

PREA Facility Audit Report: Final

Name of Facility: Mathom House

Facility Type: Juvenile

Date Interim Report Submitted: 02/29/2020

Date Final Report Submitted: 05/20/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Maureen G. Raquet	Date of Signature: 05/20/2020

AUDITOR INFORMATION	
Auditor name:	Raquet, Maureen
Address:	
Email:	Mraqet1764@comcast.net
Telephone number:	(484) 366-7457
Start Date of On-Site Audit:	01/20/2020
End Date of On-Site Audit:	01/21/2020

FACILITY INFORMATION	
Facility name:	Mathom House
Facility physical address:	1740 Easton Road, Doylestown, Pennsylvania - 18901
Facility Phone	
Facility mailing address:	1283 Almshouse Road, Doylestown, Pennsylvania - 18901

Primary Contact	
Name:	Judy Holden
Email Address:	judyholden@edisoncourt.com
Telephone Number:	2153458638

Superintendent/Director/Administrator	
Name:	Judy Holden
Email Address:	judyholden@edisoncourt.com
Telephone Number:	2153458638

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

Facility Characteristics	
Designed facility capacity:	39
Current population of facility:	36
Average daily population for the past 12 months:	34
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	13-20
Facility security levels/resident custody levels:	Secure/Residential
Number of staff currently employed at the facility who may have contact with residents:	51
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	64
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Edison Court, Inc.
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
Email Address:	jdeppeler@edisoncourt.com
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Agency-Wide PREA Coordinator Information			
Name:	Judith Holden	Email Address:	judyholden@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 January 20, 21, 2020 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. The second Audit, conducted on February 6, 7, 2017 was conducted during the first year of the second PREA three year cycle. The facility was found to be fully PREA compliant on April 6, 2017.

Notice of the current Audit was posted on November 25, 2019, 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 January 20, 2020. There have been no communications received as a result of this posting in the Auditor's Post Office box.

On November 4, 2019, I received notification of an on-line Pre-Audit Questionnaire being completed. During this pre-audit time 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 7, 2020 and it was reviewed during a conference call on January 16, 2020. The onsite portion of the Audit commenced with an entrance meeting with the PREA Coordinator, PREA Manager/Facility Director and the Agency Head.

A tour of all areas of Mathom House and Easton Manor immediately followed. 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 (a member of the Pennsylvania Commission Against Rape PCAR). The reporting posters with the name, address and phone number of NOVA were posted. I requested a PREA reporting poster in the front lobby and this was done immediately and verified by the Auditor. 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. The MOU was updated during the Pre-Audit time period. The Director of NOVA also stated she was not aware of any problems at Mathom House.

During the tour, I candidly questioned 4 residents about PREA education, reporting and unannounced rounds. They were able to spontaneously answer my questions. I spoke to two kitchen employees, a

clerical staff, two externs, and a maintenance man, 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 1-5-2020 at 00:14:15 hours, 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 Mathom House residents were at breakfast in the main dining room and a smaller adjacent dining room. There was one staff with six residents in the smaller dining room. Easton Manor residents were in their rooms and in the downstairs lounge area during the tour. There was one staff with six residents in Easton Manor. I had the opportunity to see all residents supervised in group settings during a lunch period on 1-21-2020 and I observed 7 staff and 29 residents in the main dining room. They eat all meals as a group. The smaller dining room is only used to keep kids separate who are on Safety Plans. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations. The East Side of Mahom House is classified as secure by the Pa. DHS 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. They are single rooms with a window in the door with a privacy shade on both sides.

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

- CEO,
- PREA Coordinator who is a member of the SAIR team
- PREA Manager/Facility Director who conducts Unannounced rounds, is a member of the SAIR and monitors retaliation
- Human Resources staff,
- Master's Level Therapist who conducts the risk assessment
- Master's Level Therapist who provides Mental Health services
- Residential Coordinator who provides Intake Education and conducts UARs
- Director of Education who conducts UARs
- Four Externs (non-employees interviewed as volunteers)
- Four Contractors
- Ten Residents
- Twelve Random Staff

The twelve random staff, represent 38% of the 31 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 and the current staff schedules were provided to me and I randomly picked staff who were working from both Mathom House and Easton Manor. There are no Unions or bargaining units at Mathom House.

I was given a census of all 37 facility residents separated by living unit and by Program three days prior to the Audit. Of the 37 total residents, I interviewed (10) total residents: 8 from Mathom House(4 from the East side and 4 from the West Side) and two residents from Easton Manor. Those interviews represent 27% of the total population on the days of the Audit. There was one resident who reported a sexual abuse and he was interviewed. There was one Transgender resident who was interviewed but there were no Intersex residents in the population. There were 5 residents who identified as Gay or Bisexual and 4 were interviewed. There were 14 residents who had disclosed prior sexual abuse and I interviewed three of them. There were no physically disabled or non-English proficient residents.

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.

I reviewed the files of 7 staff for required documentation including 4 hired within the past 12 months and one recently promoted staff. I reviewed the files of two contractors and two volunteers. I also reviewed the files of 10 residents, 8 active and 2 discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 8 active files were those of the residents that I interviewed. All of these files were electronic and I was aided in reviewing them by the Facility Director/PREA Manager.

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 I was provided with documentation from the hospital that they provide SAFE/SANEs for Forensic Medical Exams in the ER. There is no MOU with the Doylestown Township Police Department who conducts Criminal Investigations, however they 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 three allegations of sexual abuse. The two resident on resident sexual abuse investigations were both unsubstantiated. The staff on resident sexual abuse was investigated by the Doylestown Police Department and the staff person was charged with Unlawful Contact with Minors and Institutional Sexual Assault. This staff is scheduled for Court on 3-24-20. I reviewed all reports related to these three incidents. All three were reported to Child Line and to Doylestown P. D. The Police Department did not investigate the one Resident on Resident Sexual Abuse and declined to press charges on the second resident on resident sexual abuse. There have been no reports from other facilities of abuse that occurred at Mathom House and Mathom House has not received any reports of sexual abuse that occurred at other facilities from their residents.

At the conclusion of the two day onsite portion of the Audit, an exit interview was conducted with the Facility Director/PREA Manager in order to discuss the preliminary findings of the Audit and the plan of correction.

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 throughout the facility. There is a PREA Coordinator for the Agency, Edison Court. She also holds the title of Director of Compliance. Her interview during the onsite portion of the Audit demonstrated that Edison Court is committed to the sexual safety of those in their care. During the last Audit, she was the PREA Manager. There is a PREA Manager, who is the Facility Director. He also monitors retaliation in his role of PREA Manager and conducts random unannounced rounds. Both the PREA Coordinator and Manager, along with the 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.

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 at Intake. The residents also receive Monthly refreshers usually conducted by the PREA Manager/Director 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". A review of the 10 resident files showed timely education.

A Masters' Level Clinician assigned to that resident conducts the Risk Assessment within 72 hours of Intake. 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 10 resident electronic files while onsite. The files reviewed showed those residents received a Risk Assessment within 72 hours of Intake and Medical and Mental Health follow up within 14 days. The PREA Policy requires a Risk Assessment to be conducted at six months. Two of the four residents who required a six month assessment did not have one, so this will need to be part of the plan of correction.

I reviewed 7 employee files for PREA education and for Child Abuse, Criminal History, and FBI clearances. Four of the files were new hires within the past 12 months and one was a promotion. Two of the employees had additional clearances as required by the Standard, the PREA Policy and the Pa. CPSL. Although these files contained timely and appropriate documentation, nine employees were hired provisionally in the past 12 months without one or more of their clearances at the time of hire. This will be included in the plan of correction.

I reviewed 2 Volunteer (Extern) files and 2 Contractor files. All of these files had timely and appropriate clearances. Although the Standard does not require a Volunteer to have these clearances the Pa. CPSL does. Three of the four files had documentation of PREA education. One contractor file did not, although the contractor when interviewed described the PREA training he received. The facility provided me with documentation of all remaining contractor education to show that this was an aberration. Prior to the 45 day interim report, documentation of this specific contractor's training was provided.

Subsequent to the onsite portion of the Audit, a resident reported an incident that was determined to be an unsubstantiated resident on resident sexual abuse. All reporting to Police and the Pa. Child Line was done in a timely fashion. Retaliation Monitoring and Notification of Victim, Parents, Juvenile Probation was also documented and submitted. Throughout the corrective action period, documentation of period status checks for retaliation was uploaded. A timely Sexual Abuse Incident Review was also conducted and submitted. This documentation was reviewed by the Auditor and further evidences compliance with several standards.

The Interim report was submitted to the Agency on February 29, 2020. Two standards require corrective action as described above. Documentaiton of this will be uploaded and reviewed monthly during the 120 day corrective action period to ensure compliance with the standard. The 120 day Corrective Action period began at the conclusion of the onsite portion of the Audit on January 21, 2020.

All documentation for the Corrective Actio plan was submitted to the Auditor and all Standards have been met. Effective May 20, 2020, the facility is PREA compliant.

AUDIT FINDINGS

Facility Characteristics:

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

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: Raven Hill 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 in 1996 and since 1987 (thirty years ago) Mathom House shared the building with the Detention Center and operated out of one of the wings. When the new Detention facility was built, Mathom House completely took over the building. 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 37 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 37 residents: six in Easton Manor and 31 in Mathom House:16 on the secure East wing and 15 on the residential West Wing.

During the past year, 2019, there were 22 admissions to Mathom House and 6 Mathom House residents completed that program and transferred to the Transitional Living Program at Easton Manor. One resident was admitted to Easton Manor directly from the "outside". He had not been a resident of Mathom House. The Agency counts the transfers to Easton Manor as new admissions, however for the purposes of this Audit, they are being counted as transfers to a different program at the same facility. The admissions ranged 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 12 - 18 months at Mathom House and 7 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, as noted with the one 2019 admission, referenced above. Mathom House/Easton Manor contracts with approximately 19 Pennsylvania Counties.

The facility is run by the newly promoted Director, Bill Citino, and he reports directly to the Director of 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 52 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 and the teachers.

All residents attend Group Therapy facilitated by a Master's Level clinician Monday through Thursday

before school. They attend school from 10:00 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 eat their main meal and attend school in the Mathom House Building. Of the 6 current residents, one was being discharged, two had graduated and all were trying to find jobs in the community. These residents are focusing on life skills and transitioning back into the community. They take turns shopping for food and making meals. 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 is a small room adjacent to the dining room, that is used to allow residents who are on safety plans to dine separately. 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 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.

This facility is accredited by COA, the Council on Accreditation.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Four standards, as noted below, have been exceeded. Two standards require corrective action. The remaining 37 Standards have been met. All policy and procedure meet the Standards.

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 7 employees and saw sign in sheets for PREA training. I conducted 12 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. DHS 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 10 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 five times a week. There are several different tracks or curricula 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 Standards require Corrective Action:

Standard #317 Hiring and Promotions

The facility submitted information during the Pre-Audit that they had encountered a staffing emergency during the year and in order to have enough staff to meet ratio, they hired new employees prior to having all required clearances. This was permitted by the Pa. Department of Human Services as "provisional hiring", but effective December 2019, this practice is no longer permitted by the Pa. DHS and any agency who does so will be cited. This effected nine new hires who did not have one or all of their clearances. This was also an issue during the 2017 PREA Audit. The facility ceased all provisional hiring effective Sept 3, 2019. The Human Resources representative and the PREA Coordinator submitted a letter prior to the 45 day Interim report stating that effective that date and from here on in, there would be no provisional hiring. In addition to the above referenced letter, I am requiring 120 days of new hires to be submitted along with all timely clearances. During the corrective action period, six new staff were hired and all required clearances were completed prior to hire. They were submitted to the Auditor.

This documentation satisfies the plan of correction and demonstrates compliance with the standard. This standard has been met.

Standard #341 Obtaining Information from Residents

The standard requires that the Vulnerability Assessment be conducted periodically throughout the resident's stay. The Mathom House Policy requires that this be conducted at six months. Of the 10 files reviewed, 4 required 6 month assessments and 2 of the residents did not have one. Prior to the 45 day Interim report, the PREA Manager/Facility Director submitted documentation of training for the Clinical Therapists regarding when to administer the Vulnerability Assessment. The Facility Director will also monitor this to ensure that those residents who require one, receive a timely one. Additionally, the facility will be required to provide 120 days of documentation for those who require a 6, 12, or 18 month reassessment. Copies of those VAIs will be submitted to the Auditor.

During the corrective action period, 6 month reassessments for those residents that required them were uploaded monthly. A total of 14 reassessments done at 6, 12, 18 and 24 months were provided and reviewed. All were done in a timely fashion and demonstrate compliance with the standard and institutionalization of the practice. This Standard has been met.

On May 20, 2020, all required documentation was submitted to the Auditor. All standards have been met. This facility is PREA compliant, effective this date.

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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Mathom House PREA Zero Tolerance Policy • Edison Court Organizational Chart <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator/Director of Compliance • PREA Manager/Facility Director <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 Compliance and she is located offsite in the offices of the Agency, Edison Court. During the last Audit, she was the PREA Manager for Mathom House/Easton Manor. 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 Program Director. He works directly from Mathom House and is present every day. He does PREA training at staff meetings and the annual refresher for all staff. He also does PREA education for the residents in the monthly "Town Hall Meetings". He answers directly to the PREA Coordinator. He too has the authority to implement this policy. 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, if necessary.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Mathom House does not contract for the care of its residents with any other facility. This standard has been met. There is no need for corrective action.

115.313	Supervision and monitoring
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 624 360">Documentation Reviewed:</p> <ul data-bbox="300 432 1477 891" style="list-style-type: none"> • Pre-Audit Questionnaire • 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 5, 2020 at 00:14:15 (third shift) • Documentation of 2019 Annual review of staff schedules by PREA Coordinator and PREA Manager <p data-bbox="252 1003 408 1037">Interviews:</p> <ul data-bbox="300 1108 1369 1312" style="list-style-type: none"> • PREA Coordinator • PREA Manager/Facility Director • Director of Education (an upper level staff who conducts unannounced rounds) • Residential Coordinator (who conducts unannounced rounds) • Facility Staff and Residents during tour <p data-bbox="252 1350 1477 1765">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 Manager/Facility Director states that they try to exceed ratio when they can. 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. DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.</p> <p data-bbox="252 1809 1477 2011">I reviewed documentation of the 2019 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 data-bbox="252 2022 1477 2134">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. I saw them in the staff office area, during the tour.</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.

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 5, 2020 at 00:14:15, a third shift. While at the facility, I was provided with a log of all unannounced rounds since 2013, when PREA was implemented. Over time they occur on all three shifts and the policy requires that they are unannounced and documented. I interviewed the PREA Manager/Facility Director, who is one of the Administrators who conducts rounds. He states that he does not 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. I also interviewed the Director of Education and the Residential Coordinator, who also regularly conduct random unannounced rounds. During the tour, I saw residents supervised individually and in group settings. All residents eat as a group and I saw lunch supervised on Tuesday, Jan 21, 2020. The staffing exceeded the ratio during this time. There were 23 residents and 7 staff in the dining room. In an adjacent smaller dining room, used to separate residents on safety plans, there were six residents and one staff.

This standard has been met. There is no need for corrective action.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Mathom House/Easton Manor Resident Search Policy • Mathom House/Easton Manor Shower Policy • Staff Training Curriculum- pdf • Staff Training Logs • Risk Assessments for three discharged residents who identified as Transgender girls <p>Interviews:</p> <ul style="list-style-type: none"> • 12 Random staff from Mathom House/Easton Manor • 10 Random residents from all three programs • 1 Transgender resident <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. The one Transgender resident did not identify as Transgender at Intake, but subsequently did. She was given the opportunity to shower</p>

separately but chose not to. When I interviewed her, she stated that she now wished to shower alone. I spoke to the PREA Coordinator, who stated she would ensure this happened. The resident was at Court on Day 2 of the Audit, so I was unable to confirm this with her, however, the staff person from the prior night's shift confirmed that the resident had showered alone.

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.

This standard has been met. There is no need for corrective action.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Zero Tolerance Policy • Resident Intake Brochure in Spanish and English • Resident PREA Brochure in Spanish and English • MOU with Translator • Program Descriptions for Mathom House and Easton Manor <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Edison Court CEO • PREA Coordinator • PREA Manager • Twelve Random Staff <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. 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. They also do not accept kids who are actively psychotic or suicidal. Admissions of residents with physical disabilities would be on a case by case basis. I reviewed 2019 program descriptions for both Mathom House and Easton Manor describing who they would and would not accept into their pr The Agency Head stated that all reasonable accommodations would be made for a resident with a disability. She stated that this would be done in conjunction with the Special Education Teacher and the Individual Educational Plan for a student that requires one.</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> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Pa. Department of Human Services 3800 Child Care Regulations • Pa. Department of Human Services Licensing and Inspection Summary for Mathom House Secure, Mathom House Residential and Easton Manor • Pa. Child Protective Services Law • Zero Tolerance Policy • Edison Court Employee Handbook • PREA Coordinator Annual Review of Staffing • Employee and Contractor roster • Documentation of Emergency staffing and Provisional Hiring • Files of 8 staff including one who had been recently promoted and four who had been recently hired • File of two Contractors and two Externs • Required Clearances for 6 new staff as part of the plan of correction <p>Interviews:</p> <ul style="list-style-type: none"> • Human Resources Representative for Edison Court • PREA Coordinator • PREA Manager <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 and for the externs. The policy requires rechecks of Pa. Child Abuse and Criminal Histories every two years and FBI clearances every 3 years. 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 those of contractors and volunteers. A percentage of random employee files are inspected as well. There have been no citations for non-compliance in this area. The Pa. CPSL allowed for provisional hiring of employees that required checks within 60 days of hire.</p> <p>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 twice during the year and effected nine new hires. This staffing emergency was noted in the PREA Coordinator's Annual Staffing review at my request. I</p>

interviewed the PREA Coordinator, PREA Manager and Human Resources Representative regarding this during the onsite portion of the Audit.

The Pa. DHS has changed their acceptance of provisional hiring, effective December 30, 2019. Any staff hired after this time must have all clearances prior to hire, or the facility will be cited and this could effect their licensure. The three staff that were interviewed state that they have stopped all provisional hiring effective September 3, 2019, when they learned of the impending change.

I reviewed 8 staff files, 4 were new hires, and all four had the above clearances prior to hire. Two files of long time staff had them redone at two year intervals and there were several in their files. The two Contractor' files had all required clearances including having them redone at two year intervals. The two Externs also had all clearances before having contact with the residents. They are not paid, so technically they are volunteers. This falls outside the PREA requirement, but is required by Pa. DHS and the Edison Court Policy. The Pa. CPSL and the PREA standards require 5 year re-checks, so the Edison Court policy is more stringent, requiring rechecks of Pa. CHild Abuse and Criminal Histories every 2 years and FBI clearances every 3 years. According to the HR staff person interviewed, Edison Court conducts all clearances onsite at no cost to their staff.

The Pa. DHS Provisional Hiring was an exigent circumstance as noted in the PREA Coordinator Annual Review and during the interview. This was also noted in the 2017 Audit. The rationale behind it was that being out of ratio is dangerous, and they would be cited by their licensing agency. The licensing agency, Pa. DHS will now cite them for provisional hiring as well.

As part of a plan of correction. I have requested a formal response to this issue from the Human Resources representative as well as the PREA Coordinator. I have also requested a log of hires from Oct. 1, 2019 through February 2020 to ensure that this practice has ceased.

This standard has not been met. There is a need for corrective action.

On 1-27-20, I received a letter from the Human Resources Director and from the PREA Coordinator stating that effective September 3, 202, all provisional hiring had ceased and would no longer be permitted. I also received a log of all hires from Oct. 1, 2019 through and including February 2020 to demonstrate that there have been no provisional hires. Throughout the corrective action period, I received documentation of six new hires and all had their required clearances prior to hire.

This documentation satisfies the plan of correction and demonstrates compliance with the standard.

This standard has been met.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This facility has not expanded or substantially modified its physical plant nor has it upgraded or installed any cameras or technology. This standard has been met. There is no need for corrective action.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Zero Tolerance Policy • MOU with NOVA, Network of Victims' Assistance (a member of the Pennsylvania Coalition Against Rape) • Documentation of Attempts to Obtain MOUs with Doylestown Township Police Department and Doylestown Hospital. • Sexual Assault Checklist • Edison Court Internal Investigation Form • Sexual Abuse and Harassment Incident Files <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Manager/Facility Director • Executive Director NOVA, Phone interview • 12 Random Staff <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. There is an MOU in place for NOVA, a member of the Pa. Coalition Against Rape(PCAR), who provides a victim advocate to provide crisis intervention, emotional support, information and referrals. I spoke to the Director of NOVA prior to the onsite portion of the Audit and she stated that she was unaware of a MOU with Mathom House. I advised her that I had been provided with one that had been signed in 2013. She stated that the staff had changed since that time. At her suggestion, a new MOU was prepared and was executed by both Mahtom House staff and NOVA. This new MOU was provided to me prior to the onsite portion of the Audit. NOVA always provides a Victim Advocate.</p> <p>Doylestown Hospital provides SAFE/SANEs for Forensic Examinations. Documentation of attempts to obtain an MOU with the hospital were provided to me. Thee 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. This required no Medical treatment or a Forensic medical exam. This incident was reported to and was investigated by the Doylestown Police Department. The police declined to press charges. The SAIR conducted by staff document this as unsubstantiated. The other resident on resident sexual abuse allegation was reported to Doylestown Police Department and to Pa. Child Line. Neither investigated this incident. The facility conducted an</p>

SAIR and concluded that this incident was unsubstantiated. It did not require a forensic exam or any medical care.

There was one substantiated incident of Staff on Resident Sexual Abuse that is currently in the court process. The Police charged the staff person with Unlawful Contact with Minors and Institutional Sexual Harassment. The resident did not initially cooperate with the investigation. The incident did not require any forensic response. The hearing is scheduled for March 2020. The documented response and the interviews show that all policy and procedure were followed in the above instances.

This standard has been met. There is no need for corrective action

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pennsylvania Child Protective Services Law • Edison Court website • Internal and police reports for three incidents <p>Interviews:</p> <ul style="list-style-type: none"> • CEO of Edison Court • PREA Coordinator <p>I interviewed the 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 Agency Head 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 2019 Staff on Resident Sexual Abuse Allegation and two 2019 Resident on Resident Sexual Abuse allegations that were unsubstantiated. The documentation showed compliance with all policy and immediate reporting and documentation of such. The police communications 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> <ul style="list-style-type: none"> ● Pre-Audit Questionnaire ● PREA Zero Tolerance Policy ● PREA Curriculum for Employees ● Mandated Reporter Training: Recognizing Signs of Child Abuse Curriculum ● Specialized Sex Offender Curriculum: A Collaborative Model For Juvenile Sex Offender Management ● Red Flags: Moss Group pdf ● Communicating with LGBTI residents curriculum ● Pa. Dept. of Human Services 3800 Child Care Regulations ● Roster of Employees and Contractors ● Seven random employee files <p>Interviews:</p> <ul style="list-style-type: none"> ● Twelve Random Staff <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 7 random staff files to ensure yearly training that is appropriate. All seven files contained appropriate documentation including a staff sign off that they have received and understand their training. These files are kept electronically.</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 twelve random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual abuse 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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • PREA Appendix C Volunteers and Contractors Pamphlet • Roster of Employees and Contractors • File of 2 Volunteers • File of 2 Contracted Employees • Educational Signed Acknowledgements of all Teachers <p>Interviews:</p> <ul style="list-style-type: none"> • 4 Contracted Employees (teachers) • 4 Volunteers (Externs) <p>I interviewed 4 Volunteers, (College and Doctoral Externs) and 4 Contracted Employees, (teachers). They were able to tell me that they received training and the extent of the training. They not only received the contractor pamphlet and signed off on it, but due to the amount of their interaction, also received the Mathom House PREA training that all employees receive. Due to their employment as teachers and therapists, they are mandated reporters and receive that training as required by the Pa. CPSL. All files are electronic. I reviewed two contractor files and two volunteer files and saw acknowledgement of training in three of the four. The one teacher file did not contain an acknowledgement of training.</p> <p>They were able to tell me that they would report to their supervisor and/or the Director. They would also have to report to Pa. Child Line either by phone or online.</p> <p>Upon entering the facility on the first day of the onsite, the PREA Coordinator gave me a PREA Contractor Pamphlet, asked me to review and then presented me with a sign off sheet that I was given the pamphlet and understood it.</p> <p>Logs of training are not kept but there is a record of receipt of the acknowledgement in each individual's file .</p> <p>As part of a plan of correction, I have requested that the teacher sign off that he received training and to send me the receipt of training for all other teachers, to ensure that they are keeping documentation. This documentation was submitted prior to the 45 day Interim report. This standard has been met. There is no need for any further corrective action.</p>

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> ● Pre-Audit Questionnaire ● PREA Zero Tolerance Policy ● PREA Appendix F Resident Intake Checklist ● PREA Appendix E Resident Pamphlet and Resident Orientation Booklet ● PREA Posters in Spanish and English ● Roster of Admissions and Discharges from 1-2019 through 1-20-2020 ● Resident Education Logs ● 10 Resident Files (8 active and 2 discharged) <p>Interviews:</p> <ul style="list-style-type: none"> ● Residential Coordinator who Conducts all PREA Education ● 10 random residents <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 to keep in their room. 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 reviewed the electronic files of 10 residents. The 8 active files were of residents I interviewed and the two discharges were randomly selected from a list of all admissions and discharges from 2019. The PREA Zero tolerance policy requires timely education and a review of the files supported this. One resident file had documentation that he received his education the day after he was admitted.</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 ten 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 that it went to NOVA.</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.
There is no need for corrective action

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard does not apply. There are no investigators at this facility. Criminal Investigations are conducted by the Doylestown Township Police Department. Administrative Investigations are conducted by Pa. Department of Human Services. Both the PREA Coordinator and PREA Manager have completed an Administrative Investigation Course to aid in the Sexual Abuse Incident Review, subsequent to the police or Child Line investigation.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Employee Training Curriculum • Recognizing Signs of Child Abuse Curriculum • A Collaborative Model for Juvenile Sex Offender Management Curricula • Documentation of PREA Training for two Mental Health Staff <p>Interviews:</p> <ul style="list-style-type: none"> • Master's Level Mental Health Clinician <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.</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. The Mental Health clinicians receive ongoing specialized training at statewide and national conferences.</p> <p>I saw sign in sheets for training for all staff and there are sign offs in the electronic files. I saw a sign in sheet for the Mental Health Staff for a PREA refresher in December 2019.</p> <p>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> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Vulnerability Assessment Instrument • Completed Vulnerability Assessment Instruments for 10 Residents (8 Active, 2 discharges) • Health and Safety Assessment • Log of all Assessments for the last 12 months of Admissions • VAs for 3 Transgender residents • Fourteen VAs as part of the plan of correction • Documentation of remedial training for Clinical Therapists <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Manager • Masters' Level Mental Health Clinician who completes Risk Assessment • 10 residents <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 sexually vulnerable or sexually aggressive. The staff who administer the instrument, the Masters' Level Mental Health Clinicians, take 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. the clinician i interviewed 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 competed VAs 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. Both the PREA Coordinator and the PREA Manager stated that only the clinical staff and administration have access to the VAs through the Electronic Health Record.</p> <p>I reviewed the files of 10 residents (8 active and 2 discharged) that I chose randomly form those admitted during the past 12 months. All had timely administration of the VAI. Two residents had multiple assessments because of their length of stay, all completed at six month</p>

intervals. However, two residents who required six month assessments did not have them. I interviewed 10 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 identified as LGBTI, if they had any disabilities or if they were fearful of sexual abuse while at Mathom House. Not all remembered being asked every question, but a check of their files showed that they had. Of the three residents who had 6 month VAIs, not all could remember being asked these questions again, but they do sign the VAI after it is administered. This Standard has not been met. There is a need for corrective action.

Corrective Action:

Residents who require a 6 month VAI, must receive one in a timely manner. Those responsible for administering the VAI at 6 months must be monitored to ensure they are doing so. If a clinical therapist, who is responsible for administering a 6 month VAI is on leave from the facility, another staff member must administer it. The PREA Coordinator and Manager will provide documentation of remedial training for Clinical Therapists and a protocol for ensuring coverage.

Documentation of remedial training was provided prior to the 45 day Interim report. VAIs conducted at 6, 12 and 18 months for those residents who require one will be provided to the Auditor for a period of 120 days to demonstrate compliance and institutionalization of the practice.

During the corrective action period, 6 month reassessments for those residents that required them were uploaded monthly. A total of 14 reassessments done at 6, 12, 18 and 24 months were provided and reviewed. All were done in a timely fashion and demonstrate compliance with the standard and institutionalization of the practice.

The documentation satisfies the plan of correction and demonstrates compliance with this standard.

This standard has been met.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Department of Human Services 3800 Child Care Regulations • Shower Policy • Vulnerability Assessments of 12 residents (8 active, 2 discharges) • VAls of 3 Transgender residents <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Manager • Masters' Level Clinician who conducts risk screenings • Four Residents identified as Gay or Bi-sexual and 1 Transgender Resident <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. I interviewed the above staff who state that any resident who is identified as either sexually 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 in Mathom House 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. The Clinical Therapist, who administers the VAI, states that any resident can ask to shower alone. The one Transgender girl states she can shower alone, but does not. She stated she now wished to shower alone and I spoke to the PREA Coordinator. I checked on this the next day and the resident did shower alone the night before. 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 120 days. 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 five residents: two who identified as bi-sexual, two who identified as Gay, and one Transgender girl. 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. One of the young men interviewed mentioned the group. I reviewed the files of 10 residents (8 active and 2 discharges). All risk based housing recommendations are recorded on the instrument itself and communicated to staff for room</p>

assignment. It should be noted that all residents are identified as Aggressive due to the nature of the charges. Of the 8 active resident files that I reviewed all residents were identified as Aggressive and four as both Vulnerable and Aggressive. As a best practice all new residents are placed in the four extra attention rooms. There was documentation for each resident as to why they did or did not need risk based housing.

The policy contains all necessary verbiage and according to the interviews risk based housing is considered and practiced.

This standard has been met. There is no need for corrective action.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • PREA Posters • Grievance Policy • Notification of Grievance Policy for Parents and Residents. • Telephone Policy • Visiting Policy • Pa.Child Protective Services Law • Pa. Bureau of Human Services 3800 Child Care Regulations • Resident Orientation Booklet in Spanish and English • PREA Appendix E Resident Pamphlet • PREA Employee Initial and Annual training • Mandated Reporter Training Curriculum • Edison Court Employee Handbook • Mathom House Policy and Procdures • PREA Employee Pamphlet • MOU with NOVA • Documentation of Allegations <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Director of NOVA, a member of the Pa. Coalition Against Rape (PCAR) (by phone, prior to Audit) • Twelve Random Staff • Ten Random Residents including one resident who reported a sexual abuse <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, including parents, POs, Caseworkers, Police, Therapists, PREA Manager, PREA Coordinator, other residents, staff, grievances, etc. 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</p>

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. DHS. There were no citations for not giving this to parents and residents.

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 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 another resident and did not write a report. The other resident did report the allegation to his therapist.

I reviewed documentation of reports for three separate allegations, two, including the one above were reported by other residents to staff. One victim reported directly to staff. All reports by staff were made to Child Line and the police as soon as received and were also documented.

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> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Grievance Form in Spanish and English • Grievance Notification Form in Spanish and English • Mathom House Residential Policies and Procedures • Pa. Department of Human Services 3800 Child Care Regulations • Pa. Department of Human Services Annual Licensing and Inspection Summaries • Files of 10 residents (8 Active, 2 discharges) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Manager • PREA Coordinator • Resident who reported a Sexual Abuse <p>There were three incidents of sexual abuse reported 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 resident who reported a sexual abuse told another resident, who reported it to a therapist.</p> <p>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. The PREA Policy contains all necessary provisions and timelines.</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. DHS, during their annual licensing inspection, inspects resident files for this signed acknowledgement by both parent and resident. I reviewed 10 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
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> ● Pre-Audit Questionnaire ● PREA Zero Tolerance Policy ● Visiting Policy ● Telephone Policy ● Resident PREA Orientation Pamphlet ● PREA Appendix E Resident Education Booklet ● PREA Posters ● MOU with NOVA ● ocumentation of Attempts to enter into MOU with Doylestown Twp. Police Department <p>Interviews:</p> <ul style="list-style-type: none"> ● PREA Coordinator ● PREA Manager ● Ten Random residents ● One Resident who reported a Sexual Abuse ● NOVA Director (by phone prior to onsite) <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 and phone number 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. She initially stated she was unaware of the MOU. It had been signed in 2013 by someone who is no longer with the Agency. The PREA Coordinator and NOVA worked together to update the existing MOU and this was provided to me.</p> <p>The ten 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 were two Easton Manor residents, at the time of the onsite, who had jobs in the community. There is family therapy twice a month for most residents, which can be in person or by video conference.</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</p>

can and do speak to their attorneys.

Most residents were able to tell me about the counseling services offered through the NOVA . All residents were able to tell me that there were services for dealing with sexual abuse outside of the facility and they would be available around the clock, free of charge and would be confidential, except for the mandated reporter responsibilities.

The one resident who had reported a sexual abuse stated he can call his parents every day. He stated he did not want to call and tell them, because he knew his therapist had and he did not want to talk about it. Additionally he stated that he said NO to NOVA, because he did not need it.

This standard has been met and requires no corrective action

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Edison Court website: www.edisoncourt.com/about/prea <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 public lobby and visiting area of the facility. There have been no third party reports within the past 12 months.</p> <p>This standard has been met and requires no corrective action.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Child Protective Services Law • Pa. Department of Human Services 3800 Child Care Regulation • Documentation of Sexual Abuse Allegations • HCSIS reports • Employee Handbook • Sexual Assault Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Director/PREA Manager • Twelve Random Staff • Masters' Level Clinician <p>There have been three incidents or reports of sexual abuse within the past 12 months. I reviewed all documents which confirm mandated reporting by staff. I also reviewed extensive documentation of a staff on resident sexual assault. 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. They accept all reports:verbally, in writing, anonymously and through third parties. They document all reports. In each of the three incidents, the initial reports were verbal. One report was to another resident, who reported to staff and the other two were direct verbal reports to staff.</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 (an acronym 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. He also notifies the managed healthcare organization.</p> <p>Subsequent to the on-site portion of the Audit, an unsubstantiated Resident on Resident Sexual Abuse was reported. At my request, all documentation was provided to further evidence compliance with this standard. This documentation included reports to Law Enforcement and Pa. Child Line, as well as a timeline of the investigation.</p> <p>This standard has been met and there is no need for corrective action</p>

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance policy • Documentation of Safety Plan for Resident Victim of Sexual Abuse <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Director • Twelve Random staff <p>There has been one incident in the past twelve months where a resident was at substantial risk of imminent sexual abuse. Documentation of the immediate response in the form of a "Safety Plan" was submitted to the Auditor. This documentation of the Staff on Resident Sexual Abuse allegation showed that the response was immediate and appropriate. A resident reported possible inappropriate actions of a staff person. The supervisor receiving that report, immediately removed the staff person from the building. After more information was received, the staff person was terminated from employment.</p> <p>After reviewing the policy, and the above noted documentation and interviewing the 12 random staff, the Agency Head, and the Director, I believe that the report of imminent sexual abuse was handled immediately and properly as outlined in the policy and required by the Standard.</p> <p>Thus standard has been met. There is no corrective action necessary.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • CEO Edison Court/Agency Head • Facility Director <p>There have been no incidents that have required reports within the past twelve months. The PREA Zero Tolerance policy clearly states that if a resident reports a sexual abuse that occurred 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, by another facility of an incident that occurred at Mathom, it will be reported to the PREA Coordinator, 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. 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:</p> <ul style="list-style-type: none"> • PREA Zero Tolerance Policy • Internal Investigative Form • Documentation of three reported incidents • Sexual Assault Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Twelve Random Staff • PREA Coordinator <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 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 twelve 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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance policy • PREA Appendix H Sexual Assault Checklist • Emergency Response Plan • Three files of reports and allegations of sexual abuse • Sexual Assault Checklist for an Incident that occurred after the onsite portion of the Audit <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director/PREA Manager <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. This is accompanied by a facility Emergency Response Plan. The Director stated during his interview that this checklist is always used. It was in the documentation of the incidents that I reviewed. The checklist requires an action, that when completed is initialed with a date and time.</p> <p>After the onsite portin of the Audit, an unsubstantiated allegation of Resident on Resident Sexual Abuse was reported. I requested that all documentation be uloaded to further evidence compliance with this standard.</p> <p>The Emergency Response Plan is not just for a Sexual Abuse, but for other facility emergencies as well.</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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • CEO of Edison Court/Agency Head <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:</p> <ul style="list-style-type: none"> • PREA Zero Tolerance Policy • Electronic Documentation of Retaliation Monitoring • Safety Plans and Periodic Status Checks of Retaliation Monitoring for an incident that occurred after the onsite portion of the Audit <p>Interviews:</p> <ul style="list-style-type: none"> • CEO Edison Court • Director/PREA Manager who Monitors Retaliation • Resident who reported sexual abuse <p>There have been three alleged incidents of sexual abuse 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. Another resident on resident sexual abuse allegation did not require retaliation monitoring because the victim who reported it was released from the facility the next day. The staff on resident sexual abuse allegation showed documentation of retaliation monitoring for both the victim and the resident who reported it. All parties are always placed on a safety plan, required by the Pa. 3800 Child Care regulations, which includes physical separation of the victim and perpetrator, which may include changing the room, wing of the building, dining rooms, and classrooms.</p> <p>The Agency Head stated that in the event staff is involved, they are suspended with or without pay pending the investigation.</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 the Facility Director. He does a status check as needed and would do so for length of stay, which may exceed the 90 day requirement in policy. He monitors behavioral changes in residents, such as isolating oneself. He monitors work records of staff, including tardiness, and absenteeism, among other variables and would include Human Resources in the response. He stated that to prevent retaliation he calls a "Town Hall" meeting of all residents and staff. He discusses, bullying, respect and confidentiality.</p> <p>The one resident that I interviewed who had reported sexual abuse by another resident, stated that he had been advised about how to report retaliation and that he was on a safety plan that separated him from the alleged perpetrator. He stated he eats in a different dining room and is never in the same area as that resident. He stated he felt safe.</p> <p>A review of the documents showed that in the most recent allegation of resident on resident sexual abuse, the resident who reported the incident was put on a safety plan to protect him but the retaliation monitoring was not documented. The Director stated that he "missed" this. To ensure that this is not "missed" again, prior to the end of the onsite, the Director submitted</p>

to me a revision to an "electronic workflow document" that includes notification of retaliation monitoring for the "reporter" who many not be a victim.

After the interviews, review of policy and the onsite review of documented status checks by the PREA Manager, I believe that the corrective action that was needed was made in the way of a procedural change.

A unsubstantiated incident of resident on resident sexual abuse was reported subsequent to the onsite portion of the Audit. At my request the facility supplied all reports and documentation for this incident. This included Safety Plans for both the Victim and alleged Perpetrator and a Retaliation Monitoring Form for the victim. This documentation futher evidences compliance with this standard. Throughout the Corrective Action Period, the Facility Director uploaded documentation of periodic status checks of retaliation for the residents involved. This was provided as additional evidence of compliance with this standard.

This standard has been met there is no need for corrective action.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Mathom House and Easton Manor Policy and the Pa. 3800 Child Care Regulations prohibit the use of isolation.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- 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

Interviews:

- Facility Director/PREA Manager
- PREA Coordinator
- Resident who Reported Sexual Abuse

There have been three allegations of sexual abuse 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. 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.

Both the PREA Coordinator and the Facility Director/PREA Manager state that they have a very cooperative relationship with the Doylestown Township Police Department. I received copies of emails from the police detective that were part of two different investigations. At the time of the onsite, a current investigation was being finalized. It has since been completed and the police have stated that charges were not warranted. This report was provided to me.

A staff on resident allegation of sexual abuse was reported to Doylestown PD, investigated by them and charges were filed by them. All materials were provided to me in a very organized binder during the onsite.

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.

The facility utilizes a polygraph as part of the therapeutic sex offender treatment, but does not use it during an investigation. There was no documentation of a polygraph being used in any of the three incidents.

Documentation of an Unsubstantiated Resident on Resident Sexual Abuse that was reported after the onsite portion of the Audit, was provided to the Auditor to further evidence compliance with this standard.

The policy meets the standard and no corrective action is needed.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy <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> <p>This standard has been met. There is no corrective action needed.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • PREA Zero Tolerance Policy • Pa. Department of Human Services 3800 Child Care Regulations • Three files of reported allegations • Sexual Abuse Incident Review Form • Internal Investigation Reports • Documentation of Notifications <p>Interviews:</p> <ul style="list-style-type: none"> • Director • Resident who reported Sexual Abuse <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 and both the parent and other parties are notified of this by the facility.</p> <p>The 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. He 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 investigations. In two instances, the victim was released from the facility before the investigation was completed. The third allegation of resident on resident sexual abuse had just been completed. The resident who reported stated that both the Facility Director and his Therapist notified him of the initial report by another resident. He stated he was put on a safety plan, that he is still on. He stated he was also advised by the Director and the therapist that the police were not going to press charges, because he did not want to. Every allegation of sexual abuse and sexual harassment is reported and the victim and all other parties are notified. This is documented in what is known as a HCSIS report (an acronym for a notification report required by the Pa DHS). Subsequent notifications, including the outcome of the investigation are not always documented, nor are other parties, such as parents, notified of the outcome.</p> <p>Prior to the end of the onsite portion of the Audit, the Director provided me with an updated "electronic workflow" report that requires documentation of all parties of the outcome of the investigation. The Sexual Abuse Incident Review Form was also updated to document required notification.</p> <p>Subsequent to the onsite, but prior to the 45 day Interim report, a Sexual Abuse Incident Review Team meeting was held and the completed form was submitted to the Auditor. It included documentation of notification to all parties.</p>

Subsequent to the onsite portion of the Audit, there was a report of Resident on Resident Sexual Abuse that was investigated and was unsubstantiated. Documentation of notification in the form of Safety Plans and HCSIS reports and the Sexual Assault checklist were provided to the Auditor as further evidence of compliance with this standard.

This corrective action was taken prior to the 45 day Interim report and is sufficient.

This standard has been met.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Child Protective Services Law • Completed Staff on Resident Sexual Abuse Investigation • Staff Termination Letter <p>There has been one incident within the past twelve months that required staff discipline for sexual abuse or sexual harassment. According to a review of documentation, this staff person was terminated due to violation of the Agency's PREA Zero Tolerance Policy. When the allegation was made, Child Line and Doylestown Twp. PD were immediately notified and the staff person was immediately suspended and subsequently terminated from employment. The termination letter was submitted to the Auditor. Charges were filed against the staff person by Doylestown Township Police Department and she is awaiting the court process. 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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Child Protective Services Law <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director/PREA Manager <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 Director states that he 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 Director states he would also contact the contractor or volunteer's agency and probably terminate the contract.</p> <p>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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Pa. Child Protective Services Law • Pa. Department of Human Services 3800 Regulations <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director/PREA Manager • Masters' Level Clinician <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: any rule infractions are handled in therapy. There may be a loss of level and the privileges that are associated with that. 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 PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent. The resident who was the victim in the staff on resident sexual abuse was not disciplined in any way. He was placed on a safety plan and ultimately discharged. He did not cooperate with the investigation.</p> <p>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. There were two allegations of resident on resident sexual abuse. Both were unsubstantiated. No residents were disciplined, however all were placed on safety plans.</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 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 he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.</p> <p>The Masters' Level Clinician states 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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Vulnerability Assessment Instrument • Logs of all Admissions for past 12 months and Identifications from Risk Assessment • Secondary Medical Documentation kept electronically • Files of 10 residents (8 active, 2 discharges) <p>Interviews:</p> <ul style="list-style-type: none"> • Masters' Level Mental Health Clinician who administers Risk Assessment • Three Residents who disclosed Prior Sexual Abuse <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 as part of their Intake. 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 10 residents (8 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 3 residents who disclosed prior sexual abuse, and all stated they saw a therapist within the first day or two of admission. They can also attend a Trauma Support Group.</p> <p>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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Files of three sexual abuse allegations <p>Interviews:</p> <ul style="list-style-type: none"> • Master's Level Clinician • Twelve Random Staff • Resident who reported a Sexual Abuse <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. The resident who reported stated during his interview that he did not require any medical follow up due to the nature of the incident and stated he was already in therapy and discussed the incident with his therapist. He stated that he said no to NOVA, because he did not need it. 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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Files of 10 residents (8 active, 2 discharged) <p>Interviews:</p> <ul style="list-style-type: none"> • Master's Level Clinician • 10 residents including one resident who reported a sexual abuse. <p>The Mental Health staff person 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.</p> <p>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 5 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.</p> <p>The resident who I interviewed who reported a sexual abuse stated he did not need medical care or follow up due to the nature of the incident. He stated that at the time of the incident he was already in therapy and trauma group.</p> <p>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

Documents Reviewed:

- Pre-Audit Questionnaire
- PREA Zero Tolerance Policy
- Internal Investigative Reviews
- Ad Hoc Meeting Minutes
- Three Sexual Incident Reviews (completed)
- SAIR for a Unsubstantiated Resident on Resident Sexual Abuse that was reported after the onsite portion of the Audit

Interviews:

- PREA Manager/Facility Director
- PREA Coordinator who i a member of the SAIR

There have been three incidents within the past twelve months that have required an incident review. An internal investigation report is also completed for each incident The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated, unsubstantiated 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 submitted to the PREA Coordinator, the Agency CEO and the Facility's Board The recommendation would be followed or the reason for not doing so would be documented.

Two of the three SAIRs were formally conducted by the PREA Manager and the PREA Coordinator within 30 days of the completion of the investigation. The rest of the team did not formally attend the SAIR meeting, but did attend several Ad hoc meetings to discuss the incident and the investigation. Recommendations for preventing further incidents were included in the ad hoc meeting minutes and transferred to the SAIR report, so that input from the team members was included. The third, most recent SAIR, conducted by the entire team, occurred 38 days after the completion of the investigation due to back to back medical emergencies for the PC and PM.

In all three SAIRs, there were recommendations that were implemented. The first was a staffing recommendation for the hallway on second shift when residents are in their room. The second recommendation was for the way residents lined up and moved from area to area within the facility and the third was for extra supervision in the art therapy room.

The facility has demonstrated that they review each incident, examine each required variable, complete a report, make and implement recommendations in a timely fashion.

Subsequent to the onsite portion of the Audit, a resident reported a resident on resident sexual abuse. An investigation was conducted and it was unsubstantiated. A SAIR was conductd within 30 days of the conclusion of the investigation and was provided to the Auditor

as further evidence of compliance with this standard.

This standard has been met. There is no need for corrective action.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Edison Court 2018 Annual Report which includes PREA data <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director/PREA Manager • PREA Coordinator <p>The policy is in place that requires the collection of data that is utilized in the Annual report of Sexual Violence. The 2018 ECI report includes all program data and there is a part of the report dedicated to PREA. This includes the comparison of incidents from year to year. The information is obtained from all incident reports and SAIRs. There is a binder of each investigation that is kept by the PREA Coordinator and she states that this binder is kept forever.</p> <p>The Annual report is posted on the Edison Court website.</p> <p>The DOJ has not requested that a Survey be submitted. The PREA Coordinator states that she cannot remember the last time one was requested</p> <p>The Annual report is prepared by the PREA Coordinator and 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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance Policy • Annual Report 2018 • ECI website <p>Interviews:</p> <ul style="list-style-type: none"> • CEO Edison Court • PREA Coordinator • Director/PREA Manager <p>All incident data is aggregated and reported. There is an Annual Report posted on the website. It is a Agency wide report that has a section dedicated to PREA. The CEO states that both she 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 report compares data from year to year. All personal identifiers are removed and only aggregated data is reported. The PREA Coordinator states that they have Quarterly Quality Improvement meetings that discuss any corrective action needed on an ongoing basis, as well as the yearly PQI report.</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:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Zero Tolerance policy • ECI Annual PREA Report 2018 • ECI website <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Director/PREA Manager <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 the Annual Report for 2018. It contains the second PREA Audit from 2017. The policy states that all records will be retained for ten years.</p> <p>According to the PREA Coordinator all information at ECI is kept electronically and access is restricted, even for non-clinicians. There is an electronic security document.</p> <p>There are quarterly Quality Improvement meetings to discuss ongoing corrective action.</p> <p>This standard has been met. There is no need for corrective action</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 528">This facility was Audited during the first year of the first PREA cycle and again in the first year of the second PREA cycle. This is the third Audit of this facility being conducted during the first year of the third PREA cycle. The Final Audit report from the second Audit was posted on the website 14 days subsequent to it being sent to the Agency. It is still posted on the website as of this writing.</p> <p data-bbox="252 539 1469 741">Notification of the this third Audit was posted in all public and common areas on 11-25-19, more then six weeks prior to the onsite portion of the Audit. Verification of this was sent to the Auditor on that date via email. Those postings were still in these areas on the date of the tour of the facility on 1-20-20. The Auditor did not receive any correspondence from either residents or staff in her post office box as a result of this posting.</p> <p data-bbox="252 752 1474 864">The Auditor had access to all areas of the facility and to all documentation both electronic and hard copy. The Auditor conducted interviews of all staff, contractors, volunteers and residents in a private area.</p> <p data-bbox="252 875 1129 909">This standard has been met. There is no need for corrective action.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Auditor verified that the previous Facility Audit was posted on the website. The 2018 Annual report was also posted on the Agency website.</p> <p>This standard has been met. There is no need for corrective action.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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.)	no
	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?	
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?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	no
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.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<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?	no
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no
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?	no

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

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
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?	no
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	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?	no
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	no
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	no
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	no
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes