clinical Coordinator (an upper level staff who conducts unannounced rounds) Facility Staff and Residents during tour</p> <p>The review of the Zero Tolerance Policy, Mathom House/Easton Manor policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. The Pa. Department of Human Services 3800 Child Care Regulations requires a ratio of 1:6, 1:12 for the Mathom House Secure Program and 1:8,1:16 for the Mathom House Residential Program and Easton Manor. The PREA Coordinator/Acting Director states that ratio is usually exceeded. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Bureau of Human Services Licensing and Inspection Summary for all three programs. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.</p> <p>I reviewed documentation of the 2016 annual review of staffing by the PREA Coordinator and PREA Manager. The PREA Coordinator reviews staffing yearly or would review if there was an incident. The PREA Manager states that staffing is reviewed daily to ensure one on one supervision and other resident needs are met, such as transports to Court or to a Medical appointment.</p> <p>I was provided current staff schedules with more than the required ratio. They are completed a month in advance and sent to staff. There are also posted in the facility.</p> <p>The use of voluntary and if needed mandatory overtime provides for any emergency staffing. Part time staff are regularly used, usually in the evening or the weekends or for additional staffing due to programming such as yoga.</p> <p>Video surveillance is also used to supplement the supervision of the residents in Easton Manor. The cameras are manned round the clock by direct care staff and have an approximately 30 day recording capability. I reviewed a recording of an administrator conducting a third shift tour on January 31, 2017 at 6:11 AM. I was provided with a log of all unannounced rounds for the past two years. Over time they occur on all three shifts and the policy requires that they are unannounced and documented. I interviewed the Clinical Coordinator who is one of the Administrators who conducts rounds. He states that he does not</p>

tell anyone that he conducts rounds and comes in a different door each time he does a round. He also says he carries a radio to see if staff are alerting each other. During the tour, I saw residents supervised in the day room one on one as well as in the dining room and classrooms, in group settings. All residents eat as a group and I saw lunch supervised on Monday, February 6, 2017. The staffing exceeded the ratio during this time. This standard has been met.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Zero Tolerance Policy Mathom House/Easton Manor Resident Search Policy Mathom House/Easton Manor Shower Policy Staff Training Curriculum- pdf Staff Training Logs</p> <p>Interviews: 11 Random staff from Mathom House/Easton Manor 11 Random residents from all three programs</p> <p>The Mathom House/Easton Manor Zero Tolerance Policy contains the necessary requirements for this standard. It along with the facilities' policies prohibits any kind of cross gender search. The policy prohibits any pat down searches by any staff. The policy allows for a pocket search where a child pulls his pockets out, or a clothing search which is conducted by two staff, usually both male staff. If a female staff person is the second staff, she views only the male staff, not the resident. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner and most could candidly discuss the search policy for such a resident.</p> <p>Staff and residents both state that all staff, not just female staff, practice "knock and announce" when entering a resident's room or bathroom. Both staff and residents could demonstrate this for me. During the tour, I saw privacy curtains and sliding shutters on the outside of the door window. Each resident also has a privacy screen for the inside of the room. The residents state that if they require privacy because they are changing clothes or using the in room toilet they must place the privacy screen on the door. The staff knock on the door then open the outside screen. If the inside screen is up they ask the resident if they are in there and then tell them they need a visual when the child is finished with whatever they are doing. Staff and residents state this is always followed by both male and female staff. Residents state that they usually shower one at a time. Sometimes they shower two at a time in separate curtained shower stalls. Same sex staff conduct showers. This shower procedure was demonstrated for me during the tour. Transgender or Intersex residents would shower alone according to policy and interviews.</p> <p>All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents. There are no cameras in the resident rooms or in the bathrooms. Only Easton Manor has cameras and they are in the halls, stairs and common areas.</p> <p>This standard has been met. There is no need for corrective action</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Zero Tolerance Policy Resident Intake Brochure in Spanish and English Resident PREA Brochure in Spanish and English</p> <p>Interviews Conducted: Edison Court CEO PREA Coordinator/Acting Director Eleven Random Staff</p> <p>During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. The reporting posters were not in Spanish in the visiting area, but they were posted during the onsite. This posting would be for the parents. There is a contract with a translator that was also uploaded, but there are no residents who do not speak English. A resident who does not speak English or who has an IQ under 70 would not be admitted because this is a cognitive based program and these residents would not be able to participate. The Acting Director stated that all reasonable accommodations would be made for a resident with a disability.</p> <p>The PREA policy requires these accommodations.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Pa. Bureau of Human Services Licensing and Inspection Summary for Mathom House Secure, Mathom House Residential and Easton Manor</p> <p>Pa. Child Protective Services Law</p> <p>Zero Tolerance Policy</p> <p>Mathom House Human Resources Policy</p> <p>PREA Coordinator Annual Review of Staffing</p> <p>Files of 11 staff including one who had been recently promoted and three who had been recently hired</p> <p>File of one Contractor</p> <p>Interviews:</p> <p>Human Resources Administrative Assistant</p> <p>PREA Coordinator</p> <p>PREA Manager</p> <p>The Zero Tolerance Policy and the Human Resources Policy require Pennsylvania Criminal History Checks, FBI clearances, and Pennsylvania Child Abuse Checks for employees and contractors prior to employment. The policies require a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews, according to the PREA Manager. There are also employee sanctions in the Policy for withholding of this information. There is Zero Tolerance for this behavior when seeking a promotion within any Edison Court program.</p> <p>The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as contractors and volunteers. A percentage of random employee files are inspected by BHSL as well. There have been no citations for non-compliance in this area. The Pa. CPSL allows for provisional hiring of employees that requires checks within 60 days of hire. Prior to the onsite, I was advised that Mathom House/Easton Manor had incurred a "staffing emergency" which required them to immediately hire new staff and to train them without waiting for the Child Abuse, Criminal History and FBI clearances as required by PREA. This emergency hiring occurred between 10-10-16 through 12-18-16 and effected nine new hires. This staffing emergency was noted in the PREA Coordinator's Annual Staffing review at my request. I interviewed the PREA Coordinator regarding this during the onsite portion of the Audit.</p> <p>I reviewed 11 staff files, 3 were new hires, only one did not have the above clearances prior to hire, but in fact had them within days after hire. All other files reviewed had timely clearances and two files of long time staff had them redone at two year intervals and there were several in their files. The Contractor's file had all required clearances, but his were not redone at two years. This falls outside of the Edison Court Policy, but is not a PREA violation. The Pa. CPSL and the PREA standards require 5 year re-checks, so the Edison Court policy is more stringent. According to the HR staff person interviewed, Edison Court conducts all clearances onsite at no cost to their staff.</p> <p>I believe this two month period of using the Pa. DHS Provisional Hiring was a one time exigent</p>

circumstance as noted in the PREA Coordinator Annual Review and during the interview. This standard has been met. There is no need for corrective action.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard does not apply. There have been no substantial upgrades or renovations to the facility. There have been no technological upgrades to facility

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy</p> <p>MOU with NOVA, Network of Victims' Assistance (a member of the Pennsylvania Coalition Against Rape)</p> <p>Documentation of Attempts to Obtain MOUs with Doylestown Township Police Department and Doylestown Hospital.</p> <p>Sexual Assault Checklist</p> <p>Edison Court Internal Investigation Form</p> <p>Job Description Clinical Therapist</p> <p>Sexual Incident File (2014), Alleged Sexual Incident Files, 2016 and current</p> <p>Interviews:</p> <p>PREA Coordinator/Acting Director</p> <p>PREA Manager</p> <p>Executive Director NOVA, Phone interview</p> <p>11 Random Staff</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. There is an MOU in place for NOVA, a PCAR, who provides a victim advocate to provide crisis intervention, emotional support, information and referrals. If a resident would prefer to have a staff person accompany them, their Master's Level Clinical Therapist would do so. This person has received the proper training to do so. According to the Executive Director of NOVA, who I spoke to prior to the onsite, her agency contracts with Doylestown Hospital to provide the SAFE/SANEs for Forensic Examinations. There are no Medical Staff at Mathom House/Easton Manor.</p> <p>Mathom House/Easton manor staff stated during their interviews that they were trained to protect the crime scene and the forensic evidence. They do not conduct any investigations. An Administrative review of the incident would take place at the conclusion of the investigation. Investigations are conducted by Pa. Child Line and the Doylestown Township Police Department. Although there are no MOUs with the Police Department or Hospital, documentation of efforts to obtain them were provided to me.</p> <p>There was one resident who I interviewed who stated he had reported a Sexual Abuse Incident to staff. After interviewing him and reviewing all reports, I believe this is a sexual harassment incident and required no Medical treatment. At the time of the onsite it was under investigation by the Doylestown Police Department. The investigation has subsequently been completed and the allegation is unfounded. The only other resident on resident incident was investigated by Doylestown Police Department and is also a Sexual harassment incident. I reviewed this file as well. No medical care or forensic examination was called for.</p> <p>The documented response and the interviews show that all policy and procedure was followed in the above instances.</p> <p>This standard has been met. There is no need for corrective action</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pennsylvania Child Protective Services Law Edison Court website Internal and Police Reports from three incidents from 2014 and 2016</p> <p>Interviews: CEO of Edison Court PREA Coordinator/Acting Director</p> <p>I interviewed the Acting Director/PREA Coordinator and the CEO of Edison Court and reviewed the PREA Policy. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Director states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to Doylestown Township Police Department and Pa. Child Line and that Mathom House/Easton Manor does not investigate any allegation but reports all of them. The contact information is on the website.</p> <p>I reviewed comprehensive documentation for a 2014 Staff on Resident Incident and two 2016 Resident on Resident allegations. The documentation showed compliance with all policy and immediate reporting and documentation of such. The police reports were included as well as staff reports.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy</p> <p>PREA Curriculum for Employees</p> <p>Mandated Reporter Training: Recognizing Signs of Child Abuse Curriculum</p> <p>Specialized Sex Offender Curriculum: A Collaborative Model For Juvenile Sex Offender Management</p> <p>Red Flags: Moss Group pdf</p> <p>Communicating with LGBTI residents curriculum</p> <p>Pa. Dept. of Human Services 3800 Child Care Regulations</p> <p>Logs of employee training/sign ins sheets</p> <p>Eleven Random employee files</p> <p>Interviews:</p> <p>Youth Center Trainer/PREA Manager</p> <p>Eleven Random Staff</p> <p>I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2014 and any staff who were hired after that date receive this training during orientation. The staff receive training every year and it includes the NIC online training, "Keeping our Kids Safe". I reviewed 11 random staff files to ensure yearly training that is appropriate. All eleven files contained appropriate documentation including a staff sign off.</p> <p>The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The eleven random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner with all residents, including those who may identify as LGBTI.</p> <p>All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.</p> <p>The staff also receive specialized training in managing sex offenders, because this is a residential treatment facility for sex offenders. Because all staff receive this training and it is germane to PREA, this standard has been exceeded.</p> <p>The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.</p> <p>This standard has been exceeded. There is no corrective action needed.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy PREA Appendix C Volunteers and Contractors Pamphlet File of a Volunteer File of a Contracted Employee</p> <p>Interviews: Contracted Employee Volunteer Extern</p> <p>I interviewed a Volunteer, a College Extern and a Contracted Employee, a Plumber. Both were able to tell me that they received training and the extent of the training. The Extern because of her sixteen hour a week interaction received the PREA volunteer training, the Red Flag Training and the Mandated Reporter training that all employees receive. I reviewed her file and saw the acknowledgement of training in it.</p> <p>The contractor has limited interaction with the residents. When called to Mathom House, he does go back on the units, sometimes with the residents there. He is always accompanied by the Mathom House Maintenance Supervisor. He acknowledged going over the contractor pamphlet and signing off that he reviewed and understood it. His file also contained a signed acknowledgement of his training.</p> <p>Both were able to tell me that they would report to an on-duty supervisor and/or the Director. The Volunteer would also Child Line the report.</p> <p>Logs of training are not kept, but there is a record of receipt in each individual's file . The PREA Coordinator does the training and she states that all volunteers and contractors are trained.</p> <p>This standard has been met. There is no need for corrective action</p>

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy</p> <p>PREA Appendix F Resident Intake Checklist</p> <p>PREA Appendix E Resident Pamphlet and Resident Orientation Booklet</p> <p>PREA Posters in Spanish and English</p> <p>Resident Education Logs</p> <p>12 Resident Files</p> <p>Interviews:</p> <p>Residential Coordinator who Conducts all PREA Education</p> <p>11 random residents.</p> <p>The Residential Coordinator conducts all PREA education as part of the Intake process. This includes both the required education at Intake and the education that must be given within 10 days of admission. This is done the day the resident arrives at the Facility. When I interviewed her she brought all the PREA education materials with her and demonstrated how she reviews them with each child and then both she and the child sign off on the information, point by point. She also gives them the reporting brochure. She will read aloud to the child if needed. Non English Speaking and residents with an IQ below 70 are not admitted to the facility. If a child had physical disabilities, accommodations would be made for them. This signed orientation checklist is scanned into the resident's electronic file. I was provided with an electronic report of all residents education and I reviewed the sign offs in 12 resident files, 10 active and two discharges. The PREA Zero tolerance policy requires timely education and a review of the files supported this</p> <p>Throughout the facility there are posters for reporting, zero tolerance, staff boundaries, what is sexual harassment, that are age and gender appropriate. There are also brochures in many of the common areas and meeting rooms. Additionally once a month, staff conduct a "Town Hall " meeting which includes a PREA refresher education for all the residents. Both the PREA Manager who conducts the "Town Hall" and two of the residents interviewed informed me of the "Town Hall" education.</p> <p>I interviewed eleven random residents from Mathom House and Easton Manor and all stated they received education when they first got here and that education advised them they had a right to be free from sexual abuse and harassment, how to report, and that they could not be punished for reporting sexual abuse and harassment. As mentioned above two residents mentioned the continuing education. During the tour, one resident demonstrated how to use the phone to report and who it went to.</p> <p>Due to the individualized one on one education and documentation as well as the formalized continuing education and documentation, I feel this standard has been exceeded.</p> <p>There is no need for corrective action.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard does not apply because the Facility does not conduct investigations.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed PREA Zero Tolerance Policy Employee Training Curriculum Employee Sign in Sheets Recognizing Signs of Child Abuse Curriculum A Collaborative Model for Juvenile Sex Offender Management Interviews Masters' Level Mental Health Clinician PREA Coordinator</p> <p>There are no Medical Staff at this facility. All Medical care is received in the community. This facility does not perform any forensic medical examinations. These are conducted at the Doylestown Hospital. There is an MOU with NOVA who provides the SAFE/SANEs to the hospital for Forensic Examinations.</p> <p>I interviewed a full time Master's Level Mental Health Clinician. There are six full time Masters' Level Clinicians and a Clinical Supervisor. They receive training on the protection of forensic evidence that all staff receive. All staff receive all training because this is a sex offender program. The Clinicians are experts in dealing with sexual abuse and victimization. All are mandated reporters and would report to their Supervisor, the on-duty supervisor and to Child Line. The Clinician would document any reports they received.</p> <p>I saw sign in sheets for training for all staff and there are sign offs in the electronic files. This standard has been met. There is no need for corrective action.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy</p> <p>Vulnerability Assessment Instrument</p> <p>Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)</p> <p>Health and Safety Assessment</p> <p>Log of all Assessments for the last 12 months of Admissions</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Manager</p> <p>Masters' Level Mental Health Clinician who completes Risk Assessment</p> <p>11 residents</p> <p>The Vulnerability Assessment Instrument is a commonly used one from New Zealand that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. The resulting score identifies residents as being either vulnerable or sexually aggressive.</p> <p>The staff who administer the instrument: the Masters' Level Mental Health Clinician takes into account the Health and Safety Assessment that is conducted at Intake, the Intake interview, conversations with parents, probation officers and caseworkers, court reports and any other information that may accompany the child. She uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions.</p> <p>All completed VAIs are kept in an electronic file and the only persons with access are clinical and administrative staff. All pertinent necessary information is recorded and communicated to line staff for housing assignments or additional supervision. All residents receive a re-assessment at 6 month intervals and upon transfer from Mathom House to Easton Manor. This staff person states that most Risk Assessments are conducted on the day of Admission, but always within 72 hours of Admission.</p> <p>I reviewed the files of 12 residents (10 active and 2 discharged) that I chose randomly from those admitted during the past 12 months. All had timely administration of the VAI. Six residents had multiple assessments because of their length of stay, all completed at six month intervals.</p> <p>I interviewed 11 residents from both Mathom House and Easton Manor and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse while at Mathom House. Not all remembered being asked if they identified as LGBTI, but a check of their files showed that they had.</p> <p>This Standard has been met. There is no need for corrective action.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Department of Human Services 3800 Child Care Regulations Shower Policy Vulnerability Assessments of 12 residents (10 active, 2 discharges) Vulnerability Assessments of 33 residents including 12 new admissions uploaded on 4-6-17</p> <p>Interviews: PREA Coordinator/Acting Director PREA Manager Masters' Level Clinician who conducts risk screenings Three Residents identified as Gay or Bi-sexual</p> <p>Isolation is not practiced and is prohibited by both Mathom House Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.</p> <p>I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I saw four rooms at the end of the corridor that are designated to receive extra staff supervision for a variety of reasons including an identification of vulnerable or aggressive. Residents are also assigned seating in the cafeteria. I also saw the bathrooms that have two shower stalls with curtains. Easton Manor has two bathrooms with single showers. Policy calls for residents to shower two at a time, but also allows for residents to shower alone for several reasons, including an identification of Transgender or Intersex.</p> <p>The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The residents own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status.</p> <p>I interviewed three residents: two who identified as bi-sexual and one resident who although identified as Gay, stated that he was not Gay. They stated they were not discriminated against in any way. There is a voluntary staff run group for the Gay Straight Alliance. There were posters regarding this group in several areas of the facility. Two of the young men interviewed mentioned the group.</p> <p>I reviewed the files of 12 residents (10 active and 2 discharges). All risk based housing recommendations are recorded on the instrument itself and communicated to staff for room assignment. It should be noted that all residents are identified as Aggressive due to the nature of the charges. So, although residents were being assigned to rooms if vulnerable or if aggressive in this setting, that was not noted. Prior to the onsite, documentation of consideration for risk based housing was revised to include why or why not an aggressive resident was or was not in need of risk based housing. This was done for the past three admissions. Of the 10 active resident files that I reviewed all residents were identified as Aggressive and six as both Vulnerable and Aggressive. As a best practice all new residents</p>

are placed in the four extra attention rooms. I saw that one resident has remained in one of those rooms due to his continuing need for extra supervision to protect other residents. The policy contains all necessary verbiage and according to the interviews risk based housing is considered and practiced. However appropriate documentation has just recently begun and needs to be practiced for at least 60 days of admissions and submitted to the Auditor for review.

Corrective Action:

Sixty days of documentation of risk based housing for all admissions needs to be submitted and reviewed

Documentation submitted on 4-5-17 of 33 Vulnerability Assessments including 12 new admissions and re-assessments of 21 current residents shows that the staff conducting the Risk Assessments are noting why a resident does not need risk based housing although his score may identify the need to consider it. As mentioned above, all residents are offenders, as this is a treatment program. The staff conducted re-assessments on all residents noting that they were not aggressive toward their peers and were progressing in treatment and why they were not in need of risk based housing. The new admissions or transfers from Mathom House to Easton Manor all had the VAI completed in a timely manner. Two of the twelve admissions noted that a resident was identified as both Vulnerable and Aggressive and a risk based housing need was noted and the reason for it, e.g., should be kept separate from another resident. The 12 new admissions represent Intakes from January, February and March of 2017.

This documentation demonstrates compliance with this Standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed;</p> <p>PREA Zero Tolerance Policy</p> <p>PREA Posters</p> <p>Grievance Policy</p> <p>Notification of Grievance Policy for Parents and Residents.</p> <p>Telephone Policy</p> <p>Visiting Policy</p> <p>Pa.Child Protective Services Law</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations</p> <p>Resident Orientation Booklet</p> <p>PREA Appendix E Resident Pamphlet</p> <p>PREA Employee Initial and Annual training</p> <p>Mandated Reporter Training Curriculum</p> <p>PREA Employee Pamphlet</p> <p>MOU with NOVA</p> <p>Three sets of Documentation for Allegations</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Director of NOVA a PCAR (by phone, prior to Audit)</p> <p>Eleven Random Staff</p> <p>Eleven Random Residents including one resident who reported a sexual abuse</p> <p>I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made.</p> <p>The primary reporting mechanism is to an outside agency , NOVA, the Network of Victims' Assistance. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite I did a telephone interview with the Director of NOVA and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The "hotline" is a programmed dedicated button on all phones in the facility. A resident demonstrated for me how he would go about making a private call to NOVA. He used the phone for me and it went directly to NOVA. The residents can also call Child Line and the staff, as mandated reporters, must. All staff must receive yearly Mandated reporter training as part of the Pa. DHS 3800 Child Care Regulations. These regulations also require a Grievance Policy, that all residents and their parents receive and acknowledge. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL. There were no citations for not giving this to parents and residents.</p> <p>Residents can call home at least six times a week and residents can receive visits from parents and other approved visitors three times a week. Accommodations are made for</p>

parents who cannot visit during regular hours. Some residents based on level can visit with their parents in the local community for a short period of time. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. There are tools, such as pencils and paper throughout the living units and in the classrooms for the residents to write letters, grievances or to report. The PREA Manager states that all residents are allowed to have pencils, unless they would endanger themselves and then they would be permitted to have crayons. I saw these tools during the tour of the facility. The resident who reported a sexual abuse stated that he reported verbally to staff and did not write a report.

I reviewed documentation of reports for three separate allegations, one in 2014, and two in 2016. All reports by staff were made as soon as received and were also documented.

I also saw documentation of monitoring for retaliation by the PREA Manager for the most recent incident. This documentation also included dates for upcoming status checks.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues.

This standard has been met. No corrective action is needed.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy</p> <p>Grievance Form</p> <p>Grievance Notification Form</p> <p>Mathom House Residential Policies and Procedures</p> <p>Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summaries</p> <p>Files of 12 residents (10 Active, 2 discharges)</p> <p>Interviews Conducted:</p> <p>PREA Manager</p> <p>Acting Director/PREA Coordinator</p> <p>Resident who reported a Sexual Abuse</p> <p>There were two incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 months. However, the grievance process was not used to report these incidents. No grievances by third parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. Residents cannot be disciplined for filing a grievance. Policy was amended to include PREA timelines and procedure for emergency grievances that was not included in the original Mathom House Policy.</p> <p>The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL during their annual licensing inspection inspects resident files for this signed acknowledgement by both parent and resident. I reviewed 12 resident files and all contained notification of the grievance process. Additionally the most recent Licensing and Inspection Summary did not contain any citations for not notifying of the grievance process.</p> <p>The grievance process was not mentioned as often as the NOVA phone line or "telling a staff" by either residents or staff interviewed, but there are forms and documentation of notification. This standard has been met and does not require any corrective action</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: PREA Zero Tolerance Policy Visiting Policy Telephone Policy Resident PREA Orientation Pamphlet PREA Appendix E Resident Education Booklet PREA Posters MOU with NOVA</p> <p>Interviews: PREA Coordinator/Acting Director PREA Manager Ten Random residents NOVA Director (by phone prior to onsite)</p> <p>The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through NOVA. Posters in both Spanish and English, are posted throughout the facility, with the name, phone number and address for this service. The Resident Orientation booklet and the education that they receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access these services.</p> <p>The PREA Coordinator described the MOU with NOVA, a PCAR and the services that they offer. The MOU was reviewed and I spoke to the Director there by telephone prior to the Audit to confirm the services offered in the MOU.</p> <p>The eleven residents who were interviewed state that they can make and receive phone calls six times a week. Visiting by parents/grandparents/guardians or those on the approved visiting list is three times a week. Some residents can have family visits in the local community. Easton Manor residents can work in the community or have limited community outings that are unsupervised. There was one Easton Manor resident at the time of the onsite who had a job in the community. There is family therapy twice a month for most residents. During the onsite I saw and spoke to two parents who were at the facility for a visit/family therapy.</p> <p>Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. The residents that were interviewed stated that they can and do speak to their attorneys.</p> <p>Most residents were able to tell me about the counseling services offered through the NOVA . Other residents were unable to tell me about the services unless I directed them to the posters, listing them.</p> <p>The one resident who had reported a sexual abuse stated he had been allowed to call his Mom right after he made the report, but had not called his attorney.</p> <p>This standard has been met and requires no corrective action</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Edison Court website: www.edisoncourt.com/about/prea</p> <p>The policy requires third party reporting avenues. This information on how to report is publicly disseminated by Mathom House via the website, which was verified. There are also Spanish and English reporting posters in the visiting area of the facility. There have been no third party reports within the past 12 months. This standard has been met and requires no corrective action</p>

115.361	<p>Staff and agency reporting duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Child Protective Services Law Pa. Department of Human Services 3800 Child Care Regulations Extensive Documentation Onsite of 2014 Sexual Abuse Incident Documentation of 2015 incident and current investigation HCSIS reports</p> <p>Interviews: Acting Director/PREA Coordinator PREA Manager Eleven Random Staff Masters' Level Clinician</p> <p>There have been two incidents or reports of sexual abuse or sexual harassment within the past 12 months. I reviewed all documents which confirm mandated reporting by staff. I also reviewed extensive documentation of a 2014 incident. The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The Masters' Level Clinician interviewed is also a mandated reporter. All staff stated during their interviews that they report to Pa. Child Line, their supervisor, and they document.</p> <p>The PREA Manager states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. These are called HCSIS reports and I reviewed them for all three incidents. The PREA Manager states that if there is an attorney of record they would also be notified and if there was a court order prohibiting a parent from notification they would contact a guardian. This standard has been met and there is no need for corrective action.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance policy</p> <p>Interviews: PREA Coordinator/Acting Director PREA Manager Ten Random staff</p> <p>There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.</p> <p>After reviewing the policy and interviewing the 11 random staff, the PREA Coordinator/Acting Director, and the PREA Manager, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard.</p> <p>There is no corrective action necessary.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Zero Tolerance Policy Policy Pa. Child Protective Services Law</p> <p>Interview: CEO Edison Court/Agency Head PREA Coordinator/Acting Director PREA Manager</p> <p>There have been no incidents that have required reports within the past twelve months.</p> <p>The policy, which was amended during the Pre-Audit time period to include all verbiage, clearly states that if a resident reports a sexual abuse at another facility to a Mathom House staff person, it will be reported to Child Line and documented. The Director will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.</p> <p>If a report is made to Mathom House, it will be reported to the Director, who will contact Child Line, Doylestown Township Police Department, and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Internal Investigative Form Documentation of three reported incidents</p> <p>Interviews: Eleven Random Staff</p> <p>There have been no incidents in the past twelve months that have required first responder actions. All reviewed documentation showed that the reported allegations or incidents were not physical and did not require first response.</p> <p>The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document and contact 911 if needed for Medical Assistance. This is contained in the staff training curriculum. When interviewed the eleven random staff were able to discuss their first responder duties although they have not had to practice them.</p> <p>The policy also contains the provision that if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.</p> <p>This standard has been met. There is no need for corrective action</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance policy PREA Appendix H Sexual Assault Checklist Three files of reports from 2014 and 2016 of reports of sexual harrassment</p> <p>Interviews: Acting Director/PREA Coordinator</p> <p>The incidents reported in the past twelve months have utilized the Coordinated Response, which is described in the Zero tolerance policy and is in the form of Sexual Assault Checklist. The Acting Director stated during her interview that this checklist is always used. It was in the documentation of the incidents that I reviewed.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Child Protective Services Law</p> <p>Interviews: CEO of Edison Court/Agency Head</p> <p>There are no Unions or bargaining units at Mathom House/Easton Manor. The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation.</p> <p>An interview with the CEO shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.</p> <p>This standard has been met. There is no corrective action that is needed</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy</p> <p>Interviews: CEO Edison Court Acting Director PREA Manager who Monitors Retaliation</p> <p>There have been two alleged incidents in the past 12 months that were reported. One investigation was ongoing at the time of the onsite and was actively being monitored for retaliation. I saw electronic documentation of status checks already completed by the PREA Manager and one scheduled status check.</p> <p>The PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Mathom House/Easton Manor is the PREA Manager who is also the Deputy Director of Regulatory Compliance. She does a status check as needed and would do so for length of stay, which may exceed the 90 day requirement in policy. She monitors behavioral changes in residents, including acting out. She monitors work records of staff, including tardiness, and absenteeism, among other variables.</p> <p>She stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It could include moving the child's room, wing or even program if appropriate. If a child was a danger to the other children, they could be discharged.</p> <p>In the case of staff, the CEO states he would probably include emotional support or disciplinary action.</p> <p>After the interviews, review of policy and the onsite review of documented status checks by the PREA manager, I believe this standard has been met. There is no need for corrective action</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard does not apply. Policy and Pa. DHS 3800 Child Care Regulations prohibit use of isolation.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Documentation of Efforts to obtain MOU with Doylestown Township Police Department Pa. Child Protective Services Law Documentation of Reported Allegations of Sexual Abuse and or Sexual Harassment</p> <p>Interviews: PREA Manager PREA Coordinator/Acting Director</p> <p>There have been two allegations of sexual abuse or sexual harassment reports within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Doylestown Township Police Department. The facility has no investigators. The facility does not conduct any criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator/Acting Director and the PREA Manager state that they have a very cooperative relationship with the Doylestown Township Police Department. When I reviewed the 2016 allegations, the one completed investigation had police reports in it and the 2014 incident also had all police reports. At the time of the onsite, a current investigation of one incident was ongoing. It has since been completed and the police have stated that charges were not warranted. This report was provided to me. This is an unfounded allegation.</p> <p>The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Coordinated Response and would conduct an incident review after the investigation was completed.</p> <p>By law, the facility reports all reports, even if the victim has recanted. All reports, whether by a resident or staff are reported. All reports, even if a staff person is no longer employed at the facility are reported.</p> <p>The policy meets the standard and no corrective action is needed.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy</p> <p>The Standard of Proof is in the policy, however, this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Department of Human Services 3800 Child Care Regulations Three files of reported allegations from 2014, 2016</p> <p>Interviews: Acting Director</p> <p>The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Acting Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. She states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved the facility would notify the resident and parent and would document the notification.</p> <p>I reviewed the completed 2014 investigation and saw documentation of notification of the three residents who were identified as victims in the incident. The incident that occurred in 2016 was unsubstantiated and the investigation that was being conducted during the onsite has been completed and is unfounded. I interviewed the resident who reported what appears to be sexual harassment and he states he has been advised of the status of the investigation. I feel that the policy, the interview and the documentation confirm that the standard has been met.</p> <p>There is no corrective action needed</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Child Protective Services Law 2014 Completed Staff on Resident Investigation.</p> <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment. However there was a 2014 incident where a staff person was involved in an incident. According to a review of documentation, this staff person had already been terminated due to other non PREA related issues. When the allegation was made by residents, Child Line and Doylestown Twp. PD were immediately notified. The PREA Zero Tolerance Policy contains all requirements. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have a indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed, as noted above. This standard has been met and needs no corrective action.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Child Protective Services Law</p> <p>Interviews: Acting Director/PREA Coordinator</p> <p>There have been no incidents of this nature in the past twelve months. Both the PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Acting Director states that she would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. The Acting Director states she would also contact the contractor or volunteer's agency. The policy and the interview confirm that this standard is met. No corrective action is needed.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Pa. Child Protective Services Law Pa. Department of Human Services 3800 Child Care regulations.</p> <p>Interviews: Acting Director/PREA Coordinator Masters' Level Clinician</p> <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. Residents are not disciplined. This would be handled in therapy. There may be a loss of level and the privileges that are associated with that.</p> <p>The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse.</p> <p>Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.</p> <p>The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.</p> <p>The Acting Director states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed and she states that age, mental illness or disability would be taken into account on a case by case basis for all residents. The policy was amended during the pre-audit to include this verbiage.</p> <p>The Masters' Level Clinician state that therapy would be offered to both the victim and the perpetrator. If a resident does not participate he would not be prohibited from program or educational participation, but the Court would probably remove the child, because he is sent to Mathom House/Easton Manor for this reason.</p> <p>This standard has been met. There is no corrective action needed.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Vulnerability Assessment Instrument Logs of all Admissions for past 12 months Secondary Medical Documentation kept electronically Files of 12 residents (10 active, 2 discharges)</p> <p>Interviews: Masters' Level Mental Health Clinician who administers Risk Assessment Six Residents who disclosed Prior Sexual Abuse</p> <p>The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. All of these residents have been perpetrators. The Master's Level Clinician conducts the risk assessment within 72 hours of Intake and usually the same day. She also does an immediate Mental Health Assessment. All residents receive an Immediate MH assessment. All Residents receive a physical within 14 days of admission. This is performed by a doctor in the community.</p> <p>I reviewed the electronic files of 12 residents (10 active and two discharges) and all had timely Medical and Mental Health follow up. There are also clinical notes that cannot be accessed by anyone except clinical staff or administrative staff.</p> <p>I interviewed 6 residents who disclosed prior sexual abuse, and all stated they saw a doctor within the first week and all stated they saw their therapist within one or two days of admission. Interviews and documentation demonstrate compliance with the standard. Due to the fact that ALL residents receive immediate Mental Health Assessments, this standard has been exceeded. There is no corrective action needed.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy</p> <p>Interviews: Master's Level Clinician Eleven Random Staff</p> <p>There have been no incidents that have required emergency medical services. There are no Medical Staff at this facility. The Policy requires that any resident who requires emergency services be taken to nearby Doylestown Hospital for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify medical . Staff would assess the situation and determine the extent and nature of services needed and call 911 if needed. This would be done immediately and would be free of charge to the resident. All residents would be offered STD testing and follow up at the hospital and through NOVA. Although there have been no incidents that have required emergency services, the policy is in place and the mental health staff are an integral part of the coordinated response. This standard has been met. There is no need for corrective action.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Files of 12 residents (10 active, 2 discharged)</p> <p>Interviews: Master's Level Clinician 11 residents</p> <p>The policy was amended during the pre-audit time period to include all provisions. The Mental Health staff who was interviewed stated that the level of care that the residents receive is probably better than community level of care, because they coordinate the follow up and ensure that residents follow medical instructions. They prepare aftercare plans for any resident returning to the community or being discharged to another placement. Medical Needs are met in the community through community providers. Any medical follow up that included STD testing would be scheduled by Mathom House and the resident would be transported for that appointment. Any resident on resident offender will be assessed and this will be included in his ongoing therapy. All Residents have individual therapy once a week, group therapy 4 times a week and if possible Family Therapy twice a month. This is why residents are sent to Mathom House/Easton Manor by the Courts. This is a residential treatment facility. This standard has been exceeded and there is no need for corrective action</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Internal Investigative Review Sexual Incident Review Form (new) Sexual Incident Review (completed)</p> <p>Interviews: PREA Manager Clinical Coordinator who is a member of the Incident Review team</p> <p>There have been two incidents within the past twelve months that have or may require an incident review. An internal investigation report was sent to me for the earlier incident. It did not include the motivating variables that the standard requires or who on the team met. The 2014 incident that culminated in 2015 also did not have the required review that considered all variables, although it was reviewed. A new form that includes all the necessary information has been submitted. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the PREA Coordinator, PREA Manager, Director, Therapist, Clinical Coordinator with input from direct care staff. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be acted on. The PREA Manager is part of this team. This report and its findings will be incorporated into the Annual report, which is submitted to and approved by the CEO and Board of Directors, before its dissemination on the website. The recommendation would be followed or the reason for not doing so would be documented.</p> <p>I interviewed the Clinical Coordinator, who would be part of the team review. He was able to answer all questions and will be part of the review for the current allegation that is still under investigation.</p> <p>Corrective action: There is currently an investigation being conducted by the Doylestown Township Police Department of an allegation of Resident on Resident Sexual Harrassment. When this investigation is concluded the sexual abuse incident review team will meet and will use the new form to complete a report and send it to the Auditor for review.</p> <p>Action taken: On 3-20-17, prior to the 45 day Interim report, I received a completed sexual incident review that had been conducted on 3-15-17 for an incident that occurred on 12-19-16 and whose criminal investigation and administrative review were completed on 3-7-17. The team met 8 days after the completion of the investigation. The review considered whether or not LGBTI status, gang affiliation, or other variables were motivating factors and they were not. They also looked at the physical plant and suggested adding a mirror for better supervision, this was implemented on 3-17-17. The documentation that was provided to me completes the protective action plan. This standard has been met.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Edison Court 2015 Annual Report which includes PREA data Annual Report of Sexual Violence</p> <p>Interviews: Acting Director/PREA Coordinantor</p> <p>There has been one incident to compile data for, however the policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. The 2015 ECI report includes all program data and there is a part of the report dedicated to PREA. There have been no comparisons for year to year yet because of lack of incidents. The CEO states that this report is shared with all stakeholders. The report is approved by the CEO and the Board.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance Policy Annual Report 2013, 2014, 2015 ECI website</p> <p>Interviews: CEO Edison Court PREA Coordinator/Acting Director PREA Manager</p> <p>All incident data is aggregated and reported. There are Annual PREA Reports for 2013, 2014 and 2015 posted on the website. It is a Agency wide report that has a section dedicated to PREA. The CEO states that both he and the Board approve the report and it is submitted to all of their stakeholders as well as being posted on the website. The PREA Coordinator prepares the report as part of her overall Quality Assurance responsibilities. The reports will compare data from year to year, as more data is collected and will discuss the facilities efforts at prevention, detection, and response.</p> <p>All personal identifiers are removed and noted.</p> <p>The policy was amended during the pre-audit period to include all verbiage.</p> <p>This standard has been met. No corrective action is needed</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Zero Tolerance policy ECI Annual PREA Reports 2014, 2015 ECI website Security of Information and EHR</p> <p>Interviews: PREA Coordinator/Acting Director PREA Manager</p> <p>There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The ECI website contains Annual Reports for 2014 and 2015. It contains the initial PREA Audit from 2014. The policy states that all records will be retained for ten years.</p> <p>All information at ECI is kept electronically and access is restricted, even for non-clinicians. There is an electronic security document.</p> <p>This standard has been met. There is no need for corrective action</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has been Audited during the first year of the first three year PREA cycle. This Audit is posted on the PREA website. The facility was Audited in March of 2014 and was found to be fully compliant on April 13, 2014. This re-audit occurred during the first year of the second three year PREA cycle on February 6,7,2017.</p> <p>The facility provided all requested information . The Auditor viewed a recording of an third shift round and reviewed all electronic resident and staff files. The Audit was posted six weeks prior to the onsite portion of the Audit. An email with pictures of the postings in all common areas and living units was sent to the Auditor. During the tour of the facility these postings were still in place. The Auditor did not receive any correspondence as a result of these emails. The Auditor was permitted to and did tour all areas of the facility.</p> <p>The Auditor privately interviewed 11 residents that she chose from the current census.</p> <p>This standard has been met.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The initial facility Audit, conducted in the first year of the first PREA three year cycle is posted on the website.

Appendix: Provision Findings

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

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

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

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

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

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

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	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? (N/A for facilities with less than 50 inmates)	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	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

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

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

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

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

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

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

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

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

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

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

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

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

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

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (a)	Frequency and scope of audits	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

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

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

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

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

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes