

PREA Facility Audit Report: Final

Name of Facility: Goshen Secure Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/18/2022

| 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: Matthew A. Burns | Date of Signature: 05/18/2022 |

| AUDITOR INFORMATION | |
|------------------------------|---------------------------|
| Auditor name: | Burns, Matthew |
| Email: | preaauditor2015@gmail.com |
| Start Date of On-Site Audit: | 04/11/2022 |
| End Date of On-Site Audit: | 04/12/2022 |

| FACILITY INFORMATION | |
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| Facility name: | Goshen Secure Center |
| Facility physical address: | 97 Cross Road, Goshen, New York - 10924 |
| Facility mailing address: | |

| Primary Contact | |
|-------------------|--------------------------|
| Name: | Aykroyd Lake |
| Email Address: | Aykroyd.lake@ocfs.ny.gov |
| Telephone Number: | 845-615-3011 |

| Superintendent/Director/Administrator | |
|---------------------------------------|--------------------------|
| Name: | Aykroyd Lake |
| Email Address: | Aykroyd.lake@ocfs.ny.gov |
| Telephone Number: | 845-615-3011 |

| Facility PREA Compliance Manager | |
|----------------------------------|-------------------------------|
| Name: | Katherine Johnson |
| Email Address: | katherine.johnson@ocfs.ny.gov |
| Telephone Number: | M: 8456153052 |

| Facility Health Service Administrator On-Site | |
|---|---------------------------|
| Name: | Mary MacChurch |
| Email Address: | may.macchurch@ocfs.ny.gov |
| Telephone Number: | 845-615-3032 |

| Facility Characteristics | |
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| Designed facility capacity: | 85 |
| Current population of facility: | 34 |
| 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? | Males |
| Age range of population: | 16-21 |
| Facility security levels/resident custody levels: | Secure |
| Number of staff currently employed at the facility who may have contact with residents: | 112 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 11 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
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| Name of agency: | New York Division of Juvenile Justice |
| Governing authority or parent agency (if applicable): | New York Office of Children and Family Services |
| Physical Address: | Capital View Office Park, 52 Washington Street, Rensselaer, New York - 12144 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------|-----------------------|------------------------------|
| Name: | R.J. Strauser | Email Address: | Raymond.Strauser@ocfs.ny.gov |

| SUMMARY OF AUDIT FINDINGS | |
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| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p> | |
| Number of standards exceeded: | |
| 2 | <ul style="list-style-type: none"> • 115.333 - Resident education • 115.364 - Staff first responder duties |
| Number of standards met: | |
| 41 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-04-11 |
| 2. End date of the onsite portion of the audit: | 2022-04-12 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | I was able to interview a representative from Mental Health Association in Orange County, Inc. - Orange County Rape Crisis. This agency provides advocacy and emotional support services to victims of sexual abuse. GSC has a signed MOU with this agency. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 85 |
| 15. Average daily population for the past 12 months: | 31 |
| 16. Number of inmate/resident/detainee housing units: | 6 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 39 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 35 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 1 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 1 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 5 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | <p>There were 39 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, interviewed the Facility PREA Compliance Manager, interviewed residents, and interviewed staff during the on-site portion of this audit to determine there were 35 residents residing at the facility who were diagnosed with a cognitive disability, one resident who was hard of hearing, one resident who identified as lesbian, gay, or bi-sexual, one resident who identified as transgender, and five residents who disclosed prior sexual abuse.</p> <p>There were no residents residing at the facility who reported sexual abuse, were limited English proficient, were deaf or blind, or had a physical disability to interview.</p> <p>This auditor was able to interview five targeted residents during the on-site portion of this audit (one resident who was diagnosed with a cognitive disability, one resident who disclosed prior sexual victimization, one resident who was hard of hearing, one resident who identified as lesbian, gay, or bi-sexual, and one resident who identified as transgender).</p> |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 114 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |

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| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 10 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | There were 114 staff employed at GSC and 10 contracted staff who have contact with residents on the first day of the on-site audit (4/11/2022). |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | 10 of the 39 residents (25.6% of the population was interviewed) residing at the facility were interviewed in a private and confidential area. Ages of the residents interviewed ranged from 17 years old to 19 years old. There was one resident from Wing 2, two residents from Wing 4, four residents from Wing 5, and three residents from Wing 6 interviewed. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, and sexual harassment, and were aware of the services which were available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at BSC. The residents reported they feel PREA is taken seriously at the facility and that they have been educated about PREA. Overall, the residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, calling or writing an outside support organization, third party reporting, and anonymous reporting. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>10 of 39 residents (25.6%) residing at the facility during the on-site portion of this audit were interviewed by this auditor. There was one resident from Wing 2, two residents from Wing 4, four residents from Wing 5, and three residents from Wing 6 interviewed. Ages of the residents interviewed ranged from age 17 to age 19.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>5</p> |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>This auditor interviewed the Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who had a physical disability.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>This auditor interviewed the Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Blind or had low vision.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>This auditor interviewed the Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were limited English proficient.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>This auditor interviewed the Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who reported sexual abuse.</p> |

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| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 1 |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | There were no residents residing at the facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the State of New York. This was confirmed by interviewing the Agency PREA Coordinator, Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. During the tour of the facility, this auditor did not view any areas a resident can be isolated. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | This auditor was able to interview five targeted residents (one resident who was diagnosed with a cognitive disability, one resident who disclosed prior sexual victimization, one resident who was hard of hearing, one resident who identified as lesbian, gay, or bi-sexual, and one resident who identified as transgender) during the on-site portion of this audit. There were no residents residing at the facility who met the other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. |

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| 71. Enter the total number of RANDOM STAFF who were interviewed: | 12 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |

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| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>This auditor interviewed 12 randomly selected staff during the on-site portion of this audit. Staff interviewed years of experience ranged from 4 years to 24 years. Staff from all three shifts were interviewed (two staff from Tour 1, five staff from Tour 2, and five staff from Tour 3). All staff interviewed were knowledgeable of PREA, OCFS PREA policies, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at the facility as they were able to discuss the PREA trainings they have received. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters in the State of New York and how to contact the Justice Center of New York to report allegations of sexual harassment and sexual abuse.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>19</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No |

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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>This auditor interviewed the Agency Head (designee), Agency PREA Coordinator, Facility Director, Facility PREA Compliance Manager, two Medical Staff, three Mental Health staff, two staff who conduct risk assessments, two intake staff, two upper-level staff who complete Unannounced Rounds, one staff who monitors retaliation, two members of the Sexual Abuse Incident Review Team, and a representative from the Personnel Office. Due to the small size of this facility, several staff serve multiple roles and were interviewed for the multiple roles they serve. This included Mental Health Staff who also conduct risk assessments upon intake and the Facility PREA Compliance Manager who also monitors retaliation and serves on the Incident Review Team.</p> |
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>During the first day of the on-site portion of the audit (4/11/2022), this auditor completed a detailed tour of the facility which took approximately two hours. This auditor was accompanied by the Facility PREA Compliance Manager and administrative staff during the tour. All areas of the facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the lobby, on bulletin boards in each living unit, visiting area, school, and dining areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.</p> |
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>This auditor reviewed 10 resident files for documentation verifying PREA education and risk assessments were completed. This auditor also reviewed 10 direct care staff personnel files and to confirm background checks were completed and to confirm all PREA trainings were completed as noted in OCFS Polices. This auditor requested and was provided training records/certificates for all specialized staff (medical and mental health staff) staff employed at the facility.</p> <p>In regard to contractors, this auditor reviewed five contractor files to confirm each contractor approved to enter GSC had a background check completed. This auditor also reviewed signed acknowledgement forms to confirm contractors received PREA education prior to having contact with any residents in the facility</p> |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
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| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were no allegations of sexual abuse at GSC during the past 12 months. Therefore, there were no sexual abuse investigation files to review. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

| | |
|---|--|
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual harassment investigation files: | There were no allegations of sexual harassment at GSC during the past 12 months. Therefore, there were no sexual harassment investigation files to be reviewed. |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |

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| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>There were no allegations of sexual abuse or sexual harassment at GSC during the past 12 months. Therefore, there were no sexual abuse or sexual harassment investigation files to be reviewed.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
| <p>Non-certified Support Staff</p> | |
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

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 |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 566">(a) OCFS has a zero-tolerance policy (OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment) concerning sexual abuse and sexual harassment of OCFS youth and is committed to the prevention and elimination of sexual abuse and sexual harassment within the Division of Juvenile Justice and Opportunities for Youth (DJJOY) facilities through compliance with the Prison Rape Elimination Act of 2003. OCFS is committed to the equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and youth perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency's training efforts with residents, staff, volunteers, and contractors.</p> <p data-bbox="240 598 1493 891">(b) OCFS has a designated PREA Coordinator who reports directly to the Agency Head (Deputy Commissioner). His official title is Bureau of Management and Program Support Director and Agency PREA Coordinator. The Agency PREA Coordinator oversees a total of nine Facility PREA Compliance Managers. The Agency Organizational Chart was reviewed by this auditor and confirmed the Agency PREA Coordinator's position and noted he reports directly to the Deputy Commissioner for any PREA related issues within the agency. He is knowledgeable of the PREA standards, and he stated he is committed to PREA and in implementing PREA in all OCFS facilities. The Agency PREA Coordinator also reported that he has the support needed and sufficient time to develop, implement, and oversee the agency's efforts towards PREA compliance in all the agency's facilities and to fulfill his PREA responsibilities. He was interviewed by this auditor on April 11, 2022.</p> <p data-bbox="240 922 1493 1081">(c) GSC has a designated Facility PREA Compliance Manager. Her official title is Assistant Director of Treatment and Facility PREA Compliance Manager. The Facility PREA Compliance Manager has served in this role for several years and is extremely knowledgeable of the PREA standards. This is her third PREA audit as the Facility PREA Compliance Manager. She was interviewed by this auditor during the on-site portion of this audit on April 12, 2022, and stated she has sufficient time and authority to develop, implement, and oversee GSC's efforts to comply with the PREA standards.</p> <p data-bbox="240 1113 1461 1207">This auditor was provided the OCFS Organizational Chart (revised in January 2022) that confirms the Agency PREA Coordinator reports directly to the Agency Head and the GSC Organizational Chart (revised March 2020) that confirms the Facility PREA Compliance Manager reports directly to the Facility Director.</p> <p data-bbox="240 1238 754 1265">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1319 1326 1480" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. OCFS Organizational Chart (Revised January 2022) 3. GSC Organizational Chart (Revised March 2020) 4. GSC PREA Pre-Audit Questionnaire 5. OCFS – 4902 Youth Admission Handout "What you should know about Sexual Abuse/Harassment" <p data-bbox="240 1512 352 1538">Interviews:</p> <ol data-bbox="276 1592 810 1650" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager |

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|---------|---|
| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1477 365">(a – b) OCFS does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head designee. As a result of OCFS not contracting for the confinement of its residents with other private agencies/entities, there were no contracts for this auditor to review.</p> <p data-bbox="244 398 352 425">Interviews:</p> <ol data-bbox="276 477 687 504" style="list-style-type: none"> 1. Interview with Agency Head Designee |

| | |
|---------|---|
| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “DJJOY must develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. OCFS 2167 Video Surveillance and Staffing Plan must be completed and submitted to the OCFS PREA Coordinator by January 31st of each year. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:</p> <ol data-bbox="264 488 1461 947" style="list-style-type: none"> 1. Generally accepted juvenile detention and correctional/secure residential practices; 2. Any judicial findings of inadequacy; 3. Any findings of inadequacy from federal investigative agencies; 4. Any findings of inadequacy from internal or external oversight bodies; 5. All components of the facility’s physical plant (including “blind spots” and/or areas where staff or youth may be isolated); 6. Composition of the different populations within its facilities; 7. Number and placement of supervisory staff; 8. Programs occurring on each shift; 9. Relevant laws, regulations and standards; 10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11. Minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan (OCFS 2167). Only security staff must be included in these ratios.” <p data-bbox="240 976 1469 1037">There were 39 residents residing at GSC during the first day of this audit. The average daily population at the facility during the past 12 months has been 34 residents.</p> <p data-bbox="240 1066 1485 1193">The annual Video Surveillance and Staffing Plan at GSC also addresses the facility staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on February 17, 2022. The facility is currently budgeted for 98 direct care staff; 50 of those positions are currently filled and 48 of those positions are currently vacant.</p> <p data-bbox="240 1223 1485 1518">GSC is equipped with 190 video surveillance cameras (164 indoor cameras and 26 outdoor cameras). There is a total of 13 monitors in the Central Control Center which allows the cameras to be manned around the clock by staff assigned to the Central Control Center. In addition, the Facility Director and Assistant Director of Programs have access to the video surveillance system on their computers in their offices that can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Facility Director and Assistant Director of Programs and retained on a flash drive. It was noted during interviews with the Facility Director and Facility PREA Compliance Manager that random video surveillance is reviewed on a weekly basis by the administrative team at GSC. It was noted in the 2022 Video Surveillance and Staffing Plan that the video surveillance system was installed at the facility in 2008. Interviews with the Facility Director and Facility PREA Compliance Manager revealed the video surveillance system is inspected on an annual basis.</p> <p data-bbox="240 1547 1485 1641">(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan.”</p> <p data-bbox="240 1671 1485 1865">The Facility Director reported that there have been no deviations from the staffing plan during the past 12 months. He also reported that in the event administrative staff at GSC feel staffing ratios cannot be maintained during an upcoming Tour, staff would be held over and paid overtime to meet the ratios. Interviews with the Facility Director and Facility PREA Compliance Manager revealed that staffing is monitored shift to shift by the Administrator on Duty and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor to confirm compliance.</p> <p data-bbox="240 1895 1485 2022">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan (OCFS 2167). Only security staff must be included in these ratios.”</p> <p data-bbox="240 2051 1461 2157">The 2022 GSC Video Surveillance and Staffing Plan states the facility runs at a minimum 1:16 staff to resident ratio during Tour 1 (10:30pm to 6:30am) and at a minimum of 1:8 staff to resident ration during Tour 2 (6:30am to 2:30pm) and Tour 3 (2:30pm to 10:30pm). It was confirmed by this auditor after reviewing population reports for the past 12 months, staff</p> |

schedules, and observations made during the tour of the facility that these ratios were being met on a regular basis at the facility. During the on-site portion of this audit, there were a total of 39 residents residing at the facility (ten residents in Wing 2, one resident in Wing 3, eight residents in Wing 4, ten residents in Wing 5, and ten residents in Wing 6). There is a minimum of two staff always assigned to each of the five wings to ensure proper supervision of the residents.

(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Whenever necessary, but no less frequently than once a year in consultation with the OCFS PREA Coordinator, DJJOY facilities will assess, determine and document where adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The facility’s deployment of video monitoring systems and other monitoring technologies;
4. Resources the facility has available to commit to adhere to its staffing plan and;
5. The OCFS 2167 Video Surveillance and Staffing Plan must be submitted to the OCFS PREA Coordinator by January 1st of each year on OCFS 2167.”

A review of the GSC Video Surveillance and Staffing Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on February 17, 2022. The Video Surveillance and Staffing Plan is also reviewed and approved by the Facilities Manager, Agency PREA Coordinator, Supervisor of Facilities Security, and Agency Head.

(e) OCFS Policies 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment and 3247.40 – Administrative Coverage in OCFS Facilities state “Intermediate level or higher- level supervisors must conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such unannounced rounds must be implemented for all shifts (day and night). Facility staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless these announcements are related to legitimate operational functions of the facility.”

A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard. Unannounced Rounds are conducted by the Facility Director and Assistant Directors at GSC. Both Assistant Directors who complete Unannounced Rounds were interviewed and they were able to discuss how they complete the rounds, assure minimum ratios are being met, and their inspections of the facility are completed. They both stated they obtain a radio from the Central Control Center, review video surveillance footage, and verbally notify the officers working in the Central Control Center not to notify any staff to ensure staff are not alerting each other that Unannounced Rounds are being conducted. In addition, both Assistant Directors stated they also monitor radio transmissions and notify staff in the living units they visit not to notify other staff in the facility that Unannounced Rounds are being conducted. They both discussed how they make sure the rounds are random by selecting different times of the day/night and days of the week. This auditor was able to review the Unannounced Rounds Log with the Assistant Directors to confirm Unannounced Rounds are being completed a minimum of twice per month (once during waking hours and once during sleeping hours) during the past 12 months.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
3. GSC Staffing Schedules
4. GSC Resident Roster
5. 2022 GSC Video Surveillance and Staffing Plan
6. Unannounced Rounds Logs
7. Locations of Video Surveillance Cameras (inside and outside of the facility)
8. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Interview with Facility PREA Compliance Manager
3. Interviews with Assistant Directors who complete Unannounced Rounds
4. Random Staff Interviews from all 3 Tours

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| 115.315 | Limits to cross-gender viewing and searches |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 434">(a) OCFS Policy 3247.18 – Contraband, Inspections, and Searches prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. This policy states “Except in emergency situations, personal searches must be conducted by staff of the same gender as the youth being searched. Transgender youth may request staff of their identifying gender to conduct a strip or pat search. Whenever possible, this request must be accommodated, considering staffing and safety needs.”</p> <p data-bbox="240 465 1489 591">Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at GSC. During interviews, staff could describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by medical staff or non-medical staff at GSC.</p> <p data-bbox="240 622 1489 748">(b) OCFS Policy 3247.18 – Contraband, Inspections, and Searches states “Except in emergency situations, personal searches must be conducted by staff of the same gender as the youth being searched. Transgender youth may request staff of their identifying gender to conduct a strip or pat search. Whenever possible, this request must be accommodated, considering staffing and safety needs.”</p> <p data-bbox="240 779 1489 873">Interviews with residents, staff, medical staff, and the Facility PREA Compliance Manager confirmed there have been no cross-gender pat searches of residents during the past 12 months at GSC. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.</p> <p data-bbox="240 904 1489 1097">(c) OCFS Policy 3247.18 – Contraband, Inspections, and Searches states “All strip searches, radiological searches, body cavity searches, and non-routine pat searches must be entered in the unit and facility log. The record must include: justification for the search; name of the person authorizing the search; type of search; date and time of search; location of the search; name of each youth searched; name of the staff conducting the search; an itemization of any contraband found during the search; the disposition of any article(s) confiscated in the search; and any other significant information related to the search, including requests of gender-specific staff to conduct search of transgender youth.”</p> <p data-bbox="240 1128 1489 1254">Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the incident on an Activity Report (20-79 Form) and place a note in the logbook detailing the search performed on the resident. Staff and residents interviewed confirmed there have been no cross-gender pat searches conducted at GSC during the past 12 months.</p> <p data-bbox="240 1285 1489 1478">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Opposite gender viewing of youth under circumstances when breasts, buttocks or genitalia would normally be exposed (shower/hygiene time, performing bodily functions, and changing clothes) is prohibited. Each facility director must develop local operating procedures designed to prevent such viewing; such procedures must require that staff of the opposite gender announce their presence when entering the housing unit and any area where youth are likely to be showering, performing bodily functions, or changing clothing.”</p> <p data-bbox="240 1509 1489 1769">All residents and staff interviewed confirmed this policy is followed as only male staff are permitted to supervise showers/bathroom call. All residents shower in bathrooms with a privacy door. There are no cameras in the resident's bedrooms or bathrooms. Female staff announce their presence upon entering the living units by stating “female on the unit” or “female on the wing” and noting their entrance into the living unit in the logbook. Log entries in the logbook and female staff announcing their presence in the living units were observed by this auditor during the tour of the facility. Signs are posted outside of the door of each living unit informing opposite gender staff to announce their presence upon entering the living unit. Interviews with staff and residents confirmed that female staff members announce their presence upon entering the living unit as required by announcing “female on the unit” or “female on the wing” and placing a note in the logbook.</p> <p data-bbox="240 1800 1489 1895">(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status is prohibited.”</p> <p data-bbox="240 1926 1489 2087">Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff interviewed stated that if a resident's genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident. There was one transgender resident admitted into the facility during the past 12 months.</p> <p data-bbox="240 2119 1489 2145">According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during</p> |

the past 12 months. This was confirmed during interviews with the Facility PREA Compliance Manager, staff, and residents during the on-site portion of this audit.

(f) The staff training curriculum "Conducting Comprehensive Searches" includes the searching of residents, including completing cross gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. This training curriculum, as well as training logs, were reviewed by this auditor during the pre-audit portion of this audit. All staff are required to participate in and complete this training on an annual basis. Staff interviewed were able to describe this training to this auditor during interviews.

Reviewed documentation to confirm compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Contraband, Inspections, and Searches Policy (PPM 3247.18)
3. Conducting Comprehensive Searches Training Curriculum
4. Staff Training Logs
5. Review of Logbook Entries
6. Tour of Facility

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Random Staff Interviews
3. Random Resident Interviews

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “OCFS is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse, assault, and harassment”. In addition, this policy states “all education and information shall be made available in formats accessible to all youth (Limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills).”

There were two disabled residents (one cognitively disabled and one hard of hearing) residing at GSC who were interviewed by this auditor during the on-site portion of this audit. Both residents interviewed by this auditor confirmed their needs are met and an intake staff took the time to explain the material and answer any questions they had, and anytime they do not comprehend something, they know they can seek assistance from a staff, and they will take the time to review the material they do not understand to ensure they are able to comprehend that material. During an interview with the Facility PREA Compliance Manager, she noted any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse. It was noted while reviewing the resident roster and resident files with the Facility PREA Compliance Manager that there were 35 residents who have a cognitive disability (learning disability) and one resident who is hard of hearing at residing at GSC during the on-site portion of this audit.

(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All education and information must be made available in formats accessible to all youth (limited English, deaf, visually impaired or otherwise disabled, as well as limited reading skills).”

The OCFS PREA Youth Brochure “Checking in for Your Safety” is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor prior to the on-site portion of this audit. PREA posters are posted in the living units, all common areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.

In addition, Limited English Proficient (LEP) interpreters are also available through the Office of Communications. An LEP liaison can be reached at (518) 402-3130. This auditor was provided a comprehensive list of LEP liaisons that are available to residents at GSC.

There were no limited English proficient residents residing at GSC during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Facilities must not rely upon youth interpreters, youth readers or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could jeopardize a youth’s safety, the performance of first responder duties subject to section 115.364 of the PREA Juvenile Standards, or the investigation of the youth’s allegations. All education and information must be made available in formats accessible to all youth (limited English, deaf, visually impaired or otherwise disabled, as well as limited reading skills).”

Interviews with staff confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff and the Facility PREA Compliance Manager that there have been no circumstances during the past 12 months at GSC where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters and resources available for the residents through the Office of Communications.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Language Assistance Resources
3. Agency PREA Youth Brochure (English)
4. Agency PREA Youth Brochure (Spanish)
5. Tour of Facility

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Random Staff Interviews
3. Interviews with Disabled Residents

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 432">(a – b) OCFS Policy 2026.03 – Criminal History Screening – Employees/Candidates and OCFS Policy 2021.04 – Employee Screening for Child Abuse and Maltreatment provides guidelines for background checks and hiring and promotional practices. This policy states “OCFS is required by Section 424-a of the Social Services Law to use the New York Statewide Register of Child Abuse and Maltreatment to screen prospective employees, service providers, contractors and their employees for indicated reports of child abuse and maltreatment.”</p> <p data-bbox="240 463 1465 521">The practice of conducting background checks for all prospective employees prior to employment was confirmed during an interview with a representative from the Personnel Office as well as reviewing ten randomly selected employee files.</p> <p data-bbox="240 553 1481 779">(c) The Justice Center of New York is the lead agency in conducting background checks. The Justice Center of New York maintains a Staff Exclusion List (SEL) that logs all individuals in the state of New York who have been found responsible for serious or repeated acts of abuse or neglect. If a prospective employee is listed on the SEL, he or she is no longer given further consideration for employment. If a person is not on the SEL, OCFS requests a criminal background check and a check of the statewide Center Register of Child Abuse and Maltreatment. The Justice Center of New York will then notify the agency if the person has successfully completed the background check. Previous employment references are then contacted.</p> <p data-bbox="240 810 1481 938">During the past 12 months, there were nine employees hired at GSC who may have contact with residents. All ten randomly selected staff files contained the above-mentioned background information. This was also confirmed during an interview with a representative from the Personnel Office. In addition, the Agency PREA Coordinator was able to describe the agency’s hiring and promotion process in detail to this auditor.</p> <p data-bbox="240 969 1481 1162">(d) OCFS Policy 2026.03 – Criminal History Screening Employees/Candidates/Volunteers/Contractors states “Candidates who are contractors will be required to undergo criminal history screening through the use of a background check company selected by OCFS. Contractors will be required to authorize OCFS to seek criminal history information from the contractor and authorize the contractor to provide the information to OCFS’s Bureau of Personnel.” In addition, “The associate director of human resources will require contractors to undergo a criminal history background check every five years if the screening contractor does not use the equivalent of a ‘search and retain’ process.”</p> <p data-bbox="240 1193 1481 1288">During the past 12 months, there were 20 contractors approved to enter GSC to have contact with the residents. There were no volunteers approved to enter the facility during the past 12 months. This auditor requested and was provided background checks for randomly selected contractors approved to enter GSC to confirm compliance with this standard.</p> <p data-bbox="240 1319 1485 1579">(e) OCFS Policy 2026.03 – Criminal History Screening-Employees/Candidates/Volunteers/Contractors states “To provide the safety and well-being of youth in New York State Office of Children and Family Services (OCFS) care, to safeguard state assets and to maintain the public trust, OCFS will review the criminal histories of all candidates for employment and prospective volunteers and contractors who have the potential for regular and substantial unsupervised or unrestricted contact with youth, before such persons are permitted unrestricted contact with youth. Employees promoted, transferred within OCFS or receiving a lateral transfer from other agencies to OCFS will be screened for criminal history background as a condition of employment for appointment to any vacancies in OCFS. Screening must be completed before any candidate can be hired or in the case of contractors and volunteers, permitted to work.”</p> <p data-bbox="240 1610 1485 1839">During interviews with a representative from the Personnel Office and the Agency PREA Coordinator, it was noted that when a person is hired in OCFS, their name is registered in a national database that tracks any contacts with law enforcement agencies. If an OCFS employee is arrested anywhere in the United States, a notification is immediately sent to the Justice Center of New York. The Justice Center of New York then sends a notification to the facility. This system captures arrest records for all employees. OCFS checks the statewide Central Register of Child Abuse and Maltreatment every two years for current employees and any employee eligible for a promotion. This auditor was able to review ten randomly selected staff files to confirm the above-mentioned practice has been implemented and is being adhered to.</p> <p data-bbox="240 1870 1474 2029">(f) OCFS Policy 2026.03 – Criminal History Screening-Employees/Candidates/Volunteers/Contractors notes applicants are required to report on their application for employment any arrests that may impact their ability to work with youth. Applicants are asked if they have a felony conviction of a sex offense at any time; a felony conviction within the past 10 years involving violence; a conviction pursuant to Penal Law sections 260.00, 260.25, 260.32, or 260.34; or any similar offense in any other jurisdiction outside of New York State.</p> <p data-bbox="240 2060 1481 2154">(g) OCFS Policy 2026.03 – Criminal History Screening-Employees/Candidates/Volunteers/Contractors states “If the Justice Center, DCJS or a background check contractor notifies OCFS that a candidate has a criminal history and if the candidate has responded ‘no’ to any criminal history question on the application and the response is not consistent with the application</p> |

or screening information received, or there is information concerning an arrest or conviction after the date of the application, or another concern related to criminal history, the Associate Director of Human Resources will send the candidate a letter inviting the candidate to provide further information supporting his/her candidacy within 20 calendar days of the date of the letter. Should the applicant fail to respond within the 20 calendar days, the application will be automatically denied.”

This screening process noted above was confirmed during an interview with a representative from the Personnel Office as well as reviewing ten randomly selected employees background checks. The OCFS employment application allows prospective employees to disclose their criminal history prior to a background check being completed.

(h) A representative from the Personnel Office noted that when requested, OCFS does 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.

Reviewed documentation to determine compliance:

1. Employee Screening for Child Abuse and Maltreatment Policy (PPM 2021.04)
2. Criminal History Screening-Employees/Candidates/Volunteers/Contractors Policy (PPM 2026.03)
3. Justice Center's Frequently Asked Questions – Criminal Background Checks
4. Justice Center's Staff Exclusion List Checks for Prospective Staff Hired
5. Review of Randomly Selected Staff Files

Interviews:

1. Interview with Agency Personnel Office Representative
2. Interview with Agency PREA Coordinator

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 398">(a) GSC develops a Video Surveillance and Staffing Plan on an annual basis (reviewed on February 17, 2022, by the Facility Director). Any expansion or modifications at GSC is noted on this Video Surveillance and Staffing Plan. The 2022 Video Surveillance and Staffing Plan was reviewed by this auditor prior to the on-site portion of this audit and was confirmed during an interview with the Agency PREA Coordinator.</p> <p data-bbox="240 432 1246 459">There have been no modification projects completed at GSC since the last PREA Audit in May 2019.</p> <p data-bbox="240 488 1481 582">Through interviews with the Agency Head designee and Agency PREA Coordinator, it was confirmed that if there are any additional plans for expansion or modifications at GSC, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p data-bbox="240 611 1485 739">(b) The GSC Video Surveillance and Staffing Plan noted the video surveillance system was installed in 2008. Interviews with the Agency Head designee, Agency PREA Coordinator, and the Facility Director confirmed the video surveillance system is inspected on an annual basis at GSC. There are currently 190 video surveillance cameras at the facility (164 indoor cameras and 26 outdoor cameras).</p> <p data-bbox="240 770 756 797">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 848 786 909" style="list-style-type: none"> 1. 2022 GSC Video Surveillance and Staffing Plan 2. Tour of Facility <p data-bbox="240 940 352 967">Interviews:</p> <ol data-bbox="276 1019 719 1079" style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Agency PREA Coordinator |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 533">(a) The Justice Center of New York conducts sexual abuse and sexual harassment administrative and criminal investigations. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are also reported to other appropriate authorities as required (including the New York State Police). The OCFS Deputy Commissioner formally asked the Justice Center of New York Executive Director to comply with all PREA investigative standards in a letter dated June 8, 2021. A representative from the Justice Center of New York was contacted and stated that all agents who conduct investigations at OCFS facilities have been trained in a uniform evidence protocol by the National Institute of Corrections (NIC). He also stated they complete all criminal and sexual abuse/PREA investigations for allegations at all New York OCFS facilities (including GSC).</p> <p data-bbox="240 562 1485 689">(b) GSC does not have internal administrative investigators nor does the agency. GSC is not responsible for completing any form of criminal or administrative sexual abuse investigations. All sexual abuse investigations are completed by the Justice Center of New York. This was confirmed during interviews with the Facility PREA Compliance Manager and a representative from the Justice Center of New York.</p> <p data-bbox="240 719 1485 981">(c) The Facility PREA Compliance Manager stated during her interview that St. Luke's Hospital – Cornwall Campus or Garnett Health Center is where a resident would be transported for a forensic examination by a SANE/SAFE. GSC has a Memorandum of Understanding with Mental Health in Orange County, Inc. (MHA) – Rape Crisis that confirms the MHA Rape Crisis Advocate will check on-call MHA Orange County Sexual Assault Nurse Examiner for availability. If an on-call Orange County Sexual Assault Nurse Examiner is available, the MHA Rape Crisis Advocate will meet the victim at either St. Luke's – Cornwall Campus or Garnett Health Center to conduct the evidentiary examination within one hour of the Rapeline call. If an on-call MHA Orange County Sexual Assault Nurse is not available, the MHA Rape Crisis Advocate will meet the victim at one of the five hospitals in Orange County where emergency department staff will provide evidentiary examination.</p> <p data-bbox="240 1010 1485 1106">A representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis was contacted by this auditor and was able to confirm the details of the Memorandum of Understanding and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to one of the hospitals listed in the Memorandum of Understanding.</p> <p data-bbox="240 1135 1485 1232">OCFS Policy 3243.16 – Payment for Health Services states “The New York State Office of Children and Family Services (OCFS) is responsible for payment of health care services provided to youth who are in a Division of Juvenile Justice and Opportunities for Youth (DJJOY) residential facilities.”</p> <p data-bbox="240 1261 1485 1357">In reviewing documentation, there were no incidents of sexual abuse at GSC during the past 12 months that involved penetration and required a resident to be transported to either St. Luke's Hospital – Cornwall Campus or Garnett Health Center for a forensic examination by a SANE.</p> <p data-bbox="240 1386 1485 1482">(d) The Agency PREA Coordinator provided this auditor with a Memorandum of Understanding with Mental Health in Orange County, Inc. (MHA) – Rape Crisis that states an advocate from Mental Health in Orange County, Inc. (MHA) – Rape Crisis would be contacted to respond to the hospital to provide rape crisis counseling, emotional support, and advocacy services.</p> <p data-bbox="240 1512 1485 1608">A representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis was interviewed by this auditor and confirmed an advocate would respond to either St. Luke's Hospital – Cornwall Campus or Garnett Health Center to provide rape crisis counseling, emotional support, and advocacy services to any victim of sexual abuse.</p> <p data-bbox="240 1637 1485 1868">(e) GSC has a Memorandum of Understanding with Mental Health in Orange County, Inc. (MHA) – Rape Crisis which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This auditor was provided a copy of the Memorandum of Understanding with Mental Health in Orange County, Inc. (MHA) – Rape Crisis to review prior to the on-site portion of this audit. In addition, this auditor was able to interview a representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis to confirm the services listed in the Memorandum of Understanding are available to any resident victim of sexual abuse at GSC.</p> <p data-bbox="240 1897 1485 2114">(f) The Justice Center of New York conducts sexual abuse and sexual harassment administrative and criminal investigations. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are also reported to other appropriate authorities as required (including the New York State Police). The OCFS Deputy Commissioner formally asked the Justice Center of New York Executive Director to comply with all PREA investigative standards in a letter dated June 8, 2021. This auditor was provided a copy of the letter to the Justice Center of New York to confirm compliance with this standard. An interview with a representative from the Justice Center of New York confirmed his agency complies with all PREA investigative standards when completing an investigation at GSC.</p> |

Reviewed documentation to determine compliance:

1. Payment for Health Services Policy (PPM 3243.16)
2. Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021)
3. MOU with Mental Health in Orange County, Inc. (MHA) – Rape Crisis

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility PREA Compliance Manager
3. Interview with Representative from Justice Center of New York
4. Interview with Representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1453 365">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “OCFS requires that an investigation be conducted and documented whenever a violation of this policy is alleged. The Justice Center has responsibility for investigation of all PREA related allegations and incidents.”</p> <p data-bbox="242 396 1490 555">In the prior 12 months, there has been no allegations of sexual abuse or sexual harassment at GSC. In the event there would be an allegation of sexual abuse or sexual harassment, the allegation would be immediately reported to the Justice Center of New York for investigation. Interviews with the Facility PREA Compliance Manager and a representative from the Justice Center of New York confirmed the referral process for any allegations of sexual abuse or sexual harassment. Both reported any allegations are documented and immediately referred to the Justice Center of New York for investigation.</p> <p data-bbox="242 586 1481 745">(b) As noted in OCFS Policy 3247.01, all allegations of sexual abuse and sexual harassment are referred to the Justice Center of New York for investigation. An interview with the Facility PREA Compliance Manager confirmed that during an open investigation, communication is maintained between GSC and the Justice Center of New York through telephone calls, emails, and on-site visits. An interview with a representative from the Justice Center of New York also confirmed these statements.</p> <p data-bbox="242 777 1485 871">Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas. These posters were observed by this auditor during the tour of the facility.</p> <p data-bbox="242 902 1465 996">All allegations are referred to the Justice Center of New York within 24 hours and are documented on a Facility Reportable Incident Report. There were no allegations of sexual abuse or sexual harassment during the past 12 months at GSC. Therefore, there were no Facility Reportable Incident Reports for this auditor to review.</p> <p data-bbox="242 1028 1490 1187">(c) The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA standards. The letter was dated June 8, 2021, and a copy was provided to this auditor for review. This formal letter notes the responsibilities for OCFS facilities and the Justice Center of New York.</p> <p data-bbox="242 1218 1469 1413">A representative from the Justice Center of New York was contacted and stated his agency completes thorough investigations on each incident and sends a detailed report to the Facility Director noting their findings, determinations, and recommendations at the completion of each investigation. The Facility Compliance Manager noted that following the facility receiving an investigative report from the Justice Center of New York indicating an Unsubstantiated or Substantiated determination regarding a sexual abuse investigation, a PREA Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Facility Compliance Manger.</p> <p data-bbox="242 1444 1287 1473">During the past 12 months, there has been no allegations of sexual abuse or sexual harassment at GSC.</p> <p data-bbox="242 1505 754 1534">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1581 1477 1675" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021) <p data-bbox="242 1706 352 1736">Interviews:</p> <ol data-bbox="276 1783 935 1845" style="list-style-type: none"> 1. Interview with Facility PREA Compliance Manager 2. Interview with Representative from Justice Center of New York |

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1468 432">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states “All employees must receive training that is specific to juveniles and the gender of the population they are working with. Employees must sign an acknowledgement verifying that they understand the training they receive. Staff must be retrained when they transfer to a facility with a different gender population. Current employees must receive this training and receive refresher training annually. The training must include the following:</p> <ol data-bbox="272 488 1485 947" style="list-style-type: none"> 1. OCFS’ zero tolerance policy on sexual abuse and sexual harassment; 2. Staff responsibilities under OCFS’ sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; 3. Youth’s rights to be free from sexual abuse and harassment; 4. Rights of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. Dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. Common reactions of juvenile victims of sexual abuse and harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth; 8. How to avoid inappropriate relationships with youth; 9. Effective and professional communication with youth including those who identify as lesbian, gay, bisexual, transgender, intersex and/or gender nonconforming; 10. Compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent for OCFS youth.” <p data-bbox="240 976 1474 1070">All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training at the Training Academy upon hire. Current employees who received this training, receive refresher trainings annually (OCFS – PREA Policy Review).</p> <p data-bbox="240 1099 1465 1227">All staff interviewed reported receiving the above-mentioned trainings/refreshers regarding PREA on an annual basis. In addition, staff interviewed discussed receiving additional PREA refreshers during the year to review any policy changes or PREA-related issues that may be observed in the facility. Training logs were reviewed by this auditor and indicated all staff who may have contact with residents at GSC completed the trainings/refreshers on an annual basis.</p> <p data-bbox="240 1256 1490 1417">(b) PREA training is provided specific to the facility annually. GSC only houses male residents; therefore, the training is tailored to that population. If a staff is reassigned to another OCFS facility which houses female residents, as per OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment, that staff would receive training tailored to the female population. This auditor reviewed the training specific to those staff working with male residents at GSC. After reviewing this training, it was confirmed the training is tailored to male residents.</p> <p data-bbox="240 1447 1485 1541">In addition to the above-mentioned trainings, OCFS Policy 3442.00 – Lesbian, Gay, Bisexual, Transgender, and Questioning Youth states all OCFS staff are required to attend LGBT training on an annual basis. This training raises awareness and capacity for staff to respond to gender identity, sexual orientation, and gender expression issues in residential settings.</p> <p data-bbox="240 1570 1465 1637">During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.</p> <p data-bbox="240 1666 1485 1827">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states “Current employees must receive the initial PREA training and receive refresher trainings annually.” This auditor reviewed trained records and confirmed all staff completed the annual PREA trainings/refreshers on a yearly basis. Interviews with staff also confirmed they receive the trainings/refreshers on an annual basis and understood the material that was covered in the trainings/refreshers they received.</p> <p data-bbox="240 1856 1458 2018">(d) All staff who successfully complete the annual PREA training must sign a PREA Training Roster following the training. The PREA Training Roster contains the staff’s last name, first name, position/job title, and a box to note if they understood the training they received (the staff prints yes or no in the box). The PREA Training Roster is then signed by the Instructor and dated. This auditor was able to review the GSC PREA Training Rosters and confirmed they had the appropriate staff signatures and noted if they understood the training they received.</p> <p data-bbox="240 2047 1465 2141">Interviews with randomly selected staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, the zero-tolerance policy, and the residents and staff’s right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment during these interviews. In addition, staff are provided “PREA Cards” which outlines</p> |

procedures and proper protocol for protecting residents from imminent sexual abuse and their role as a first responder. Most staff interviewed (11 out of 12 staff) were carrying their "PREA Card" on their person and displayed it to this auditor when requested. Staff were also able to note the appropriate steps they would take to protect residents of imminent sexual abuse as well as their role as a first responder.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment Policy (PPM 3247.01)
2. Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy (PPM 3442.00)
3. PREA Training Curriculums/Training Logs
4. PREA Cards

Interviews:

1. Random Staff Interviews

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| 115.332 | Volunteer and contractor training |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1465 465">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All volunteers and contractors who have intended contact with youth must be trained on their responsibilities under this policy. The level and type of training must be based on the services they provide and the level of contact they have with youth. Regardless of level of contact, all volunteers and contractors who have contact with youth must be notified in writing of OCFS’ zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The facility must maintain documentation confirming that contractors and volunteers have understood the training that they have received.”</p> <p data-bbox="242 497 1490 557">GSC reported that there are 10 contractors currently approved to enter the facility. There are no volunteers approved to enter the facility. This is due to the current COVID-19 pandemic and protocols currently in place to mitigate the spread of the virus.</p> <p data-bbox="242 589 1481 680">During an interview with the Facility PREA Compliance Manager, it was noted that prior to entering the facility, all volunteers and contractors are given of Sexual Misconduct Brochure and Volunteer/Contractor Training and Acknowledgement Form to review and sign off indicating they have received the training and understood it.</p> <p data-bbox="242 712 1469 871">(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes all volunteers and contractors who have contact with residents will receive training regarding their responsibilities and obligations under this policy. Prior to entering the facility, all volunteers and contractors are to receive a Sexual Misconduct Brochure and Volunteer/Contractor Training and Acknowledgement Form to review and sign off noting they understand the material in the brochure.</p> <p data-bbox="242 902 1490 1061">(c) GSC maintains training records for volunteers and contractors who have been approved to enter the facility and have contact with residents. All volunteer/contractor training records are kept on a database at the facility and maintained by the Facility PREA Compliance Manager. The Facility PREA Compliance Manager was able to explain the process of educating a volunteer/contractor prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the importance of appropriate interactions with the residents.</p> <p data-bbox="242 1093 1490 1220">There are currently 10 contractors approved to enter GSC. This auditor requested and received signed Volunteer/Contractor Training and Acknowledgement Forms for randomly selected contractors approved to enter GSC to confirm they received the required training prior to entering the facility and having contact with residents. There were no contractors at the facility during the on-site portion of this audit for this auditor to interview.</p> <p data-bbox="242 1252 756 1281">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1332 1324 1458" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Volunteer/Contractor Training and Acknowledgement Form Template 3. Signed Volunteer/Contractor Training and Acknowledgement Forms 4. Sexual Misconduct Brochure <p data-bbox="242 1489 352 1518">Interviews:</p> <ol data-bbox="276 1570 810 1599" style="list-style-type: none"> 1. Interview with Facility PREA Compliance Manager |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 331">(a) OCFS Policy 3402.01 – Secure Facilities Admission and Orientation states “upon admission to any OCFS secure facility, youth shall be informed of the OCFS zero tolerance policy on excessive use of force, sexual abuse, and sexual harassment.”</p> <p data-bbox="240 360 1485 555">In addition, OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Upon admission, and no later than 72 hours, youth must be provided information, in an age-appropriate manner, either in person or video, about their rights to be free from sexual abuse and sexual harassment, and free from retaliation for reporting allegations of sexual abuse and sexual harassment. Youth must be provided with and sign for receipt of OCFS 4902 What You Should Know About Sexual Abuse within first 72 hours of admission. Youth must be provided information concerning prevention, intervention, self-protection, reporting of sexual abuse and the agency’s zero tolerance policy.”</p> <p data-bbox="240 584 1485 846">This auditor was able to review copies of the OCFS PREA pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY.” All residents receive a copy of these pamphlets upon admission to GSC. They are available in both English and Spanish. Upon receiving the pamphlets at intake, each resident signs an acknowledgement form noting they received these pamphlets. This auditor was able to review ten randomly selected resident’s files to confirm each resident received the PREA education pamphlets and signed an acknowledgement form noting they received the pamphlets. Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received PREA education during their intake.</p> <p data-bbox="240 875 1485 1167">(b) GSC reports there were 41 residents admitted into the facility during the past 12 months and all 41 of the residents received comprehensive PREA education following their intake into the facility. The facility delivers comprehensive PREA education to each resident following the intake process (during their first day at the facility). This education included their right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. This auditor reviewed ten randomly selected resident’s files and confirmed all ten of the resident’s files noted these residents received their comprehensive PREA education within 24 hours of being admitted into the facility. All residents interviewed confirmed they received comprehensive PREA Education during their first day at the facility or within 24 hours of being admitted into the facility, and each resident’s file had a signed acknowledgement form noting their received the comprehensive PREA education.</p> <p data-bbox="240 1196 1485 1294">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “youth who are transferred to another facility must receive this information again to the extent that the information from the previous facility differs from their new facility.”</p> <p data-bbox="240 1323 1485 1422">In addition, OCFS Policy 3402.01 – Secure Facilities Admission and Orientation Policy states “upon admission to any OCFS secure facility, youth must be informed of the OCFS zero tolerance policy on excessive use of force, sexual abuse, and sexual harassment.”</p> <p data-bbox="240 1451 1485 1742">Intake staff who were interviewed reported each resident admitted into GSC receives comprehensive PREA education during their first day at the facility. This is completed following the intake process into the facility. They were able to describe reviewing the agency zero tolerance policy and reviewing and providing each resident with the OCFS PREA pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY”. In addition to providing each resident with these pamphlets during intake, a mental health staff (Clinician) completes a comprehensive PREA education session during the resident's first day at the facility and answers any questions they may have prior to the resident signing the acknowledgement form noting they received the education. This auditor reviewed ten randomly selected resident’s files during the on-site portion of this audit and all ten resident’s files reviewed contained a signed copy of the acknowledgement form noting the resident received the comprehensive PREA education per OCFS policies noted above.</p> <p data-bbox="240 1771 1485 1966">All residents interviewed confirmed they received comprehensive PREA education following their intake into the facility. They also acknowledged reviewing and receiving copies of the OCFS PREA pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY” upon intake. In addition, residents interviewed stated they receive PREA Education groups in their living units monthly. Staff interviewed also noted these PREA Education groups are facilitated monthly in the living units to re-educate the residents on the importance of PREA and its role in the facility.</p> <p data-bbox="240 1995 1485 2161">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “The required information must be communicated orally and in writing, in a language clearly understood by the youth during the admission process. Language assistance resources are available through the OCFS Public Information Office. Facilities must not rely upon youth interpreters, youth readers or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could jeopardize a youth’s safety, the performance of first responder</p> |

duties subject to section 115.364 of the PREA Juvenile Standards, or the investigation of the youth's allegations. All education and information must be made available in formats accessible to all youth (limited English, deaf, visually impaired, or otherwise disabled, as well as limited reading skills)."

Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through the OCFS Public Information Office. GSC also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and PREA pamphlets "What you should know about Sexual Abuse/Harassment" and "Checking in for: Your Safety at OCFS DJJOY" in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA pamphlets that all residents receive.

This auditor interviewed one cognitively disabled and one hard of hearing resident residing at GSC during the on-site portion of this audit. Both residents confirmed all PREA educational materials were explained to them in a language they understood. There were no limited English proficient residents residing at the facility during the on-site portion of this audit. It was noted there have been no limited-English proficient residents admitted into GSC during the past 12 months.

(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "receipt of the above (PREA) education and information must be documented for each youth in the Juvenile Justice Information System (JJIS)."

All resident comprehensive PREA education sessions are documented on an acknowledgement form specific to GSC. This acknowledgement form is signed and dated by the resident upon receiving the comprehensive PREA education and is also signed and dated by the staff who delivered the education. In addition, each resident receives copies of OCFS' PREA education pamphlets "What you should know about Sexual Abuse/Harassment" and "Checking in for: Your Safety at OCFS DJJOY" upon intake into the facility. Each resident signs an acknowledgement form noting they received these pamphlets during the intake process. These acknowledgement forms are kept in the resident's files. This auditor was able to review ten resident's files and each file contained the above-mentioned documentation confirming the resident received the PREA pamphlets during intake and comprehensive PREA education within 24 hours of being admitted into the facility (generally on their first day at the facility).

(f) At intake, all residents receive OCFS PREA pamphlets titled "What you should know about Sexual Abuse/Harassment" and "Checking in for: Your Safety at OCFS DJJOY". These pamphlets include information about the agency's zero-tolerance policy and reporting information noting ways to report an allegation of sexual abuse or sexual harassment. In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA during their first day and on a regular basis during their stay at GSC through PREA Education groups. Each resident interviewed was knowledgeable of the PREA standards and their role in the facility.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01)
2. Secure Facilities Admission and Orientation Policy (PPM 3402.01)
3. OCFS – 4902 Youth Admission Handout "What you should know about Sexual Abuse"
4. PREA Youth Brochure "Checking in for: Your Safety at OCFS DJJOY"
5. Resident Files
6. GSC – Signed PREA Pamphlet Acknowledgement Forms
7. GSC – Signed Resident Zero Tolerance Acknowledgement Forms
8. PREA Posters
9. Tour of Facility

Interviews:

1. Intake Staff Interviews
2. Random Resident Interviews
3. Interview with Cognitively Disabled Resident
4. Interview with Hard of Hearing Resident

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| 115.334 | Specialized training: Investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 432">(a) The Justice Center of New York is the state entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment in all OCFS facilities. OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, states “OCFS requires that an investigation be conducted and documented whenever a violation of this policy is alleged. The Justice Center has responsibility for investigation of all PREA related allegations and incidents.”</p> <p data-bbox="242 463 1461 591">The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance with the PREA standards. This letter was dated June 8, 2021, and a copy was provided to this auditor for review.</p> <p data-bbox="242 622 1461 815">(b) The Justice Center of New York is responsible for the investigation of all allegations of sexual abuse and sexual harassment in all OCFS facilities. A representative from the Justice Center of New York was interviewed and confirmed all investigators complete the National Institute of Corrections training “Investigating Sexual Abuse in a Confinement Setting”. This training covers the topics of interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="242 846 1469 1005">(c) The Justice Center of New York is responsible for the investigation of all allegations of sexual abuse and sexual harassment in all OCFS facilities. The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance with the PREA standards. This letter was dated June 8, 2021, and a copy was provided to this auditor for review.</p> <p data-bbox="242 1037 1485 1162">(d) A representative from the Justice Center of New York was interviewed by this auditor and confirmed the Justice Center of New York ensures all agents conducting investigations of sexual abuse and sexual harassment have completed the above-mentioned training offered by the National Institute of Corrections as well as other trainings specific to sexual abuse/sexual harassment in a confinement facility.</p> <p data-bbox="242 1193 1453 1321">In addition, the Agency PREA Coordinator and Facility PREA Compliance Manager were able to confirm all allegations of sexual abuse and sexual harassment are referred to the Justice Center of New York for investigation. There were no allegations of sexual abuse or sexual harassment at the facility during the past 12 months. Therefore, there were no investigative reports for this auditor to review.</p> <p data-bbox="242 1352 754 1382">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1431 1477 1525" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) 2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within the PREA standards (letter dated June 8, 2021) <p data-bbox="242 1556 352 1585">Interviews:</p> <ol data-bbox="276 1635 971 1729" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager 3. Interview with Representative from the Justice Center of New York |

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| 115.335 | Specialized training: Medical and mental health care |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 432">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Medical staff and mental health clinicians must receive specialized training (in addition to the training provided to all employees) in the following: detecting and assessing signs of sexual abuse and harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”</p> <p data-bbox="242 463 1493 656">There are currently nine medical staff and six mental health staff (15 specialized staff in total) employed at GSC. Training records reviewed by this auditor confirmed all medical staff and mental health staff at the facility completed the specialized trainings. Medical and mental health staff completed the specialized training titled “PREA: Specialized Training for Medical and Mental Health Staff.” Medical and mental health staff are required to complete this training on an annual basis. Interviews with two medical staff and two mental health staff confirmed they received the trainings and understood the material specific to their job title.</p> <p data-bbox="242 687 1485 981">(b) Medical staff at GSC do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at St. Luke’s Hospital – Cornwall Campus or Garnett Health Center by a SANE/SAFE. A Memorandum of Understanding is in place with Mental Health in Orange County, Inc. (MHA) – Rape Crisis that confirms the MHA Rape Crisis Advocate will check on-call MHA Orange County Sexual Assault Nurse Examiner for availability. If an on-call Orange County Sexual Assault Nurse Examiner is available, the MHA Rape Crisis Advocate will meet the victim at either St. Luke’s – Cornwall Campus or Garnett Health Center to conduct the evidentiary examination within one hour of the Rapeline call. If an on-call MHA Orange County Sexual Assault Nurse is not available, the MHA Rape Crisis Advocate will meet the victim at one of the five hospitals in Orange County where emergency department staff will provide evidentiary examination.</p> <p data-bbox="242 1012 1485 1106">(c) This auditor received and reviewed medical staff and mental health staff training records, training certificates, and sign off/acknowledgement forms at GSC. In addition, interviews with medical and mental health staff confirmed they had received and understood the specialized trainings they received specific to their job title.</p> <p data-bbox="242 1137 1485 1364">(d) As noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, medical staff and mental health staff also receive the PREA training that all staff at the facility are required to complete on an annual basis. Medical and mental health staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response at GSC. This auditor was able to review medical staff and mental health staff training records to confirm they received and successfully completed the annual PREA training that all staff at GSC are required to complete. This was also confirmed during interviews with mental health staff and medical staff at the facility.</p> <p data-bbox="242 1395 756 1424">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1473 1342 1603" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) 2. Mental Health Staff/Medical Staff Specialized Training Certificates 3. PREA Training Curriculums/Training Logs 4. MOU with Mental Health in Orange County, Inc. (MHA) – Rape Crisis <p data-bbox="242 1635 352 1664">Interviews:</p> <ol data-bbox="276 1713 1246 1807" style="list-style-type: none"> 1. Interviews with Medical Staff 2. Interviews with Mental Health Staff 3. Interview with Representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1490 465">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment addresses the use of the Facility Classification Form. This policy states “Youth are to be screened for potential vulnerabilities to victimization and propensity to victimize others with sexually aggressive behavior upon arrival/intake at an OCFS facility. This screening will be documented using OCFS 4928 Facility Classification Form and entered into JJIS within 72 hours of admission. Living unit and room assignments must be made accordingly. This form must be reviewed every 30 days and the review must be documented in JJIS.”</p> <p data-bbox="240 499 1490 622">This auditor discussed the Facility Classification Form with staff who complete the form and the Facility PREA Compliance Manager. The Facility Classification Form is completed by Clinicians upon intake. Residents are reassessed every 30 days after the initial screening by Youth Counselors during monthly Support Team Meetings with the resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at GSC.</p> <p data-bbox="240 656 1490 813">During the past 12 months, there were 41 residents admitted to GSC whose length of stay in the facility was for 72 hours or more. All 41 residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents upon intake by being administered the Facility Classification form by a Clinician. This auditor was able to confirm the Facility Classification Form is completed upon intake by interviewing two Clinicians who complete the assessment and by reviewing the database that logs the Facility Classification Forms.</p> <p data-bbox="240 846 1490 1041">Interviews with residents confirmed the screening assessment has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at GSC. Ten current resident files were reviewed for documentation verifying the risk assessments were being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening (Facility Classification Form) completed within 72 hours of intake and every 30 days following their intake.</p> <p data-bbox="240 1075 1490 1270">(b) The Facility Classification Form is an objective screening assessment used to conduct risk assessments of each resident upon admission to the facility and every 30 days during their stay at the facility. Two Clinicians who complete the Facility Classification Form were interviewed and understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. Both Clinicians interviewed were able to explain how they review case history notes and behavior records of the resident prior to intake and then administer the Facility Classification Form to the resident by completing a one-on-one interview during the intake process.</p> <p data-bbox="240 1303 1490 1520">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “At a minimum, the facility must attempt to ascertain information about: prior sexual victimization or abusiveness; any gender non-conforming appearance or manner of identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth’s own perception of vulnerability; and any other specific information about the individual youth that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other youth.”</p> <p data-bbox="240 1554 1490 1648">This auditor was able to review the Facility Classification Form that is used to screen residents at GSC and confirmed this form captures the information required in this standard. A review of ten resident files confirmed the Facility Classification Form is being completed within 72 hours of intake and every 30 days after the initial screening is completed.</p> <p data-bbox="240 1682 1490 1877">(d) Interviews with the Facility PREA Compliance Manager and the staff that perform screening for risk of victimization and abusiveness revealed that Clinicians interview each resident face to face upon admission. Each resident is then reassessed every 30 days following the initial screening by a Youth Counselor during monthly Support Team Meetings. It was noted the initial screening is completed during the resident’s intake on their first day at the facility (no later than 72 hours after their admission). During interviews, Clinicians that perform screening for risk of victimization and abusiveness also stated they use case history notes and behavioral records when completing the initial Facility Classification Form during intake.</p> <p data-bbox="240 1910 1490 2128">(e) All completed Facility Classification Forms are securely kept on a database and the only persons with access are Youth Counselors, Clinicians, and Administrative Staff. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident’s detriment by staff or other residents. During an interview with the Facility Compliance Manager, this auditor was able to view the database to confirm confidentiality of the documents. In addition, interviews with staff confirmed all pertinent information and/or Safety Plans are kept in a binder in the Administrator on Duty’s office to ensure all staff are aware of any precautions implemented to protect the resident(s) at the facility.</p> |

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Facility Classification Form (OCFS – 4928)
3. Completed Facility Classification Forms
4. Review of Residents Files

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
3. Random Resident Interviews

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1490 398">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Youth are to be screened for potential vulnerabilities to victimization and propensity to victimize others with sexually aggressive behavior upon arrival/intake at an OCFS facility. This screening will be documented using OCFS 4928 Facility Classification Form and entered into JJIS within 72 hours of admission. Living unit and room assignments must be made accordingly.”</p> <p data-bbox="240 430 1477 589">An interview with the Facility PREA Compliance Manager confirmed the Facility Classification Form is completed by a Clinician within 72 hours of intake and living unit and bedroom assignments are made accordingly to keep all residents at GSC free from sexual abuse and sexual harassment. The Facility PREA Compliance Manager was able to discuss how the Facility Classification Form is used to place all residents in appropriate living units and bedroom assignments to ensure residents are kept safe at all times.</p> <p data-bbox="240 620 1465 779">A review of the Facility Classification Forms supported this policy. Residents confirmed through interviews that screenings are being administered as per policy. Any residents who were identified as sexually vulnerable or sexually aggressive from the information noted on the Facility Classification Forms, had a Safety Plan developed for them and communicated to all staff to keep them safe at GSC. Safety Plans included increased supervision during waking hours. These Safety Plans are kept in a binder in the Administrator on Duty’s office.</p> <p data-bbox="240 810 1490 1072">(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Youth may be isolated from other youth only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then, only until an alternative means of keeping all youth safe can be arranged. During any period of isolation youth must receive large muscle exercise, educational programming, daily visits from medical or mental health staff, and access to other programs to the extent possible. If a youth is isolated, the facility must clearly document the basis for the facility’s concern for the youth’s safety and the reason why no other alternative means of separation can be arranged. Every 30 days, the facility must afford a youth isolated as described above a review of the circumstances to determine whether there is a need for continued separation from the general population.”</p> <p data-bbox="240 1104 1490 1229">It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at GSC. An interview with the Facility PREA Compliance Manager confirmed GSC has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.</p> <p data-bbox="240 1261 1490 1420">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment and OCFS Policy 3442.00 – Lesbian, Gay, Transgender, or Questioning Youth both state “Lesbian, gay, transgender, bisexual, or intersex youth must not be placed in particular housing, bed, or other assignments solely on the basis of such identification, or status, or their perceived or actual sexual orientation, nor must the facility consider lesbian, gay, transgender, bisexual or intersex identification or status as an indicator of likelihood of being sexually abusive.”</p> <p data-bbox="240 1451 1490 1646">There were two residents residing at GSC who identified as LGBTI during the time of the on-site portion of this audit. Both residents were interviewed by this auditor and confirmed they were not placed in a specific living unit or bedroom based solely on their sexual identification. An interview with the Facility PREA Compliance Manager confirmed that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. The Facility PREA Compliance Manager stated residents are placed in appropriate living units and bedrooms by using the results from the Facility Classification Form to ensure safety.</p> <p data-bbox="240 1677 1490 1803">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “In deciding whether to assign a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, OCFS must consider on a case-by-case basis whether the placement would promote the youth’s health and safety, and whether the placement would present management and/or security problems.”</p> <p data-bbox="240 1834 1477 1960">There has been one transgender resident admitted to GSC during the past 12 months. An interview with the Facility PREA Compliance Manager confirmed a decision on which facility to place any transgender youth is made at the agency level and be in the best interest of the youth’s safety. These statements were also confirmed during interviews with the Agency Head designee and the Agency PREA Coordinator.</p> <p data-bbox="240 1991 1445 2085">(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Placement and programming for transgender and intersex youth must be reassessed at least twice a year or sooner if a complaint has been made, to review any threat to safety experienced by the youth.”</p> <p data-bbox="240 2116 1465 2143">There has been one transgender resident admitted to GSC during the past 12 months. An interview with the Facility PREA</p> |

Compliance Manager confirmed the facility would follow agency policy and ensure placement and programming for any transgender or intersex resident would be reassessed at least twice a year while the resident is placed at GSC. The Facility PREA Compliance Manager also noted this resident's treatment plan is reviewed monthly during Support Team Meetings with the resident. It was noted during interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager that the placement and programming for this resident will be assessed in the coming months (in addition to the monthly Support Team Meetings) since this resident just recently notified the treatment team that she identifies as transgender.

(f) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Transgender and intersex youth's own views with respect to their own safety must be given serious consideration."

There was one transgender resident admitted to GSC during the past 12 months. An interview with the Facility PREA Compliance Manager confirmed she ensures the resident's views are given serious consideration as staff are educated on how to interact professionally with this resident. An interview with the resident confirmed that staff are respectful towards her identification and always ensure her safety at the facility.

(g) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Transgender and intersex youth must be given the opportunity to shower separately from other youth."

There was one transgender resident admitted to GSC during the past 12 months. An interview with this resident confirmed this resident is permitted to shower separately from the other residents in her living unit. Interviews with the Facility PREA Compliance Manager and staff confirmed this resident is given the opportunity to shower separately from the other residents. They stated all residents in the living unit shower separately as only one resident is permitted to use the restroom at time to shower.

(h) OCFS Policy 3247.15 – Room Confinement states "Room confinement shall be used only when a youth constitutes a serious and evident danger to him/herself or others. Room confinement shall be used only to provide for the immediate safety of the youth and/or others when no less restrictive intervention has been, or is likely to be, effective in averting danger. It is not to be considered, in and of itself, as a method or technique of treatment but rather as an interim measure to control and contain dangerous behavior."

There were no residents at GSC who were at risk of sexual victimization held in isolation during the past 12 months. The use of isolation is prohibited in all OCFS facilities. Therefore, there was no documentation for this auditor to review.

(i) OCFS Policy 3247.15 – Room Confinement states "Room confinement shall be used only when a youth constitutes a serious and evident danger to him/herself or others. Room confinement shall be used only to provide for the immediate safety of the youth and/or others when no less restrictive intervention has been, or is likely to be, effective in averting danger. It is not to be considered, in and of itself, as a method or technique of treatment but rather as an interim measure to control and contain dangerous behavior."

There were no residents at GSC who were at risk of sexual victimization held in isolation during the past 12 months. The use of isolation is prohibited in all OCFS facilities. Therefore, there was no documentation for this auditor to review.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Lesbian, Gay, Transgender, or Questioning Youth Policy (PPM 3442.00)
3. Room Confinement Policy (PPM 3247.15)
4. Facility Classification Form (OCFS – 4928)
5. Completed Facility Classification Forms
6. Review of Residents Files

Interviews:

1. Interview with Agency Head Designee
2. Interview with Agency PREA Coordinator
3. Interview with Facility PREA Compliance Manager
4. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
5. Interviews with Residents who Identified as LGBTI

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 398">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Youth who believe they have been subjected to conduct prohibited by this policy have the option to report the incident to a designated staff member other than an immediate point-of-contact line staff member. That includes, but is not limited to, the unit/office supervisor, counselor, mental health clinician, medical personnel, or any facility administrator.”</p> <p data-bbox="240 432 1482 557">Reporting information is delivered to the residents through the intake process, PREA education groups, Resident Handbook, pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 591 1453 680">Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations to facility staff, administrative staff, the Justice Center of New York, and the Office of the Ombudsman.</p> <p data-bbox="240 714 1490 873">(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Youth also have the option of reporting allegations to the Office of the Ombudsman (OOTO) and/or the Special Investigations Unit (SIU) via their respective toll-free numbers posted on all living units. Additionally, youth, their families, and the public have the ability to report allegations outside OCFS via the toll-free number for the Vulnerable Persons Central Register Hotline (VPCR), which is part of the NYS Justice Center for the Protection of People with Special Needs (Justice Center).”</p> <p data-bbox="240 907 1482 1032">Reporting information is delivered to the residents through the intake process, PREA education groups, Resident Handbook, pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 1066 1461 1225">In addition, the pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY” were reviewed by this auditor and they contained telephone numbers and addresses for residents to report allegations of sexual abuse and sexual harassment to offices outside of OCFS. In this case, the pamphlets contained the toll-free telephone numbers and addresses to the Office of the Ombudsman, Justice Center of New York, and the toll-free number for the Vulnerable Persons Central Register Hotline.</p> <p data-bbox="240 1258 1477 1384">All residents interviewed were aware of their right to contact outside agencies including the Office of the Ombudsman and the Justice Center of New York. Residents interviewed also confirmed they received this information through posters in their living units and around the facility, pamphlets, PREA education received at intake, and PREA education groups in the living units.</p> <p data-bbox="240 1417 1490 1507">There are no residents placed at GSC (or any OCFS facility) solely for civil immigration purposes. However, during interviews with agency management, it was determined they would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment.</p> <p data-bbox="240 1541 1453 1630">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Facility staff must accept reports, including reports made regarding other OCFS or non-OCFS facilities that are made verbally, in writing, anonymously, and from third parties. Verbal reports must be promptly documented.”</p> <p data-bbox="240 1664 1458 1792">Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Activity Report (20-79 Form), notify their Supervisor or the Administrator on Duty, and contact the Justice Center of New York immediately to report the allegation.</p> <p data-bbox="240 1825 1490 2016">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “The necessary materials to submit written reports will be provided to all youth. Youth also have the option of reporting allegations to the Office of the Ombudsman and/or the Special Investigations Unit (SIU) via their respective toll-free numbers posted on all living units. Additionally, youth, their families, and the public have the ability to report allegations outside OCFS via the toll-free number for the Vulnerable Persons Central Register Hotline (VPCR), which is part of the NYS Justice Center for the Protection of People with Special Needs (Justice Center).”</p> <p data-bbox="240 2049 1490 2139">Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility and through PREA education groups in the living units. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the Office of the</p> |

Ombudsman or Justice Center of New York either in writing or by calling the toll-free telephone numbers listed in their Resident Handbook, pamphlets, and on posters posted throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.

(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Each facility must provide a manner for staff to privately report sexual abuse and sexual harassment of youth.”

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they could report the allegation to an administrative staff at the facility or by reporting the allegation to the Justice Center of New York via the toll-free hotline.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)
3. OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
4. Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY”
5. Posters in Living Units

Interviews:

1. Interviews with Randomly Selected Staff
2. Random Resident Interviews

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| 115.352 | Exhaustion of administrative remedies |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1477 533">(a – h) The agency does not consider the grievance process as a formal mechanism to report sexual abuse or sexual harassment. However, if the agency would receive a grievance alleging sexual abuse or sexual harassment, it would be treated as an Emergency Report. In the event of an Emergency Report being filed using the grievance process, a final decision would be issued by the agency within five days of receiving the Emergency Report. OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment confirmed the grievance process is not a formal mechanism to report sexual abuse or sexual harassment. A review of grievance records and an interview with the Facility PREA Compliance Manager revealed there were no grievances filed related to sexual abuse, sexual harassment, or retaliation during the past 12 months.</p> <p data-bbox="242 562 1485 723">OCFS pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY” describe various ways a resident can report sexual abuse and sexual harassment. Each resident receives a copy of these pamphlets at intake and an intake staff reviews these pamphlets during the intake process with each resident. The grievance process is not listed as a formal mechanism to report sexual abuse or sexual harassment in either of these pamphlets.</p> <p data-bbox="242 752 1485 913">All residents interviewed were aware of the grievance procedure. All the resident’s files reviewed contained notification of the grievance process. In addition, all staff interviewed could describe the steps they would take to protect a resident from threatened sexual abuse. These steps included separating the alleged victim of the threats from the alleged aggressor, increasing supervision, contacting the Administrator on Duty, and documenting the threats in writing on an Activity Report (20-79 form).</p> <p data-bbox="242 943 1393 1005">There were no allegations of sexual abuse or sexual harassment filed in the past 12 months at GSC. In addition, no grievances by third parties were filed alleging sexual abuse, sexual harassment, or retaliation.</p> <p data-bbox="242 1034 756 1064">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1115 1485 1344" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00) 3. OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment” 4. Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY” 5. Review of Residents Files 6. Review of Facility Grievance Records <p data-bbox="242 1373 352 1402">Interviews:</p> <ol data-bbox="276 1453 810 1547" style="list-style-type: none"> 1. Interview with Facility PREA Compliance Manager 2. Interviews with Randomly Selected Staff 3. Random Resident Interviews |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Staff must attempt to make available a victim advocate from a rape crisis center and must document effort to provide rape crisis services.”</p> <p>OCFS pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY” contain telephone numbers and addresses for victim advocates from a rape crisis center. All residents receive a copy of these pamphlets at intake. In addition to residents receiving a copy of the above-mentioned pamphlets, there are numerous posters posted around the facility with telephone numbers and addresses to Mental Health in Orange County, Inc. (MHA) – Rape Crisis. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility. GSC also has a Memorandum of Understanding with Mental Health in Orange County, Inc. (MHA) – Rape Crisis. This Memorandum of Understanding states Mental Health in Orange County, Inc. (MHA) – Rape Crisis will provide any victim of sexual abuse a victim advocate.</p> <p>Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual assault at GSC.</p> <p>(b) The majority of residents interviewed were aware of the services available to them from Mental Health in Orange County, Inc. (MHA) – Rape Crisis in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with Mental Health in Orange County, Inc. (MHA) – Rape Crisis is confidential and private. In addition, the residents understood the responsibility of the victim advocate to report new information of sexual abuse to the authorities as they are mandated to report that information. Residents noted during interviews this information is provided to them during their intake and is noted in pamphlets they receive during their intake into the facility.</p> <p>There were no residents who were victims of sexual abuse to interview during the on-site portion of this audit.</p> <p>(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Facilities must make efforts to establish a Memorandum of Agreement (MOA) with the medical facility. These efforts must be documented and part of the local operating procedure.”</p> <p>A Memorandum of Understanding is in place with Mental Health in Orange County, Inc. (MHA) – Rape Crisis in accordance with this standard. This Memorandum of Understanding confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator and Facility PREA Compliance Manager both described this Memorandum of Understanding and the services that are provided by Mental Health in Orange County, Inc. (MHA) – Rape Crisis to provide advocacy services to any victims of sexual assault at GSC. This auditor contacted a representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis, and she confirmed the services available to resident victims of sexual abuse that are noted in the Memorandum of Understanding.</p> <p>(d) Visitation and contact with legal representation and family members is outlined in OCFS Policy 3422.00 – Resident Mail and OCFS Policy 3455.00 – Visits to Youth at DJJOY Facilities. GSC provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to family members on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits (if the family is able to visit).</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Resident Mail Policy (PPM 3422.00) 3. Visits to Youth at DJJOY Facilities Policy (PPM 3455.00) 4. OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment” 5. Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY” 6. MOU with Mental Health in Orange County, Inc. (MHA) – Rape Crisis 7. PREA Posters <p>Interviews:</p> |

1. Interview with Agency PREA Coordinator
2. Interview with Facility PREA Compliance Manager
3. Interview with Representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis
4. Interviews with Randomly Selected Staff
5. Random Resident Interviews

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| 115.354 | <p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes multiple methods used to receive third party reports of sexual abuse or sexual harassment and is posted on the agency's website to inform the public about reporting resident sexual abuse and sexual harassment on behalf of residents. Third party reports can also be made to any staff, the Facility Director, the OCFS Ombudsman's Office, Justice Center of New York, law enforcement, or the Department of Social Services.</p> <p>This auditor was able to review the agency's website and confirmed multiple methods to file a third-party report are posted on the website. The agency website noting methods to file a third-party report is https://ocfs.ny.gov/main/rehab/prea.asp. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the visiting area of the facility and were observed by this auditor during the tour of the facility.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. Staff noted they would document the allegation on an Activity Report (20-79 Form) and report the allegation to the Justice Center of New York for investigation.</p> <p>There were no allegations of sexual abuse or sexual harassment filed by residents or a third party at GSC during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Agency Website 3. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Random Resident Interviews |
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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 499">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “All OCFS employees, contractors, and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the on-call administrator (AOC) or the facility/program director. They also have the ability to privately report sexual abuse and sexual harassment of youths to the Justice Center. OCFS employees are mandated reporters and as such, must report incidents of sexual abuse and sexual harassment to the Justice Center. Failure to report may result in administrative, criminal or disciplinary sanctions appropriate to individual's status.”</p> <p data-bbox="240 528 1485 790">All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment or information regarding an incident of sexual abuse, sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Justice Center of New York for investigation as they are Mandated Reporters in the state of New York. All staff interviewed were aware that they must immediately contact the Administrator on Duty to report any information related to sexual abuse or sexual harassment and report the allegation to the Justice Center of New York. Staff also reported they could report any allegations of sexual abuse, sexual harassment, neglect, or retaliation privately by contacting an administrative staff and/or the Justice Center of New York.</p> <p data-bbox="240 819 1469 1081">(b) OCFS Policy 3456.00 – Reporting Familial Child Abuse and Maltreatment Pursuant to Article 19G of the Executive Law states “all OCFS employees and volunteers providing services to residents are mandated reporters. These persons are required to report to the Justice Center of New York whenever they have cause to suspect child abuse or maltreatment of a youth in a residential facility. The mandated reporter hotline is 1-800-635-1522. This policy also notes individuals making a report do not need to be certain a resident has been abused or maltreated, only a ‘reasonable cause to suspect’ abuse or maltreatment is necessary. When in doubt as to whether an incident could constitute child abuse or maltreatment, an employee must contact the Justice Center of New York. The Justice Center of New York will determine if the information meets the requirements to register a report for investigation.”</p> <p data-bbox="240 1111 1465 1207">All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment. The staff were able to describe their role as Mandated Reporters to this auditor during interviews and were aware of the Justice Center of New York hotline to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1236 1481 1431">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment contains distinct prohibitions against sharing any information related to a sexual abuse report to anyone other than their direct supervisor, the Administrator on Duty, or the Justice Center of New York. The only acceptable disclosures are relative to investigative, treatment, and security decisions. In addition, this auditor was provided a copy of the Justice Center’s Code of Conduct for Custodians of People with Special Needs. This Code of Conduct reinforces prohibitions against sharing any information regarding residents to anyone besides their direct supervisor and the Justice Center of New York.</p> <p data-bbox="240 1460 1465 1520">Interviews with staff (including Mental Health and Medical Staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse.</p> <p data-bbox="240 1550 1465 1610">(d) OCFS Policy 3456.00 – Reporting Familial Child Abuse and Maltreatment Pursuant to Article 19G of the Executive Law states “all OCFS employees and volunteers providing services to residents are mandated reporters.”</p> <p data-bbox="240 1639 1485 1834">Mental health and medical staff interviewed indicated that disclosure is provided to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services. In addition, these staff stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to their direct supervisor immediately upon learning of the allegation. This information is also reported to the Justice Center of New York for investigation. Staff interviewed also discussed completing Mandated Reporter trainings on an annual basis and were able to discuss their role as mandated reporters during interviews.</p> <p data-bbox="240 1863 1485 2058">(e) OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “All OCFS employees, contractors, and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the on-call administrator (AOC) or the facility/program director.” The Justice Center’s Code of Conduct for Custodians of People with Special Needs reinforces the staff’s responsibility to report any allegations of sexual abuse or sexual harassment to their direct supervisor as well as the Justice Center of New York.</p> <p data-bbox="240 2087 1469 2157">All staff interviewed also stated that in addition to reporting the allegation to their direct supervisor or the Administrator on Duty, they are also required to report the allegation to the Justice Center of New York and document the allegation/incident</p> |

on an Activity Report (20-79 form).

(f) All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the Justice Center of New York for investigation. The Justice Center of New York will determine if the information meets the requirements to register a report for investigation.

It should be noted; all staff (including medical staff and mental health staff) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party.

Interviews with the Facility PREA Compliance Manager and staff (including mental health staff and medical staff) confirmed they are aware of how to report an allegation and were aware all allegations are investigated by the Justice Center of New York. The Facility PREA Compliance Manager was able to describe the reporting process as well as the investigative process once the allegation is referred to the Justice Center of New York.

There were no allegations of sexual abuse or sexual harassment made during the past 12 months at GSC. In the event of an allegation of sexual abuse or sexual harassment, these allegations are to be immediately reported to the Justice Center of New York by the staff who witnessed the incident or received the allegation. This report would then be documented by an administrative staff on a Facility Reportable Incident Report. All staff interviewed were aware of their responsibility to report allegations as they are mandated reporters in the state of New York.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Reporting Familial Child Abuse and Maltreatment Policy (PPM 3456.00)
3. Justice Center's Code of Conduct for Custodians of People with Special Needs

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interviews with Medical Staff
3. Interviews with Mental Health Staff
4. Interviews with Randomly Selected Staff

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| 115.362 | <p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes when a resident is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility must take immediate action to protect the resident by ensuring there is no contact between the alleged abuser and the alleged victim. In addition, such residents must be monitored, counseled, and provided appropriate treatment. The Justice Center's Code of Conduct for Custodians of People with Special Needs reinforces this policy.</p> <p>The Agency Head designee was interviewed regarding the protective action the agency takes when learning that a resident to subject to substantial risk of imminent sexual abuse. The Agency Head designee reported the agency would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another OCFS facility or making a living unit change if the potential abuser is a staff working at the facility. The staff could also be removed from the living unit or placed on Administrative Leave pending an investigation. The Agency Head designee stressed the safety of the resident is the agency's utmost priority.</p> <p>Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to their direct supervisor or the Administrator on Duty. Their direct supervisor or Administrator on Duty would then determine the best course of action to ensure the safety of the resident.</p> <p>An interview with the Facility PREA Compliance Manager confirmed staff would be expected to act immediately to separate the resident at risk from the potential abuser. In addition, he reported a Safety Plan would be developed and implemented by the Administrator on Duty to ensure the safety of the resident at risk. This Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a housing unit and/or bedroom change if necessary.</p> <p>There were no residents that the facility determined were subject to substantial risk of sexual abuse during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Justice Center's Code of Conduct for Custodians of People with Special Needs <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Facility PREA Compliance Manager 3. Interviews with Randomly Selected Staff |
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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Upon receiving an allegation that a youth was sexually abused while confined at another facility, the facility director of the facility that received the allegation must notify the facility director of the other facility or appropriate office of the agency (if not an OCFS operated facility) where the alleged abuse occurred and must also notify the appropriate investigative agency. Such notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification must be documented, and a Reportable Incident Report generated.”

An interview with the Facility Director confirmed this process. It was noted during interviews and a review of Facility Reportable Incident Reports that there has been one report in the past 12 months of sexual abuse occurring to a resident while in another facility. The resident disclosed this information to a Clinician at intake. This allegation was documented, and the facility reported to the allegation of sexual abuse to the Justice Center of New York for investigation and to the Facility Director of the facility where the abuse allegedly occurred. This auditor was provided a Facility Reportable Incident Report which noted the allegation was referred to the Justice Center of New York and the Facility Director of the facility where the abuse allegedly occurred was notified.

(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the Facility Director of the facility that received the allegation must notify the Facility Director of the facility/agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation.

An interview with the Facility Director confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. After reviewing Facility Reportable Incident Reports, it was confirmed that GSC received one allegation that a resident was sexually abused while residing in another facility. It was noted that the Facility Director where the allegation of abuse allegedly occurred was notified of the allegation the same day the resident reported the allegation. This auditor received a “Case Note” noting the Facility Director of the facility where the allegation allegedly occurred was notified of the allegation by telephone on the same day the resident reported the allegation.

(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes notifications to the facility where the alleged abuse occurred must be documented and a Facility Reportable Incident Report generated.

An interview with the Facility Director confirmed he would document any notification of alleged abuse by generating a Reportable Incident Report. He also stated an email would also be sent to the Facility Director of the facility where the alleged abuse occurred (after he contacted this person by telephone) to provide further documentation. In addition to documenting the allegation, the Facility Director noted he would immediately report the allegation of abuse to the Justice Center of New York for investigation. If the allegation occurred in a facility outside of the state of New York, he stated he would contact the proper investigative agency in the state where the allegation allegedly occurred.

This auditor discussed the allegation of abuse that occurred to a resident at another facility and reviewed documentation with the Facility Director and Facility PREA Compliance Manager to ensure this incident was documented and the Justice Center and facility where the allegation allegedly occurred was notified. This auditor reviewed a “Case Note” noting the Facility Director at the facility where the allegation allegedly occurred was notified and a Facility Reportable Incident Report noting the allegation was referred to the Justice Center of New York for investigation.

(d) The Facility Director was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused or sexually harassed while residing at GSC. He stated he would immediately generate a Facility Reportable Incident Report and contact the Justice Center of New York to report the allegation of abuse for investigation. He stated if the alleged abuser was still residing or employed at GSC, a Safety Plan would be developed immediately to ensure the safety of all residents.

The facility did not receive any allegations/notifications from other facilities that a resident was sexually abused or sexually harassed while residing at GSC during the past 12 months. This was confirmed by this auditor by reviewing Facility Reportable Incident Reports that were filed during the past 12 months.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Facility Reportable Incident Reports

Interviews:

1. Interview with Facility Director
2. Interview with Facility PREA Compliance Manager

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| 115.364 | Staff first responder duties |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Upon learning of an allegation a resident was sexually abused, the first staff member to respond to the scene shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the victim and alleged abuser. 2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence. 3. 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, swimming, drinking, or eating. 4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.” <p>There were no allegations of sexual abuse at GSC during the past 12 months.</p> <p>All staff at GSC (and all OCFS facilities) are provided “PREA cards” which outlines procedures and proper protocol for responding to the scene of an alleged sexual assault. Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with OCFS policy. 11 of the 12 staff interviewed were carrying their “PREA cards” on their person.</p> <p>(b) OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes first responder duties for non-security staff are the same as security staff. Non-security staff have been trained appropriately in the above-mentioned duties as a first responder. In addition, all non-security staff are also provided “PREA cards” which outlines procedures and proper protocol for responding to the scene of an alleged sexual assault.</p> <p>Non-security staff interviewed were educated in their role as first responders and were able to articulate exactly what they would be expected to do in the event they were the first responder to an incident of sexual abuse. They stated they would immediately call for assistance so security staff would be able to report to the area of the incident and assist with securing the scene. All non-security staff are also provided “PREA Cards” and were carrying these “PREA cards” on their person during interviews with this auditor as they were able to display the card when prompted.</p> <p>“PREA cards” which are given to all staff (security and non-security) instruct the staff to follow the following steps:</p> <ol style="list-style-type: none"> 1. Separate the victim from the abuser 2. Call for assistance 3. Secure the scene 4. Report the incident to your supervisor 5. Document the incident 6. Contact Medical Staff <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Facility Reportable Incident Reports 3. PREA Cards <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">(a) As required by OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, GSC has developed its own operating procedures to respond to incidents of sexual abuse. This plan is titled GSC Local Operating Procedure and describes the roles of responders (direct care staff, medical staff, mental health practitioners, and administrators) in response to incidents of sexual abuse. This auditor was able to review the GSC’s Local Operating Practice and it is aligned with OCFS Policy 3247.01 and all mandated reporting requirements.</p> <p data-bbox="240 465 1485 591">This auditor was able to review the GSC Local Operating Procedure to confirm this document described the role of administrative staff, direct care staff, medical staff, and mental health staff. The plan is detailed and notes the roles of all staff at GSC. In addition, interviews with administrative staff, direct care staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault.</p> <p data-bbox="240 624 935 651">The GSC Local Operating Procedure was updated on March 3, 2022.</p> <p data-bbox="240 685 756 712">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 759 1323 819" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. GSC Local Operating Procedure <p data-bbox="240 853 352 880">Interviews:</p> <ol data-bbox="276 927 810 1055" style="list-style-type: none"> 1. Interview with Facility PREA Compliance Manager 2. Interviews with Medical Staff 3. Interviews with Mental Health Staff 4. Interviews with Randomly Selected Staff |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 456">(a) Collective bargaining agreements do not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline. An interview with the Agency Head designee confirmed that any time there is an allegation, a Safety Plan for the specific resident(s) is put in place that includes removing the staff from contact with the resident(s) or by placing the staff on Administrative Leave until an investigation can be completed by the Justice Center of New York.</p> <p data-bbox="229 456 1509 519">Interviews:</p> <ol data-bbox="229 519 1509 607" style="list-style-type: none"> <li data-bbox="229 519 1509 607">1. Interview with the Agency Head Designee |

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| 115.367 | Agency protection against retaliation |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1465 398">(a – e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “any employee or resident is prohibited from retaliating against other employees or residents for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action. All OCFS facilities are to act promptly to remedy any form of retaliation.”</p> <p data-bbox="242 430 1477 490">Assistant Directors are the staff charged with monitoring retaliation at GSC as they monitor staff and residents who make an allegation of sexual abuse or sexual harassment at the facility.</p> <p data-bbox="242 521 1490 815">It was noted that GSC employs multiple measures, such as housing unit changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at the facility will continue for at least 90 days following an allegation of sexual abuse or sexual harassment. Items that will be monitored include any resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. The OCFS Home Office must conduct periodic status checks on the resident. It was also noted, the facility's obligation to monitor must terminate should the Justice Center of New York deem the allegation Unfounded following an investigation. There were no allegations of sexual abuse or sexual harassment reported at GSC during the past 12 months. Therefore, there was no retaliation monitoring documentation for this auditor to review.</p> <p data-bbox="242 846 1481 1274">An interview with the Assistant Director of Treatment indicated she serves as a retaliation monitor at GSC. She was educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at the facility. The Assistant Director of Treatment stated the agency would expect that actions would be taken immediately to ensure the resident was safe. It is the expectation of the agency that any resident who reports an allegation of sexual abuse or sexual harassment would be monitored for at least 90 days or until the allegation is investigated by the Justice Center of New York and determined to be Unfounded. She stated she would monitor a resident by completing status checks for at least 90 days per policy. These status checks are made on a weekly basis during check ins with the resident and/or by reviewing documentation such as resident disciplinary reports, housing or programming changes, and discipline reports. The Assistant Director of Treatment stated if the need would arise, she would continue to complete status checks on the resident for the length of his stay at the facility, which may exceed the 90-day requirement noted in OCFS Policy 3247.01. Documentation of retaliation monitoring is kept on a Retaliation Monitoring form. This auditor was able to review a template of the Retaliation Monitoring form that is to be used to track retaliation monitoring with the Assistant Director of Treatment to confirm compliance with this standard.</p> <p data-bbox="242 1305 1185 1335">There were no incidents of retaliation, known or suspected, during the past 12 months at GSC.</p> <p data-bbox="242 1366 756 1395">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1442 1324 1503" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Retaliation Monitoring Form Template <p data-bbox="242 1534 352 1563">Interviews:</p> <ol data-bbox="276 1612 911 1641" style="list-style-type: none"> 1. Interview with Person Responsible for Monitoring Retaliation |

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| 115.368 | Post-allegation protective custody |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1425 331">(a) OCFS Policy 3247.15 – Room Confinement states “segregated housing of residents to keep them safe from sexual misconduct is not used and is prohibited in all OCFS facilities.”</p> <p data-bbox="240 367 1449 488">Interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p data-bbox="240 524 754 551">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 600 727 658" style="list-style-type: none"> 1. Room Confinement Policy (PPM 3247.15) 2. Tour of Facility <p data-bbox="240 694 352 721">Interviews:</p> <ol data-bbox="276 770 810 864" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager 3. Random Resident Interviews |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1453 360">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “OCFS requires that an investigation be conducted and documented whenever a violation of this policy is alleged. The Justice Center has responsibility for investigation of all PREA related allegations and incidents.”</p> <p data-bbox="240 396 1493 486">An interview with the Facility PREA Compliance Manger confirmed all PREA related allegations are immediately referred to the Justice Center of New York for investigation. There were no allegations of sexual abuse or sexual harassment reported to the Justice Center of New York for investigation during the past 12 months at GSC.</p> <p data-bbox="240 521 1477 611">(b) As noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, OCFS facilities (including GSC) do not complete investigations for allegations of sexual abuse or sexual harassment. These investigations are completed by the Justice Center or New York.</p> <p data-bbox="240 647 1485 768">An interview with a representative from the Justice Center of New York confirmed all agents at the Justice Center of New York who complete investigations of sexual abuse and sexual harassment allegations at OCFS facilities receive training specific to juvenile sexual abuse victims. He was able to describe the training in detail to this auditor during my interview with him.</p> <p data-bbox="240 804 1485 992">(c) An interview with a representative from the Justice Center of New York noted all evidence gathered during the course of an investigation is kept within the investigative file and local law enforcement authorities are contacted as necessary. The representative from the Justice Center of New York stated investigators gather and preserve direct and circumstantial evidence, interview alleged victims, suspected predators, and witnesses during the course of an investigation. In addition, all Activity Reports and video footage of the allegation is also reviewed by investigators from the Justice Center of New York during an open investigation.</p> <p data-bbox="240 1028 1473 1120">(d) An interview with a representative from the Justice Center of New York confirmed investigations are not terminated because the source of the allegation recants the allegation. He stated the investigation would continue until a determination is made.</p> <p data-bbox="240 1155 1485 1245">(e) An interview with a representative from the Justice Center of New York confirmed whenever evidence supports criminal prosecution, the Justice Center of New York coordinates interviews with local law enforcement authorities to avoid obstacles to subsequent criminal prosecution.</p> <p data-bbox="240 1281 1489 1435">(f) An interview with a representative from the Justice Center of New York noted the alleged victim’s credibility will be assessed on an individual basis and not determined by their status as a resident or staff. The representative from the Justice Center of New York stated all investigations are conducted in the same manner; investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.</p> <p data-bbox="240 1471 1114 1494">There were no residents at GSC who were alleged victims of sexual abuse to interview.</p> <p data-bbox="240 1529 1489 1619">(g) All investigative reports are completed by the Justice Center of New York. Investigative reports note whether staff actions or failures to act contributed to the alleged abuse. Each investigative report is sent to the Facility Director at the conclusion of an investigation and clearly notes if the allegation is Substantiated, Unsubstantiated, or Unfounded.</p> <p data-bbox="240 1655 1477 1744">(h) There were no allegations of sexual harassment or sexual abuse during the past 12 months at GSC. However, during an interview with a representative from the Justice Center of New York, he stated each report prepared by an investigator is detailed, documents the allegation, notes the determination of the allegation, and includes recom.</p> <p data-bbox="240 1780 1453 1834">(i) All substantiated allegations of sexual abuse are referred to local law enforcement authorities for prosecution. This was confirmed during an interview with a representative from the Justice Center of New York.</p> <p data-bbox="240 1870 1414 1924">During the past 12 months, there were no allegations of sexual abuse referred to local law enforcement authorities for prosecution.</p> <p data-bbox="240 1960 1477 2049">(j) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes all files are kept as long as the alleged abuser is incarcerated or employed by the agency plus five years. This was confirmed during an interview with the Agency PREA Coordinator and a representative from the Personnel Office.</p> <p data-bbox="240 2085 1401 2139">(k) A representative from the Justice Center of New York noted the departure of an alleged abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation. He stated the</p> |

investigation would continue until a determination is made.

(l) The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director. The letter was dated June 8, 2021, and a copy of this letter was provided to this auditor for review.

(m) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes “the facility will cooperate with outside investigators and will remain informed of the investigation process.” The Facility PREA Compliance Manager noted the Facility Director and the Assistant Directors at GSC maintain contact with the Justice Center of New York during an open investigation via telephone calls, emails, and on-site visits.

There were no allegations of sexual abuse or sexual harassment during the past 12 months at GSC. An interview with a representative from the Justice Center of New York confirmed that upon completion of any investigation, the Justice Center of New York provides detailed investigative reports to the Facility Director noting its findings, determinations, and recommendations.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021)

Interviews:

1. Interview with Agency Head Designee
2. Interview with Agency PREA Coordinator
3. Interview with Facility PREA Compliance Manager
4. Interview with Agency Personnel Office Representative
5. Interview with Representative from Justice Center of New York

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1453 365">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes that the agency investigating shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 398 1481 456">Additionally, the Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter dated June 8, 2021.</p> <p data-bbox="240 490 1469 680">An interview with a representative from the Justice Center of New York confirmed the Justice Center of New York uses no standard higher than the preponderance for determining whether allegations of sexual abuse or sexual harassment are substantiated. The representative from the Justice Center of New York stated that a detailed report is compiled and sent to the Facility Director detailing its investigation, determinations, and recommendations upon completion of each investigation. There were no allegations of sexual abuse or sexual harassment at GSC during the past 12 months. Therefore, there were no investigative reports for this auditor to review.</p> <p data-bbox="240 714 756 741">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 792 1474 920" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021) 3. New York State Law <p data-bbox="240 954 352 981">Interviews:</p> <ol data-bbox="276 1028 935 1055" style="list-style-type: none"> 1. Interview with Representative from Justice Center of New York |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Following an investigation into a youth’s allegation of sexual abuse occurring in an OCFS facility, OCFS must inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p data-bbox="240 398 1453 456">All investigations of sexual abuse are completed by the Justice Center of New York. This was confirmed during interviews with the Facility PREA Compliance Manager and a representative from the Justice Center of New York.</p> <p data-bbox="240 490 1485 678">(b) During the past 12 months, there were no allegations of sexual abuse investigated by the Justice Center of New York. This auditor was able to review a “Determination of Notification to Youth” form template that notes any resident who makes an allegation of sexual harassment or sexual abuse is informed of the investigation’s findings at the completion of the investigation by the Justice Center of New York. The Facility PREA Compliance Manger stated the resident is informed of the determination at the end of an investigation and signs the “Determination of Notification to Youth” form to document he was informed of the determination.</p> <p data-bbox="240 712 1485 900">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Following a youth’s allegation that a staff member has committed sexual abuse against the youth, OCFS must subsequently inform the youth (unless OCFS has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the youth’s unit; The staff member is no longer employed at the facility; OCFS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or OCFS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.”</p> <p data-bbox="240 934 1485 1296">During the past 12 months, there were no allegations of sexual abuse against any staff at GSC. An interview with the Facility PREA Compliance Manager confirmed in the event of an allegation of sexual abuse against a staff at the facility, a Safety Plan would be implemented to keep the resident safe. These Safety Plans are kept in the Administrator on Duty’s office. In addition, the staff the allegation was made against would be removed from the resident’s living unit and possibly placed on Administrative Leave depending on the circumstances of the allegation. All investigations of sexual abuse are completed by the Justice Center of New York. It was noted during an interview with a representative from the Justice Center of New York, that a detailed investigation summary is sent to the Facility Director following the conclusion of any investigation. This summary includes the determination that is made at the conclusion of the investigation and recommendations. Upon the Facility Director receiving an investigation summary at the conclusion of any investigation of sexual harassment or sexual abuse, the resident is then notified of the determination and signs the “Determination of Notification to Youth” form to document he was informed of the determination. This signed form is then placed in the resident’s file.</p> <p data-bbox="240 1330 1485 1453">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Following a youth’s allegation that they have been sexually abused by another youth, OCFS must subsequently inform the alleged victim whenever: OCFS learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or OCFS learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”</p> <p data-bbox="240 1487 1477 1610">There were no allegations of resident-on-resident sexual abuse at GSC during the past 12 months. Therefore, there was no documentation to review. However, the Facility PREA Compliance Manager stated during an interview that the resident who made the allegation would be informed of any developments regarding the alleged perpetrator as noted in OCFS Policy 3247.01.</p> <p data-bbox="240 1644 1485 1738">(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All such notifications or attempted notifications must be documented. DJJOY’s obligation to report under this standard must terminate if the youth is released from OCFS custody.”</p> <p data-bbox="240 1771 1469 1928">An interview with the Facility PREA Compliance Manager indicated that residents are notified of the results of an investigation in writing. The Facility PREA Compliance Manager stated the resident is given a “Determination of Notification to Youth” form to sign noting they have received the outcome of the investigation. The process described by the Facility PREA Compliance Manager was consistent with OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment.</p> <p data-bbox="240 1962 1477 2152">There were no allegations of sexual harassment or sexual abuse at GSC during the past 12 months. It was noted during an interview with the Facility PREA Compliance Manager that any resident who makes an allegation of sexual harassment or sexual abuse is notified of the Justice Center of New York’s findings upon completion of the investigations. All notifications are documented on a “Determination of Notification to Youth” form. A template of this form was reviewed by this auditor, and it clearly documents the outcome of any investigation and there a place for the resident to sign to document he was notified of the findings of the investigation.</p> |

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Determination of Notification to Youth Form Template

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interview with Representative from Justice Center of New York

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| 115.376 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states the following regarding staff disciplinary sanctions:</p> <ol style="list-style-type: none"> 1. Staff may be subject to disciplinary sanctions as determined by OCFS and consistent with collect bargaining agreements up to and including termination for violating sexual abuse or sexual harassment policies. 2. Termination must be the presumptive disciplinary sanction for staff that have been substantiated for sexual abuse. 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 4. All dismissals for violations of OCFS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies. <p>There were no staff disciplined for violation of OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment during the past 12 months at GSC. This was confirmed during interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager.</p> <p>(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “the presumptive discipline for sexual abuse of a resident is termination”. There were no staff terminated (or resigned prior to termination) for violating OCFS Policy 3247.01 by sexually abusing a resident during the past 12 months at GSC. This was confirmed during interviews with the Facility PREA Compliance Manager and a representative from the Justice Center of New York.</p> <p>(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “disciplinary sanctions for sexual harassment shall be commensurate with OCFS policy and the nature and circumstances of the act committed, the staff member's disciplinary history, and sanctions imposed for comparable offenses committed by staff with similar histories.”</p> <p>During the past 12 months, there have been no staff disciplined or terminated for violation of OCFS Policy 3247.01 regarding sexual abuse or sexual harassment. This was confirmed during interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager, as well as a review of randomly selected staff personnel files.</p> <p>(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All dismissals for violations of OCFS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies.”</p> <p>During interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager, it was reported the Justice Center of New York will contact law enforcement if it is determined, during an investigation, the staff's actions were criminal.</p> <p>There were no staff reported to law enforcement for violation of OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment during the past 12 months at GSC. This was confirmed during an interview with a representative from the Justice Center of New York.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Randomly Selected Staff Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager 3. Interview with Representative from Justice Center of New York |

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| 115.377 | Corrective action for contractors and volunteers |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 365">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p data-bbox="242 396 1474 490">There were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past 12 months at GSC. This was confirmed during interviews with the Facility PREA Compliance Manager and a representative from the Justice Center of New York.</p> <p data-bbox="242 521 1493 680">(b) The Facility PREA Compliance Manager stated in an interview that the facility would immediately remove the contractor or volunteer from the facility, contact the Justice Center of New York, and would not allow him/her to return until the completion of an investigation per OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment. There were no reported instances of sexual harassment or sexual abuse by any contractors approved to enter the facility during the past 12 months at GSC.</p> <p data-bbox="242 712 754 741">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 790 1323 819" style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) <p data-bbox="242 848 352 878">Interviews:</p> <ol data-bbox="276 927 935 987" style="list-style-type: none"> 1. Interview with Facility PREA Compliance Manager 2. Interview with Representative from Justice Center of New York |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1461 365">(a) OCFS Policy 3443.00 – Youth Rules notes that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Disciplinary action must be administered in a fair, impartial, and expeditious manner.</p> <p data-bbox="240 400 1490 524">During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at GSC. This was confirmed during interviews with the Facility PREA Compliance Manager and a representative from the Justice Center of New York. In addition, this auditor reviewed Facility Reportable Incident Reports with the Facility Compliance Manager during the on-site portion of this audit.</p> <p data-bbox="240 560 1490 647">(b) OCFS Policy 3247.15 – Room Confinement notes segregated housing of residents to keep them safe from sexual misconduct is not used and is prohibited in all OCFS facilities. As a result, there were no incidents of isolation during the past 12 months at GSC.</p> <p data-bbox="240 683 1490 770">There were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months. This auditor was able to interview the Facility PREA Compliance Manager, staff, and residents who all confirmed isolation is not used at GSC.</p> <p data-bbox="240 806 1490 898">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “The disciplinary process must consider whether developmental disability or mental illness contributed to a youth’s behavior when determining what type of sanction, if any, should be imposed.”</p> <p data-bbox="240 934 1490 1122">Interviews with the Facility PREA Compliance Manager and mental health staff at GSC confirmed that a resident’s mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Facility PREA Compliance Manager stated the resident’s mental health diagnosis is reviewed and considered during Sexual Abuse Incident Reviews following a Substantiated or Unsubstantiated finding to ensure appropriate discipline was imposed. It was noted disciplinary sanctions include loss of level, loss of privileges, and/or removal from the facility. If the allegations are criminal in nature, the Justice Center of New York would be responsible for filing charges.</p> <p data-bbox="240 1158 1490 1281">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.”</p> <p data-bbox="240 1317 1490 1440">Interviews with mental health staff were conducted by this auditor during the on-site portion of this audit. These interviews confirmed GSC does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. Mental health staff interviewed stated the resident’s participation in therapy sessions is not always required as a condition of access to reward-based incentives.</p> <p data-bbox="240 1476 1345 1503">There were no incidents of resident-on-resident sexual abuse that occurred at GSC during the past 12 months.</p> <p data-bbox="240 1538 1490 1626">(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “The facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact.”</p> <p data-bbox="240 1662 1490 1749">This auditor interviewed the Facility PREA Compliance Manager who confirmed that a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse at GSC during the past 12 months.</p> <p data-bbox="240 1785 1490 1908">(f) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred must not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p data-bbox="240 1944 1490 2096">An interview with the Facility PREA Compliance Manager confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. In addition, during an interview with the Facility PREA Compliance Manager, she described the “False Allegation Alert” form that all residents sign upon admission into the facility. This form notes that residents will be held accountable for making allegations in bad faith. Consequences that are reviewed with the residents and noted on the “False Allegation Alert” form include:</p> |

1. Release date being pushed back 30 – 60 days.
2. Being charged with a crime/misdemeanor.

(g) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Sexual activity between youth is prohibited, however for such activity to constitute sexual abuse, there must be no assent to the activity, or it must be forcible or coerced.”

An interview with the Facility PREA Compliance Manager noted any suspicion of possible sexual abuse is reported to the Justice Center of New York immediately for investigation. In addition, during an interview with a representative from the Justice Center of New York, he stated that any behavior that is determined to be consensual in nature between residents is not investigated as sexual abuse.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Youth Rules Policy (PPM 3443.00)
3. Room Confinement Policy (PPM 3247.15)
4. False Allegation Alert Form

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interviews with Mental Health Staff
3. Interviews with Medical Staff
4. Interview with Representative from Justice Center of New York

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

(a) OCFS Policy 3243.18 – Initial Mental Health and Health Screening Interview for Facility Youth requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening. These assessments are documented in medical notes and in clinical case notes. The Assistant Directors of Treatment are the persons responsible for ensuring the resident receives a medical and/or mental health assessment.

During the past 12 months, there were six residents who disclosed prior sexual victimization but not during their initial risk assessment. The residents were referred to medical and mental health staff for follow up meetings upon disclosing the prior sexual victimization allegations. This auditor interviewed the Facility PREA Compliance Manager, medical staff, and mental health staff during the on-site portion of the audit, and they confirmed the referral process once a resident discloses prior sexual victimization. This auditor was also able to review files of the residents who disclosed prior sexual victimization. These resident files contained documentation noting a medical and mental health staff followed up with the resident within 14 days of the resident disclosing prior sexual victimization. In addition, this auditor interviewed one resident who reported prior sexual victimization. This resident stated he was offered to be referred to medical and mental health staff upon disclosing prior sexual victimization. When a resident who discloses prior sexual abuse is offered and/or referred to a medical or mental health staff for follow up, this is noted on a "Contact Note" that is placed in the resident's file.

(b) OCFS Policy 3243.18 – Initial Mental Health and Health Screening Interview for Facility Youth requires that residents at the facility who have previously perpetrated sexual abuse are offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening.

There were 16 residents residing at GSC during the past 12 months who previously perpetrated sexual abuse. The facility has a program that treats residents who display sexually abusive behaviors and have previously perpetrated sexual abuse. Interviews with the Facility PREA Compliance Manager and mental health staff at the facility confirmed these residents are immediately referred for a follow up meeting with a mental health staff. This referral is documented on a "Contact Note" that is placed in the resident's file.

(c) OCFS Policy 3243.18 – Initial Mental Health and Health Screening Interview for Facility Youth notes any information from the Admission Screening Interview form related to sexual abuse, sexual victimization or abusiveness that occurred is limited to medical and mental health practitioners and other staff, as necessary, to implement treatment plans, security, and management decisions, including housing, bed, and program assignments.

Interviews with the Facility PREA Compliance Manager, medical staff, and mental health staff confirmed any information from the Mental Health and Health Screening Interview is limited to medical and mental practitioners. It was noted any information from the Mental Health and Health Screening Interview relayed to staff is done so only for safety and security reasons and this information is documented in a Safety Plan to ensure the safety of the resident(s). This auditor was able to review communication to staff to confirm information from the Mental Health and Health Screening Interview is for safety and security reasons only. All Safety Plans are kept in a binder in the Administrator on Duty's office.

(d) During interviews with medical staff, mental health staff, and intake staff, it was noted they are mandated reporters in the State of New York and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon intake of their reporting duties.

Reviewed documentation to determine compliance:

1. Initial Mental Health and Health Screening Interview for Facility Youth Policy (PPM 3243.18)
2. Facility Classification Form
3. Mental Health and Health Screening Interview
4. Resident Files

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interviews with Medical Staff
3. Interviews with Mental Health Staff
4. Interview with Intake Staff
5. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
6. Interview with Resident who Disclosed Prior Victimization

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 600">(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “For all allegations of sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately referred to the outside medical facility that was previously identified for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility’s trained examiner will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. In the event that a youth refuses to be examined at the medical facility, such refusal must be properly documented on the appropriate form(s). Facilities must make efforts to establish a Memorandum of Agreement (MOA) with the medical facility. These efforts must be documented and part of the local operating procedure.”</p> <p data-bbox="240 629 1490 790">GSC’s Local Operating Practice – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) requires for all allegations of sexual abuse, the victim will be immediately referred to either St. Luke’s Hospital – Cornwall Campus or Garnett Health Center to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE). The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.</p> <p data-bbox="240 819 1477 1014">GSC has a Memorandum of Understanding in place with Mental Health in Orange County, Inc. (MHA) – Rape Crisis to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) at either St. Luke’s Hospital – Cornwall Campus or Garnett Health Center and to provide medical/mental health services at no cost to the victim. This Memorandum of Understanding was provided to this auditor for review. In addition, this auditor contacted a representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis to confirm resident victims are referred to either St. Luke’s Hospital – Cornwall Campus or Garnett Health Center and receive the services noted in the Memorandum of Understanding.</p> <p data-bbox="240 1043 1441 1137">There were no residents at GSC who reported sexual abuse involving penetration during the past 12 months. Therefore, there were no residents referred to either St. Luke’s Hospital – Cornwall Campus or Garnett Health Center for a forensic examination.</p> <p data-bbox="240 1167 1474 1328">(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “To preserve evidence, an allegation of rape or penetration requires that a youth not be allowed to engage in any activities such as hygiene, washing, bathing, showering, eating, drinking, brushing teeth, chewing gum, and eating or drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at a hospital or clinic for the gathering of such evidence.”</p> <p data-bbox="240 1357 1461 1487">All staff at GSC are provided “PREA Cards” which note their responsibilities to protect the victim and to preserve evidence. 11 of the 12 staff interviewed during the on-site portion of this audit were carrying their PREA Cards on their person, displayed these cards to this auditor when prompted, and were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse.</p> <p data-bbox="240 1516 1484 1612">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Victims of sexual abuse are 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.”</p> <p data-bbox="240 1641 1452 1736">This auditor was able to interview two medical staff at GSC who both stated any resident victim of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted diseases while at St. Luke’s Hospital – Cornwall Campus or Garnett Health Center and during follow up appointments with medical staff at the facility.</p> <p data-bbox="240 1765 1477 1827">There were no residents at GSC who reported sexual abuse involving penetration that were referred to St. Luke’s Hospital – Cornwall Campus or Garnett Health Center for a forensic examination during the past 12 months.</p> <p data-bbox="240 1856 1409 1919">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “All medical, mental health and counseling services must be provided at no cost to the youth.”</p> <p data-bbox="240 1948 1461 2078">This auditor was able to interview the Facility PREA Compliance Manager, medical staff, and a representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis. All interviewed confirmed that any victim of sexual assault would be referred to either St. Luke’s Hospital – Cornwall Campus or Garnett Health Center and receive medical and mental health treatment at no cost to the victim.</p> <p data-bbox="240 2107 1441 2134">GSC has a Memorandum of Understanding with Mental Health in Orange County, Inc. (MHA) – Rape Crisis which notes</p> |

medical/mental health services would be provided at no cost to the victim. This Memorandum of Understanding also notes sexual abuse victims receive rape crisis intervention services and follow-up services including accompaniment to law enforcement interviews and court.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. GSC's Local Operating Practice
3. MOU with Mental Health in Orange County, Inc. (MHA) – Rape Crisis

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interviews with Medical Staff
3. Interview with Representative from Mental Health in Orange County, Inc. (MHA) – Rape Crisis

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

(a) OCFS Policy 3243.33 – Behavioral Health Services and OCFS Policy 3243.01 – Principles of Health Services and OCFS Policy 3243.01 – Principles of Health Services both note all OCFS facilities offer medical and mental health evaluations to every resident who has been a victim of sexual abuse in a residential facility.

Interviews with the Facility PREA Compliance Manager, medical staff, and mental health staff confirmed all residents residing at GSC are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.

(b) Medical and Mental Health evaluations completed on each resident at the facility include a diagnosis and recommendation. All medical staff and mental health staff interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow up services would occur more frequently, and recommendations would include specific follow up services.

(c) Interviews with medical and mental health staff confirmed the services offered to residents at GSC are consistent with the community level of care. All staff interviewed noted residents have immediate access to medical and mental health staff while they are residing at the facility.

(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states "Pregnancy testing, as well as comprehensive information and access to all lawful pregnancy related medical services, and timely contraception and STD prophylaxis, must be provided in a timely manner."

This substandard is not applicable as GSC is an all-male facility.

(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states "Pregnancy testing, as well as comprehensive information and access to all lawful pregnancy related medical services, and timely contraception and STD prophylaxis, must be provided in a timely manner."

This substandard is not applicable as GSC is an all-male facility.

(f) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states "prophylactic treatment and follow-up for sexually transmitted diseases must be offered to all victims, as appropriate, if not already done in the emergency room."

An interview with the Facility PREA Compliance Manager confirmed any resident who is a victim of sexual abuse at GSC would be offered timely follow-up for sexually transmitted diseases as part of the follow up with the Medical Department. This would occur if the victim were tested at the hospital or not.

(g) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states "All medical, mental health and counseling services must be provided at no cost to the youth."

Interviews with the Facility PREA Compliance Manager, medical staff, and mental health staff confirmed treatment services are offered to the victim regardless of if they named the abuser or cooperated with the investigation.

(h) Interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager confirmed all residents receive a mental health evaluation within 30 days of their arrival to GSC. This includes any residents who have a history of resident-on-resident abuse at past residential facilities. This auditor was able to confirm all residents receive a mental health evaluation by reviewing resident files at the facility during the on-site portion of the audit.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Behavior Health Services Policy (PPM 3243.33)
3. Principles of Health Services Policy (PPM 3243.01)
4. Review of Resident Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility PREA Compliance Manager
3. Interviews with Medical Staff
4. Interviews with Mental Health Staff

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Within 30 days of the conclusion/receipt of the investigation the facility must conduct a sexual abuse incident review of all allegations (substantiated and unsubstantiated), unless the allegation has been determined to be unfounded. Reviews must be conducted by a team of staff, grade 18 and above, and must include input from direct care staff, investigators, and medical and mental health practitioners.”

(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes a Sexual Abuse Incident Review must be completed within 30 days of the conclusion/receipt of the investigation for all allegations which are Substantiated and Unsubstantiated, unless the allegation has been determined to be Unfounded.

(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Sexual Abuse Incident Reviews must be conducted by a team of staff, grade 18 and above, and must include input from direct care staff, investigators, and medical and mental health practitioners.”

(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “The review team must: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by actual or perceived race, ethnicity, sex (e.g. intersex), gender identity (e.g. transgender identity), sexual orientation (e.g. gay, bisexual, lesbian), status, gang affiliation or was motivated by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical layout may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.”

(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “The facility must implement the recommendations for improvement or must document its reasons for not doing so.”

All OCFS facilities, including GSC, document Sexual Abuse Incident Reviews on “PREA Sexual Abuse Incident Review” forms. All requirements listed in this standard are reviewed and considered by the facility. There were no allegations of sexual abuse that were determined to be Substantiated or Unsubstantiated at the facility during the past 12 months. Therefore, there were no PREA Sexual Abuse Incident Reviews conducted during the past 12 months at GSC.

The Facility PREA Compliance Manager stated the Incident Review Team consists of the Facility Director, Facility PREA Compliance Manager, Agency PREA Coordinator, medical staff, mental health staff, Youth Counselor I's, Youth Counselor II's, and direct care staff. Two members of the Incident Review Team were interviewed during the on-site portion of this audit and were able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. They both stated the Incident Review Team would convene within 30 days upon the completion of an investigation by the Justice Center of New York for any Substantiated or Unsubstantiated allegations and recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This Sexual Abuse Incident Review is headed by the Facility PREA Compliance Manager.

This auditor was provided with a copy of the PREA Sexual Abuse Incident Review template to review.

All PREA Sexual Abuse Incident Reviews and findings are incorporated into the agency Annual PREA Report by the Agency PREA Coordinator and submitted to the Agency Head before its dissemination on the agency website.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. PREA Sexual Abuse Incident Review Template

Interviews:

1. Interview with Facility PREA Compliance Manager
2. Interviews with Incident Review Team Members

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| 115.387 | Data collection |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes GSC, and all OCFS facilities, will collect uniform data for all allegations of sexual abuse and sexual assault. This information must be entered into the agency PREA Database using standardized data fields and standardized definitions. The agency PREA Database is the central repository for all information regarding allegations of sexual abuse and sexual assault. The Facility PREA Compliance Manager is responsible for ensuring all allegations of resident-on-resident sexual abuse and staff sexual misconduct/sexual harassment are entered into the agency PREA Database.</p> <p>This auditor was able to interview the Facility PREA Compliance Manager who confirmed she collects uniform data for all allegations of sexual abuse and sexual assault and enters this data into the agency PREA Database. In addition, this auditor was able to review the agency PREA Database with the Facility PREA Compliance Manager to confirm compliance. There were no allegations of sexual abuse or sexual harassment at GSC noted in the PREA Database.</p> <p>(b) The Agency PREA Coordinator is responsible for gathering data on each reported incident of sexual abuse and sexual assault to aggregate an annual report. This auditor was able to review the 2020 Annual PREA Report. This Annual PREA Report provided in-depth information regarding PREA implementation throughout the agency. The Annual PREA Report notes the PREA Audit results for OCFS facilities audited, allegation statistics, definitions, and a comparison of statistics from previous years. In addition to the 2020 Annual PREA Report, this auditor also noted agency Annual PREA Reports since 2013 were posted on the agency website. These Annual PREA Reports also were in-depth and well-written as they noted the PREA Audit results for OCFS facilities audited, allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p>(c) OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the agency Annual PREA Report will include at a minimum the data necessary to complete the United States Department of Justice Survey of Sexual Victimization. The 2020 Survey of Sexual Victimization was completed and submitted to the Department of Justice. All Surveys of Sexual Victimization since 2012 are posted on the agency website and were reviewed by this auditor.</p> <p>(d) As noted in OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, GSC utilizes data collected from incident reports, reports, investigation files, and incident reviews.</p> <p>(e) This substandard is not applicable to GSC as OCFS does not contract with private facilities for the confinement of its residents.</p> <p>(f) The Agency PREA Coordinator is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. The United States Department of Justice Survey of Sexual Victimization was submitted for 2020 and is posted on the agency website. This was confirmed by this auditor while reviewing the agency website. In addition to the 2020 United States Department of Justice Survey of Sexual Victimization, surveys since 2012 were also completed, submitted to the United States Department of Justice, and are posted on the agency website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. OCFS PREA Database Report 3. 2020 OCFS Annual PREA Report 4. 2020 United States Department of Justice Survey of Sexual Victimization 5. Agency Website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager |

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| 115.388 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the Agency PREA Coordinator will review data regarding sexual abuse at OCFS facilities in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and trainings. The Agency PREA Coordinator will also review data and identify if there are problem areas, recommend facility-specific or agency-wide action to augment current practices on an on-going basis, and use the data to prepare an annual report.</p> <p>This auditor interviewed the Agency PREA Coordinator and he stated he reviews data collected and aggregated in order to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. He stated OCFS ensures the data collected is securely retained in the agency PREA Database as it is password protected and only authorized individuals are able to view it and input data.</p> <p>(b) OCFS completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2020 OCFS Annual PREA Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions. This annual report, along with all agency annual reports since 2013, are posted on the agency website.</p> <p>(c) The OCFS Annual PREA Reports are approved by the OCFS Deputy Commissioner and made available through the agency’s website. This was confirmed during an interview with the Agency Head designee and by reviewing the agency website.</p> <p>(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted.” The 2020 Annual PREA Report is posted on the agency website and was reviewed by this auditor. It was confirmed that specific material/information has been redacted from this report.</p> <p>The Agency Head designee and Agency PREA Coordinator were interviewed and both stated information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Agency Website 3. 2020 OCFS Annual PREA Report 4. OCFS PREA Database Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Agency PREA Coordinator |

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| 115.389 | <p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 1900.00 – Telecommunications and Computer Use and OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment establishes procedures to direct all data is securely maintained. The Agency PREA Coordinator reviews data collected and aggregated in order to access and improve the effectiveness of the Agency’s sexual abuse prevention, detection, and response polices. The agency PREA Database is the central repository for all information regarding allegations of sexual abuse and sexual assault. Data must be entered into the PREA Database using standardized data fields and standardized definitions.</p> <p>An interview with the Agency PREA Coordinator confirmed the agency takes corrective action on an on-going basis utilizing the data collected. This corrective action has been noted in each Annual PREA Report that is prepared by the Agency PREA Coordinator and approved by the Deputy Commissioner on an annual basis.</p> <p>(b) OCFS makes all aggregated sexual abuse data from its facilities readily available to the public on the agency website. The agency’s Annual PREA Report is reviewed and approved by the Deputy Commissioner and made available to the public through the agency website. OCFS Annual PREA Reports since 2013 are posted on the agency website and were reviewed by this auditor to confirm compliance with this standard.</p> <p>(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes that all personal identifiers are to be removed prior to making aggregated sexual abuse data available to the public on the agency website. This auditor was able to review Annual PREA Reports posted on the agency website since 2013 and confirmed all personal identifiers were removed.</p> <p>(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes data collected is retained via limited access through a secure server for at least ten years after the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the Agency PREA Database.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Telecommunications and Computer Use Policy (PPM 1900.00) 3. Agency Website 4. 2020 OCFS Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator |
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| 115.401 | <p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) GSC was audited during the third year of the first three-year PREA cycle (audited on June 8 – 9, 2016 and was found to be fully compliant on June 17, 2016) and during the third year of the second three-year PREA cycle (audited on May 20 – 21, 2019 and was found to be fully compliant on June 30, 2019). These audit reports are posted on the agency website. This re-audit occurred during the third year of the third three-year PREA cycle on April 11 – 12, 2022.</p> <p>(b) OCFS has met this standard by having each of its facilities audited during the first and second 3-year PREA cycles. One third of all OCFS facilities were audited during each one-year period of the third 3-year PREA cycle. The remaining one third of all OCFS facilities are scheduled to be audited during the third year of the third three-year PREA cycle.</p> <p>(h) This auditor had unimpeded access to all areas of GSC during the on-site portion of this audit. The administrative team at GSC accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documents from the Agency PREA Coordinator and Facility PREA Compliance Manager in a timely fashion throughout the audit process.</p> <p>(m) This auditor was provided a private area to conduct interviews with both residents and staff.</p> <p>(n) PREA Audit notifications in both English and Spanish were posted in all housing units, visiting areas, and the facility lobby at least six weeks prior to the on-site portion of this audit (posted on January 24, 2022). In addition, the notifications were also posted on the Agency website. An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Dated photographs were emailed to this auditor to confirm the notifications were posted in the above-mentioned areas of the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. GSC Pre-Audit Questionnaire 2. PREA Audit Notification 3. Photographs of PREA Audit Notification 4. Tour of Facility 5. Agency Website |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(f) This auditor confirmed that OCFS has published all Final PREA Audit Reports from the first, second, and third PREA cycles on its agency website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Agency Website |

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

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

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| 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 |

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

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

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| 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 |

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

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| 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.) | na |
| 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 |

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| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

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

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| 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 |

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

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

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| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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

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

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| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.352 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | na |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | na |

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| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

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| 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 |

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| 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 |

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| 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 |

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

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| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| 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 |

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| 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 |

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

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| 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 |

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| 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 |

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| 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.) | yes |
| 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 |

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