

PREA Facility Audit Report: Final

Name of Facility: Keystone Female Services

Facility Type: Juvenile

Date Interim Report Submitted: 03/14/2019

Date Final Report Submitted: 07/22/2019

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: 07/22/2019

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Address:	
Email:	preaauditor2015@gmail.com
Telephone number:	
Start Date of On-Site Audit:	01/28/2019
End Date of On-Site Audit:	01/29/2019

FACILITY INFORMATION	
Facility name:	Keystone Female Services
Facility physical address:	95 South Race Street, Greenville, Pennsylvania - 16125
Facility Phone	724-589-5520
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Rob McClimans	Title:	Program Administrator
Email Address:	rob_mcclimans@keystone.k12.pa.us	Telephone Number:	724-589-5520

Warden/Superintendent			
Name:		Title:	
Email Address:		Telephone Number:	

Facility PREA Compliance Manager			
Name:		Email Address:	
Name:	Rob McClimans	Email Address:	rob_mcclimans@keystone.k12.pa.us

Facility Health Service Administrator			
Name:	SRHS/Mercer Family Medical Center	Title:	Dr. Scott Morgan
Email Address:		Telephone Number:	724-662-4155

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	13
Age range of population:	8-21
Facility security level:	Non-secure/Staff Secure
Resident custody level:	Delinquent and Dependent Youth
Number of staff currently employed at the facility who may have contact with residents:	20

AGENCY INFORMATION	
Name of agency:	Keystone Adolescent Center
Governing authority or parent agency (if applicable):	
Physical Address:	201 Main Street, Greenville, Pennsylvania - 16125
Mailing Address:	
Telephone number:	724-589-5466

Agency Chief Executive Officer Information:			
Name:	Bob Gentile	Title:	Executive Director
Email Address:	bob_gentile@keystone.k12.pa.us	Telephone Number:	724-589-5466

Agency-Wide PREA Coordinator Information

Name:	Jackie Landfried	Email Address:	jackie_landfried@keystone.k12.pa.us
--------------	------------------	-----------------------	-------------------------------------

AUDIT FINDINGS

Narrative:

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

The on-site portion of the PREA Audit at Keystone Female Services (KFS) took place on January 28, 2019 and January 29, 2019 and covered the audit period of January 28, 2018 to January 28, 2019. The facility was initially audited during the first PREA cycle on April 18, 2016 and April 19, 2016 and was found to be in full compliance on May 5, 2016. Prior to the on-site visit, this auditor used the PREA Online Audit System (OAS) to review the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 43 PREA Juvenile Standards. On December 26, 2018, this auditor received notification of an online Pre-Audit Questionnaire being completed. Each standard contained uploaded Keystone Adolescent Center, Inc. (KAC) policies, protocols, and documentation which were relevant to that particular standard. After the pre-audit review of the Pre-Audit Questionnaire and supporting documentation, this auditor sent questions generated from those documents to the agency PREA Coordinator. These questions were answered to the satisfaction of this auditor. The agency PREA Coordinator was also courteous and provided additional information in an expeditious manner. The agenda for the on-site portion of this audit was emailed to the agency PREA Coordinator and agreed upon on January 18, 2019.

Notifications of the on-site portion of this audit were posted throughout the facility and accessible to staff, residents, and visitors on December 10, 2018. Photographs were taken of the various sites where the notifications had been posted and the photographs were emailed to this auditor noting their locations. Email correspondence between this auditor and the agency PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process and schedule, and to request any additional information that was needed to review.

Upon arriving at the facility on January 28, 2019, at approximately 8:00am, this auditor met with KAC officials and management staff at KFS, to discuss the audit schedule and review any questions or concerns any may have had about the on-site portion of the audit. The following officials were present:

- *KAC Executive Director
- *Agency PREA Coordinator
- *Facility Operations Director
- *Facility PREA Compliance Manager/Program Administrator
- *Facility Program Coordinator

This meeting was followed by a detailed tour of the facility which took approximately 90 minutes. 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 living area, programming areas, front lobby, and visitation areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.

Following the tour, this auditor met with the management team to review the resident and staff rosters. This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Operations Director/Superintendent, Facility Administrator/Facility PREA Compliance Manager. The Facility Administrator/PREA Compliance Manager also monitors retaliation and serves on the facility Incident Review Team. Following these interviews, this auditor was able to interview the Facility Coordinator as he is an upper management staff who completes Unannounced Rounds at the facility. Due to the small size of the facility, several staff members served multiple roles. After these interviews were completed, this auditor reviewed the 8 current resident files and 2 closed files (10 total) for documentation verifying PREA education and risk assessments were completed and staff files/training records to confirm all staff members had successfully annual PREA trainings and had appropriate background checks completed. It also should be noted; all mental health staff completed an on-line specialty training specific to Behavioral Health in a Confinement Setting. This training were offered by the National Institute of Corrections (NIC). Training records were also reviewed by this auditor to confirm the completion of specialty trainings for all mental health staff at KFS. This auditor remained at the facility until approximately 10:45pm interviewing residents and staff members (including specialty staff) and observing program activities and staff/resident interactions. Staff members from all 3 shifts were interviewed.

The second day of the on-site audit was spent continuing to interview staff members (including specialty staff) and residents at the facility.

10 of the 15 residents residing at the facility were interviewed in a private and confidential area of the facility (67% of the population was interviewed). There were 4 residents who reported prior sexual victimization and 1 resident who made an allegation of sexual abuse during the past 12 months who were interviewed. There were no LGBTI residents, no residents who were Limited English Proficiency, and no residents suffering from a disability that would require specialized services at the facility to interview. Ages of the residents ranged from 13 years old to 17 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or 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 KFS. The residents also reported they feel PREA is taken seriously at the facility and that they have been educated about PREA (several of the residents noted the posters at the facility and the PREA video they were shown). Overall, interviewed residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting.

No residents had requested to speak with this auditor nor has this auditor received any written or email correspondence from any resident or staff member at KFS.

A total of 26 staff interviews took place (14 of the staff interviewed were Specialized Staff). These interviews included the following:

- *Agency Head
- *Agency PREA Coordinator
- *Facility Operations Director/Superintendent
- *Facility PREA Compliance Manager
- *1 Mental Health Staff
- *1 Staff that Perform Screening for Risk of Victimization and Abusiveness
- *1 Intake Staff

*1 Staff who Completes Unannounced Rounds

*1 Designated Staff Member Charged with Monitoring Retaliation

*1 Member of the Incident Review Team

*1 Administrative/Human Resources Staff

*Representatives from the Pennsylvania Department of Human Services and the Hempfield Police Department (Conducts investigations at the facility).

*Representative from UPMC Horizon (To confirm MOA to provide a SANE and Victim Advocates from AWARE, Inc.)

This auditor attempted to contact a representative from AWARE, Inc. However, the representative did not return telephone calls/messages to the agency to inquire about advocacy services provided to residents of KFS. Services are outlined in a signed Memorandum of Understanding signed by the agency.

There were no volunteers or contractors interviewed as there are none authorized to enter the facility.

Randomly selected staff members interviewed years of experience ranged from 1 month to 20 years. All the staff interviewed were very knowledgeable of PREA, the Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. Staff interviewed were professional and enthusiastic about their work and PREA knowledge. Staff related 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.

Unannounced Rounds are completed on a regular basis by upper level management staff (Program Administrator and Program Coordinator) at the facility. Logs of these Unannounced Rounds were reviewed by this auditor and met the standard. It was noted during the review of the Unannounced Rounds Logs that these rounds were not being completed on a consistent basis during sleeping hours. This deficiency was addressed and amended during the corrective action period. Shower and restroom areas provided privacy during showers and when residents used the restrooms. Male staff members do not conduct showers and female staff position themselves to ensure residents do not leave the restroom or shower area without approval. Residents go to the shower area clothed and return to their bedrooms clothed. During interviews with residents and staff, it was confirmed that male staff members announce their presence upon entering the living area by stating "male on the floor". This practice was observed by this auditor during the tour of the facility.

The PREA education program for residents and screening for risk are conducted by all staff members and supervisors at KFS. This is completed on the date of admission, documented on the Vulnerability Assessment, and stored in the resident's files and in a database that is available to all members of the resident's treatment team and allows for a high level of fidelity regarding treatment plans and service needs during the resident's continuum of care. There were 4 residents interviewed who reported prior sexual victimization or abusiveness during the screening process during the past 12 months. Safety Plans are developed for all residents who score "Sexually Vulnerable" and "Sexually Aggressive" on the Vulnerability Assessment to ensure the safety of all residents. Upon admission, residents also receive the KFS Parent/Client Handbook and watch a PREA Education video. These documents/video describe PREA in depth, including definitions of sexual abuse and sexual harassment, ways to report sexual abuse and sexual harassment, and agencies (including addresses and telephone numbers) that are available to victims of sexual abuse and sexual harassment.

Investigations regarding allegations of sexual abuse and sexual harassment are conducted by the

Hempfield Police Department and the Pennsylvania Department of Human Services. In the prior 12 months, there have been 4 allegations of sexual abuse (1), assault or harassment (3) at KFS. During each investigation, communication is maintained between the facility (Operations Director and Program Administrator/Facility PREA Compliance Manager) and the Hempfield Police Department and Pennsylvania Department of Human Services via email, telephone calls, and facility visits. The 4 allegations were investigated and all 4 of the allegations were deemed to be Unfounded. One resident was at the facility at the time the determination of the investigation was forwarded to the facility. This resident was notified of the determination and signed a Client Notification form as an acknowledgement that the resident was notified of the determination of the investigation.

The above-mentioned incidents were taken seriously, Safety Plans were implemented by administrative staff, and each allegation was immediately reported to the Hempfield Police Department and the Pennsylvania Department of Human Services. The Safety Plans made sure the alleged victim felt safe and included heightened supervision. This auditor reviewed the Safety Plans and follow up actions which were taken by administrative staff at the facility and felt the follow up actions were immediate and were made to ensure the safety of the residents and the staff members at KFS.

KAC has developed very thorough and detailed policies that address all the PREA standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of the policies indicates the seriousness with which KAC takes regarding sexual safety and their commitment to the PREA standards.

This auditor conducted an exit meeting with the management team at KFS following the on-site portion of this audit on January 29, 2019. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the management team at KFS for their hard work and commitment to the full implementation of PREA in their facility.

AUDIT FINDINGS

Facility Characteristics:

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

KFS is a 24-bed staff secure female residential/shelter facility. The population on the first day of the on-site audit was 15. There was a total of 144 residents admitted into the program during the past 12 months. Of those 144 residents, a total of 38 residents whose stay was longer than 72 hours and whose stay was longer than 72 hours and a total of 78 residents whose stay was longer than 10 days. The average length of stay in the program is 20 days. KFS is one of 5 programs within the Keystone Adolescent Center, Inc. The facility is located at 95 South Race Street, Greenville, Pennsylvania, 16125 (approximately 60 miles south of Erie, Pennsylvania).

Keystone Adolescent Center, Inc. is a non-profit corporation that provides County Placing Agencies in Pennsylvania with an alternative for delinquent and dependent children who are in need of out of home intervention not afforded by traditional placements. The principle place of business for contracting and billing questions is the corporate office which is located at 201 Main Street, Greenville, Pennsylvania, 16125.

The program is located in a large, 2 story, red brick building (appears to be a former warehouse) where the educational wing, administrative offices (Mental Health professional, Facility Operations Director, and Program Administrator and Program Coordinator), kitchen, and cafeteria are located on the first floor. The bedrooms, bathroom/shower room, a large group/TV room, and programming area is located on the second floor. There is a total of 6 bedrooms with a maximum capacity of 4 residents per bedroom. The residents also do their own laundry and the washer and dryer is located in the basement of the facility. There is no video surveillance system in the facility; however, there are signs posted throughout the facility that notify staff and residents of restricted areas and areas where more than one resident or staff members are required to be present to enter.

KFS provides a continuum of quality residential placement services for females ages 8 to 21 years of age, who have a variety of emotional, behavioral, academic, and family problems. In addition to shelter, food, and supervision, residents are involved in individual, group, and family counseling as needed. Psychiatric, medical, and dental services are available, as needed, by outside providers at their professional offices. Educational programming is provided by the local school district. At the time of admission, a needs-based Individual Service Plan drawing upon the resident's strengths is developed with the input of the resident, family, placing agency worker, and staff members. Upon admission, to KFS, residents receive an Initial Clinical Interview, conducted by a Clinical Therapist. These clinical interviews with Diagnostic Impressions help develop a resident's Individual Service Plan.

The primary objective of the program is to prepare children in care for placement in a permanent setting and/or for a return to family whenever possible. A supportive, structured and disciplined environment is maintained, while the development of self-esteem, self-discipline and ethical decision-making is fostered by the primary Case Manager and staff members. The integrity of the family is preserved by engaging the parents to be active participants in their child's Individual Service Plan. Residents gain insight

regarding issues and are assisted in mastering adaptive coping skills, thereby enhancing behavioral controls.

KFS has agreements with providers for an array of services. Assessments are on-going and linkages with community providers are established to address needs as necessary.

KFS maintains a positive approach to discipline and behavior management. The program is designed to motivate residents to excel in the school setting while developing adaptive means for coping with their emotional and behavioral difficulties. A staffing pattern of 1:6 (during waking hours) and 1:12 (during nighttime hours) is maintained to allow staff members the opportunity to acquaint themselves with the residents and learn each resident's warning signs or impending behavioral difficulties.

KFS offers comprehensive, effective Evidence-Based programs with fidelity that help residents of Juvenile Probation and Children & Youth Agencies become productive and law-abiding members of society. The following is a list of current Evidence-Based Programs that are available to all residents:

- *Aggression Replacement Training (ART)
- *Botvin Life Skills
- *Olweus Bullying Prevention Program
- *Brief Intervention Tools (BITS)
- *Safe Dates
- *Victim/Community Awareness
- *Motivational Interviewing (MI)

During the Auditor's tour of the facility, there were ample staff members present supervising the residents. Although the program description noted the staffing pattern as 1:6 during waking hours, the Auditor witnessed this ratio was exceeded. After reviewing the staff schedules, it was noted this occurs on a consistent basis at KFS.

It should be noted that facility staff members were very familiar with the residents as they knew their individual names, their background information, treatment needs, characteristics, and their involvement/lack of involvement with families. Residents were also able to identify staff members by their names. Staff members were observed speaking in a professional manner with all residents. During interviews and review of the staffing roster, it was noted there were several staff members who had numerous years of experience/service (some staff members had over 10 years of experience and one staff member had over 20 years of experience at the facility). Staff members spoke highly of administrative staff, other staff members, and the programs/services that are offered to the residents. All residents who were interviewed stated that they felt safe at the facility and could speak openly with any staff member about any issues/concerns they had.

KFS has a signed Memorandum of Understanding (MOU) in place with UPMC Horizon (Greenville, Pennsylvania). It is noted in this MOU that UPMC Horizon will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE), collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact AWARE, Inc. (Sharon, Pennsylvania) to send an advocate to the hospital to provide rape crisis counseling and advocacy services in the event of a sexual assault. Investigations at the facility are conducted by the Pennsylvania Department of Human Services and the Hempfield Police Department. The agency has an MOU in place with the Hempfield Police Department noting the PREA investigative standards which are expected to be followed during each

investigation. This MOU was signed by the Hempfield Police Department. There are no medical personal at the facility. All residents are taken to Mercer Family Medical Center to have their medical needs met (including initial physical examinations) by a Primary Care Physician.

Keystone Adolescent Center, Inc.'s mission statement reads "Keystone Adolescent Center, Inc. is a non-profit organization whose purpose is to provide community-based programs that will afford constructive behavior modification, therapeutic counseling, and educational opportunities to at-risk adolescents and offer their families greater involvement in the treatment process because of its community bases nature and emphasis on family preservation."

AUDIT FINDINGS

Summary of Audit Findings:

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

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0

In summary, after reviewing all pertinent information provided to this auditor prior, during the on-site portion of this audit, and during the corrective action period, interviews with staff members and residents, and the tour of the facility, this auditor concluded that KFS's Administrative Team and staff have spent considerable time and resources ensuring that the safety and security of the residents is their utmost priority. The culture of sexual safety and awareness as well as each resident being treated with dignity and respect is present throughout the facility.

The agency has implemented a zero-tolerance policy (KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment) which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains 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.

The agency has designated a PREA Coordinator who reports directly to the Agency Head (Executive Director) and serves as the KFS Administrator. The facility has a designated PREA Compliance Manager who reports directly to the Facility Operations Director and serves as a facility Administrator. The Facility PREA Compliance Manager and Program Operations Director's interviews during the on-site portion of this audit demonstrated that KFS is committed to the sexual safety of the residents residing at the facility. All staff members and residents demonstrated they not only received but understand the education and training that was offered to them.

There is a Memorandum of Understanding (MOU) with UPMC Horizon located in Greenville, Pennsylvania. This MOU states the hospital will provide SANE's for forensic examinations in the event of an incident of sexual abuse at the facility. The agency also has an MOU with AWARE, Inc. to provide victim advocacy and emotional support services to sexual assault victims at the facility. A representative from UPMC Horizon was contacted by this auditor and was able to confirm the process stated in the MOU, as well as discuss services that are available and would be provided to victims of sexual assault at KFS.

All investigations regarding allegations of sexual abuse and sexual harassment are conducted by the

Hempfield Police Department with assistance from the Pennsylvania Department of Human Services. This auditor was able to interview a representative from the Hempfield Police Department. He was able to confirm the investigative process and follow up that occurs when his agency receives an allegation of abuse from the facility. There were 4 allegations of sexual abuse or sexual harassment at KFS during the past 12 months.

All residents admitted into the facility receive timely PREA education at intake. Staff members and supervisors complete all PREA education during the intake process. The Vulnerability Assessment is completed by the Supervisor at intake and each resident is reassessed if they are involved in a major incident at the facility. All completed Vulnerability Assessments are securely kept in the resident's file and the only persons with access are Counselors, Clinicians, and Administrative Staff. All pertinent necessary information is recorded and communicated to staff members for housing assignments or additional supervision.

All employees at KFS receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current employees who completed this training, receive refresher training annually. The trainings include 11 different topics required by the PREA standards:

1. Agency Zero Tolerance Policy
2. Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures.
3. Residents right to be free from sexual abuse, assault, and harassment.
4. Right of residents and employees to be free from retaliation.
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 and sexual abuse between residents.
8. How to avoid inappropriate relationships with residents.
9. Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questioning (LGBTI) or gender non-conforming.
10. Compliance with relevant laws related to mandatory reporting of sexual abuse.
11. Laws governing consent.

All volunteers and contractors who may have contact with residents are trained on their responsibilities, the agency zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with residents. Prior to entering the facility, all volunteers and contractors receive a Volunteer/Contractor Training and Acknowledgement Form to review and sign off on noting they understand the material in the brochure. There are currently no volunteers and contractors authorized to enter the facility.

All mental health staff received the specialized training offered by the National Institute of Corrections (Behavioral Care Providers in Confinement Settings) required by the PREA standards. In addition to the specialized training, mental health staff also receive the PREA training that all staff in the facility are mandated to complete. There are no medical staff employed at KFS.

During the on-site visit, it was noted that posters are posted throughout the facility to educate both staff members and residents on agency PREA policies. Brochures noting PREA requirements are given to all

residents, staff, volunteers, and contractors. The agency also has PREA information for both residents and the public posted on its website.

Standards Exceeded:

115.333 Resident education

Standards Met:

115.311 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator
115.312 Contracting with other entities for the confinement of residents
115.313 Supervision and monitoring
115.315 Limits to cross-gender viewing and searches
115.316 Residents with disabilities and residents who are limited English proficient
115.317 Hiring and promotion decisions
115.318 Upgrades to facilities and technologies
115.321 Evidence protocol and forensic medical examinations
115.322 Policies to ensure referrals for investigations
115.331 Employee training
115.332 Volunteer and contractor training
115.334 Specialized training: Investigations
115.335 Specialized training: Medical and mental health care
115.341 Screening for risk of victimization and abusiveness
115.342 Use of screening information
115.351 Resident reporting
115.352 Exhaustion of administrative remedies
115.353 Resident access to outside confidential support services and legal representation
115.354 Third party reporting
115.361 Staff and agency reporting duties
115.362 Agency protection duties
115.363 Reporting to other confinement facilities
115.364 Staff first responder duties
115.365 Coordinated response
115.366 Preservation of ability to protect residents from contact with abusers
115.367 Agency protection against retaliation
115.368 Post-allegation protective custody
115.371 Criminal and administrative agency investigations
115.372 Evidentiary standard for administrative investigations
115.373 Reporting to residents
115.376 Disciplinary sanctions for staff
115.377 Corrective action for contractors and volunteers
115.378 Interventions and disciplinary sanctions for residents
115.381 Medical and mental health screenings; history of sexual abuse
115.382 Access to emergency medical and mental health services
115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
115.386 Sexual abuse incident reviews
115.387 Data collection
115.388 Data review for corrective action

115.389 Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

The following standards required Correction Action:

115.313 Supervision and monitoring – It was determined KFS was not completing Unannounced Rounds during sleeping hours during a review of Unannounced Rounds Logs. In addition, KFS was not documenting a Staffing Plan that noted adequate levels of staffing in order to protect residents from sexual abuse.

Corrective Action:

A Staffing Plan will be developed and implemented which includes signatures of agency administrative staff to ensure it is being reviewed minimally on an annual basis. This Staffing Plan will for adequate levels of staffing and, where applicable, video monitoring to protect residents from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, KFS will take into account: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated; (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

It will be noted on the Unannounced Rounds Logs that a higher-level management staff completes the Unannounced Rounds during sleeping hours (10:00pm-6:00am) a minimum of one time per month and document these rounds on the Unannounced Rounds Log for a 120-day period. These logs will be sent to this auditor on a monthly basis during the corrective action period for review.

Resolution:

This auditor received documentation of Unannounced Rounds being completed during sleeping hours as well as waking hours during a 120-day period (March 2019 through July 2019). These Unannounced Rounds logs were sent to this auditor on a monthly basis. They were completed on different days of the month and different times of the day/night and met the requirements of this standard.

KFS developed a detailed Staffing Plan that notes adequate levels of staffing in order to protect residents from sexual abuse. This Staffing Plan was signed by all higher-level management staff (including the Agency Head, Facility Operations Director, and Facility Administrator) on April 25, 2019 and forwarded to this auditor to review on May 1, 2019.

115.315 Limits to cross-gender viewing and searches – It was determined that staff members at KFS were not trained to complete cross gender pat searches and how to complete searches of transgender and intersex residents in a professional and respectful manner.

Corrective Action:

KFS will select a training that focuses on how to train all staff members to complete cross gender pat searches and how to complete searches of transgender and intersex residents in a professional and respectful manner. Training records will be forwarded to this auditor for review upon completion of the trainings at the facility.

Resolution:

KFS trained all staff members on how to complete cross gender pat searches and how to complete searches of transgender and intersex residents in a professional and respectful manner on May 17, 2019. Each staff member signed a training sign in sheet and received a Certificate of Completion to be placed in their Personnel File to note they completed the training. The training selected to train the staff members was developed by The Moss Group, Inc. and titled "Guidance on Cross Gender and Transgender Pat Searches". This auditor was able to review the training selected and the training sign in sheets to confirm compliance in this standard.

115.316 Residents with disabilities and residents who are limited English proficient – It was determined that KAC did not have a Memorandum of Understanding with a local Language Assistance agency to provide a resident who is limited in English proficiency the opportunity to have an interpreter to communicate an issue to a staff member or to receive services the other residents receive.

Corrective Action:

KAC will develop a contract/Memorandum of Understanding with a local Language Assistance agency in order to provide residents who are limited in English proficiency the same opportunity the other residents are provided to communicate an issue to a staff member or to receive services the other residents receive. This contract/Memorandum of Understanding will be inclusive of all KAC programs (including KFS).

Resolution:

KAC was able to agree upon and sign a Memorandum of Understanding with Logistics+ Linguistic Solutions to provide language assistance to residents who are limited in English proficiency the same opportunity the other residents in the program are provided to communicate an issue to a staff member or to receive services the other residents receive. This Memorandum of Understanding is inclusive to all KAC programs (including KFS). The Memorandum of Understanding was signed by both KAC and Logistics+ Linguistic Solutions. This auditor received and reviewed the signed Memorandum of Understanding on April 16, 2019.

115.381 Medical and mental health screenings; history of sexual abuse – It was determined that KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment did not state that a resident who disclosed any prior sexual abuse, where it occurred in an institutional setting or in the community, during the intake screening are offered a follow up meeting with a medical or mental health practitioner within 14 days of intake.

Corrective Action:

The Agency will update KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy to note that all residents at the facility who have disclosed any prior sexual abuse,

whether it occurred in an institution setting or in the community, during the intake screening are offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Resolution:

KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment (Page 11 – Screening for Risk of Sexual Victimization and Abusiveness Section, A. 3) was updated to note that all residents at the facility who have disclosed any prior sexual abuse, whether it occurred in an institutional setting or in the community, during the intake screening are offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. This updated policy was sent to this auditor and reviewed on March 15, 2019. In addition, staff members who complete the initial intake screening were re-educated on this amended policy.

115.387 Data Collection – It was determined that although data is retained on the Survey of Sexual Violence Summary, the Agency Annual PREA Report did not contain this data and was incomplete. This auditor was able to review the 2017 Annual PREA Report and determined it was incomplete as it did not contain the necessary data from KAC facilities.

Corrective Action:

This auditor will work with the Agency PREA Coordinator to assist in developing an Annual PREA Report for the agency. This annual report will provide a detailed assessment of the agency's progress in addressing sexual abuse as well as a comparison of the current year's data and corrective action with those from prior years.

Resolution:

This auditor received the 2017 Annual PREA Report for the agency on May 1, 2019. In addition, this auditor received the 2018 Annual PREA Report for the agency on June 12, 2019. Both reports provided a detailed assessment of the agency's progress in addressing sexual abuse as well as a comparison of the current year's data and corrective action with those from prior years. Both reports have been placed on the agency website as well.

115.388 Data review for corrective action - Although the Annual PREA Report was completed, this report was incomplete and did not provide a detailed assessment of the agency's progress in addressing sexual abuse.

Corrective Action:

This auditor will work with the Agency PREA Coordinator to assist in developing an Annual PREA Report for the agency. This annual report will provide a detailed assessment of the agency's progress in addressing sexual abuse as well as a comparison of the current year's data and corrective action with those from prior years.

Resolution:

This auditor received the 2017 Annual PREA Report for the agency on May 1, 2019. In addition, this auditor received the 2018 Annual PREA Report for the agency on June 12, 2019. Both reports provided a

detailed assessment of the agency's progress in addressing sexual abuse as well as a comparison of the current year's data and corrective action with those from prior years. Both reports have been placed on the agency website as well.

115.389 Data storage, publication, and destruction - Although the Annual PREA Report was completed, this report was incomplete and did not provide a detailed assessment of the agency's progress in addressing sexual abuse.

Corrective Action:

This auditor will work with the Agency PREA Coordinator to assist in developing an Annual PREA Report for the agency. This annual report will provide a detailed assessment of the agency's progress in addressing sexual abuse as well as a comparison of the current year's data and corrective action with those from prior years.

Resolution:

This auditor received the 2017 Annual PREA Report for the agency on May 1, 2019. In addition, this auditor received the 2018 Annual PREA Report for the agency on June 12, 2019. Both reports provided a detailed assessment of the agency's progress in addressing sexual abuse as well as a comparison of the current year's data and corrective action with those from prior years. Both reports have been placed on the agency website as well.

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• Exceeds Standard (Substantially exceeds requirement of standard)• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)• Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>KAC has implemented a zero-tolerance policy (KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy) which comprehensively addresses the agency’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. 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>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy states “KAC has zero tolerance for sexual abuse and/or sexual harassment against any youth in KAC’s custody by another resident; its staff; or staff of contracted residential programs, contractors, or volunteers. All allegations of sexual abuse and/or sexual harassment will be investigated. All such incidents shall be reported to law enforcement and the Office of Children, Youth and Families in accordance with applicable law, regulations, and this policy.”</p> <p>All residents and parents/legal guardians receive a copy of the Parent/Client Handbook which notes the zero-tolerance policy. Residents receive a copy of this handbook on the day they arrive at the facility. A staff member reviews the handbook with the resident during the intake process. In addition, a copy of the Parent/Client Handbook is mailed to the parent/legal guardian of the resident on the day they arrive at the facility.</p> <p>Staff members are trained on the agency’s zero policy during annual PREA trainings. Upon completion of the training, each staff member signs an acknowledgement form noting they received the training and understand the material covered in the training.</p> <p>The agency has a designated PREA Coordinator who reports directly to the Agency Head. Her official title is Agency PREA Coordinator. She is extremely knowledgeable of the PREA standards and it was evident that she is committed to PREA and in implementing PREA in all KAC facilities. The agency PREA Coordinator also reported that she has the support needed and enough time to develop, implement, and oversee the agency’s efforts towards PREA compliance and to fulfill her PREA responsibilities. She noted that she oversees 4 PREA Compliance Manager’s (1 in each of KAC’s facilities) and meets with these Compliance Manager’s on a weekly basis. She was interviewed on January 28, 2019, during the first day of the on-site portion of this audit.</p> <p>KFS has a designated PREA Compliance Manager. His official title is Program Administrator and PREA Compliance Manager. The facility PREA Compliance Manager was knowledgeable of the PREA standards and their role in the facility. He stated he has sufficient time and authority to develop, implement, and oversee KFS’s efforts to comply with the PREA standards. He was interviewed on January 28, 2019, during the first day of the on-site portion of this audit.</p>

The agency provided an Organizational Chart that confirms the agency PREA Coordinator reports directly to the Agency Head and confirms the facility PREA Compliance Manager reports directly to the Agency PREA Coordinator.

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy

*KAC Agency Organizational Chart

*KFS PREA Pre-Audit Questionnaire

*Client-Agency Rights and Responsibilities Form

*KFS Parent/Client Handbook

Interviews:

*Interview with Agency Head

*Interview with Agency PREA Coordinator

*Interview with Facility PREA Compliance Manager

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	KFS does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head.
	Interviews:
	*Interview with Agency Head

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy states “KAC shall develop, implement, and document a plan for staffing to ensure compliance with PREA Standards to provide for mandated levels of staffing. In calculating compliance levels and determining the need for video and monitoring, each KAC facility shall take into consideration:</p> <ol style="list-style-type: none"> a. Generally accepted national standards for juveniles in residential facilities. b. Any judicial findings of inadequacy. c. Any findings on inadequacy from Federal investigative agencies. d. Any findings of inadequacy from internal or external oversight bodies. e. All components of the facility’s physical plant including “blind spots” or areas where staff or youth may be isolated. f. The composition of the resident population. g. The number and placement of supervisory staff. h. Programming occurring on a particular shift. i. Any applicable Commonwealth or local laws, regulations, or standards. j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse. k. Any other relevant factors. <p>In addition, KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy states “Programs within KAC shall comply with the plan for staffing (the only exception being, during limited and discrete exigent circumstances). PREA Juvenile Facility Standards require that each facility within KAC shall maintain staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. KAC will document any deviations from the staffing plan. This documentation shall be maintained by the PREA Coordinator and retained in the KAC PREA database.”</p> <p>This auditor was able to review staff schedules and noted that the facility maintains minimum staffing requirements daily. Staffing ratios are reviewed daily (shift by shift) by the Program Administrator, Coordinator, and Supervisor on shift. Vacant shifts are filled with overtime in order to meet minimum ratios. Pennsylvania DHS 3800 Regulations also require the same ratios are met (8:1 during waking hours and 16:1 during sleeping hours). It was noted during interviews with administrative staff that they review the staffing schedules daily to ensure these requirements are met. This auditor was present for all three shifts at the facility and witnessed the ratios being met.</p> <p>KFS does not have video surveillance and uses line of sight supervision. During the tour of the facility, this auditor noted the residents were always in the line of sight of staff members. In addition, it was noted there are signs posted throughout the facility noting restricted areas and areas where a resident is only permitted with a staff member or another resident or two staff members. This ensures a staff member and resident are never alone in a specific area of the facility.</p>

During interviews and a review of documentation, it was discovered the facility has not developed and documented a detailed staffing plan as noted in the Prevention, Detection and Response Policy.

The Unannounced Rounds by Management Employees Policy notes unannounced rounds are to be completed a minimum of twice per month by management staff (once during waking hours and once during sleeping hours). This auditor was able to review Unannounced Rounds Logs for the past 12 months. These unannounced rounds are completed by the Program Administrator and Coordinator during waking hours. However, it was discovered while reviewing the Unannounced Rounds Logs that Unannounced Rounds are not being completed on a consistent basis during sleeping hours at the facility.

Corrective Action:

A Staffing Plan will be developed and implemented which includes signatures of agency administrative staff to ensure it is being reviewed minimally on an annual basis. This Staffing Plan will for adequate levels of staffing and, where applicable, video monitoring to protect residents from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, KFS will take into account: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated; (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

It will be noted on the Unannounced Rounds Logs that a higher-level management staff completes the Unannounced Rounds during sleeping hours (10:00pm-6:00am) a minimum of one time per month and document these rounds on the Unannounced Rounds Log for a 120-day period. These logs will be sent to this auditor on a monthly basis during the corrective action period for review.

Resolution:

This auditor received documentation of Unannounced Rounds being completed during sleeping hours as well as waking hours during a 120-day period (March 2019 through July 2019). These Unannounced Rounds logs were sent to this auditor on a monthly basis. They were completed on different days of the month and different times of the day/night and met the requirements of this standard.

KFS developed a detailed Staffing Plan that notes adequate levels of staffing in order to protect residents from sexual abuse. This Staffing Plan was signed by all higher-level management staff (including the Agency Head, Facility Operations Director, and Facility Administrator) on April 25, 2019 and forwarded to this auditor to review on May 1, 2019.

KFS is now in compliance with this standard.

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy

*KFS Unannounced Rounds Logs

*KFS Staff Schedules

*KFS 2019 Staffing Plan

*Tour of Facility

Interviews:

*Interview with Facility PREA Compliance Manager

*Interview with Facility Operations Director

*Interview with Management Staff who complete Unannounced Rounds

*Interviews with Randomly Selected Staff from all 3 Shifts

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for exigent circumstances. Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. During interviews, staff members could describe what an exigent circumstance would be. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during an interview with the Program Administrator and staff members during the on-site portion of this audit.</p> <p>During interviews with staff members, it was noted that they are trained on how to conduct pat searches; however, they are not trained on how to conduct cross gender pat searches and how to search a transgender or intersex resident with dignity and respect. This auditor spoke to the PREA Coordinator and administrative staff at the facility and confirmed staff members are not trained on cross gender pat searches and how to search a transgender or intersex resident with dignity and respect.</p> <p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The facility has not admitted a transgender or intersex resident during the past 12 months; however, the staff members 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. All staff members interviewed stated this type of search would be conducted by a professional medical practitioner.</p> <p>In addition, KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy enables residents to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. All residents and staff members interviewed confirmed this policy was followed 100% of the time as only female staff members are permitted to supervise showers/bathroom call. All residents shower in separate shower stalls with shower curtains. The shower area/bathroom has a privacy door. Male staff members announce their presence upon entering the living area by stating “male on the floor”. Male staff members announcing their presence in the living area were observed by this auditor during the tour of the facility. Signs are posted outside of the living area informing opposite gender staff members to announce their presence upon entering the living unit. Interviews with staff members and residents confirmed that male staff members announce their presence upon entering the living unit as required by announcing “male on the floor”.</p> <p>Corrective Action:</p> <p>KFS will select a training that focuses on how to train all staff members to complete cross</p>

gender pat searches and how to complete searches of transgender and intersex residents in a professional and respectful manner. Training records will be forwarded to this auditor for review upon completion of the trainings at the facility.

Resolution:

KFS trained all staff members on how to complete cross gender pat searches and how to complete searches of transgender and intersex residents in a professional and respectful manner on May 17, 2019. Each staff member signed a training sign in sheet and received a Certificate of Completion to be placed in their Personnel File to note they completed the training. The training selected to train the staff members was developed by The Moss Group, Inc. and titled "Guidance on Cross Gender and Transgender Pat Searches". This auditor was able to review the training selected and the training sign in sheets to confirm compliance in this standard.

KFS is now is compliance with this standard.

Reviewed documentation to confirm compliance:

*KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy

*Training Records

*Training Sign In Sheets/Certificates of Completion

*Tour of Facility

Interviews:

*Interview with Facility PREA Compliance Manager

*Interview with Facility Operations Director

*Resident Interviews

*Random Staff Interviews

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy states “Residents with disabilities shall have equal opportunity to all aspects of KAC’s efforts, to prevent, detect, and respond to sexual abuse and sexual harassment. Upon admission to KAC, residents with limited literacy will be read their rights, Zero Tolerance of Sexual Abuse and/or Harassment and grievance procedures. Residents with disabilities shall be provided accommodations in accordance with the Americans with Disabilities Act, 28 CFR 35.164. Residents, who are limited in English proficiency, shall have equal opportunity to all aspects of KAC’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”</p> <p>The KFS Parent/Client Handbook is available to residents in both English and Spanish. Both versions of this handbook were reviewed by this auditor prior to the on-site portion of this audit. In addition, PREA brochures are also available to all residents in both English and Spanish. These brochures provide an overview of PREA and the zero-tolerance policy. Zero Tolerance posters are posted in the living area, all common areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.</p> <p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy also states “KAC shall not rely on resident interpreters, readers, or any other resident assistance in communicating, except in limited circumstances where an extended delay in obtaining an effective interpreter will compromise a resident’s safety, the performance of first responder duties or the investigation of the resident’s allegations. These residents will be provided an interpreter who is fluent in the language the resident speaks.” Random staff interviews confirmed that residents are not used as interpreters.</p> <p>During interviews with staff members and residents, it was noted that there are staff members who are fluent in Spanish is assist any resident who are limited in English proficiency. However, it was also noted that if one of these staff members where not on shift, there would not be anyone to assist the resident. During an interview with the agency PREA Coordinator and the facility PREA Compliance Manager, it was noted that there is not a Memorandum of Understanding with a local Language Assistance agency. This would provide a resident who is limited in English proficiency, the opportunity to have an interpreter to communicate an issue to a staff member or to receive services the other residents receive.</p> <p>There were no residents residing at the facility during the on-site portion of this audit who were disabled or not English proficient to interview.</p> <p>Corrective Action:</p> <p>KAC will develop a contract/Memorandum of Understanding with a local Language Assistance agency in order to provide residents who are limited in English proficiency the same opportunity the other residents are provided to communicate an issue to a staff member or to receive services the other residents receive. This contract/Memorandum of Understanding will</p>

be inclusive of all KAC programs (including KFS).

Resolution:

KAC was able to agree upon and sign a Memorandum of Understanding with Logistics+ Linguistic Solutions to provide language assistance to residents who are limited in English proficiency the same opportunity the other residents in the program are provided to communicate an issue to a staff member or to receive services the other residents receive. This Memorandum of Understanding is inclusive to all KAC programs (including KFS). The Memorandum of Understanding was signed by both KAC and Logistics+ Linguistic Solutions. This auditor received and reviewed the signed Memorandum of Understanding on April 16, 2019.

KFS is now in compliance with this standard.

Reviewed documentation to determine compliance

*KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy

*Agency PREA Youth Brochure (English)

*Agency PREA Youth Brochure (Spanish)

*Tour of Facility

*Memorandum of Understanding with Logistics+ Linguistic Solutions

*Interviews:

*Agency PREA Coordinator

*Facility PREA Compliance Manager

*Random Staff Interviews

*Resident Interviews

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy provides guidelines for background checks and hiring and promotional practices. A review of documentation and interview with the agency Human Resources Representative revealed that applicants, employees, and contractors are asked about previous sexual misconduct during the application process and background checks are completed. All employees are asked about previous sexual misconduct on the Employee Disclosure Statement and the Employee Application. Upon hire, each employee must successfully complete 3 different background checks. These background checks include an FBI Clearance, Pennsylvania Child Abuse Registry, and a Pennsylvania State Police Criminal Background Check. All 3 of these background checks are then completed every 5 years (or sooner if an employee if a candidate for promotion). In addition to the 3 above-mentioned background checks, when an employee is hired, the agency Human Resources Representative contacts his/her former employers to inquire about behavior in the workplace if the prospective employee worked in a confinement facility.</p> <p>The hiring process/background check process was confirmed during interviews with the agency PREA Coordinator and Human Resources Representative. In addition, this auditor was able to confirm background checks are being completed as noted in the above-mentioned policy by reviewing employee files for 8 randomly selected staff members employed at KFS. The employee files included recently hired employees as well as employees who have been employed at the facility for longer than 5 years and had multiple sets of background checks completed.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy *KAC Employment Application *KAC Employee Disclosure Statement *Review of Randomly Selected Staff Files <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Human Resources Representative *Interview with Agency PREA Coordinator

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KFS has made no signification modifications to the facility since the last PREA audit or since August 20, 2012. The facility does not have a video surveillance system. Staff members use line of sight supervision to supervise the residents. Residents are not permitted in any area of the facility without the supervision of a staff member. The Agency Head and Agency PREA Coordinator stated any changes made at the facility are done to protect residents and staff members from sexual abuse.</p> <p>During an interview with the Agency Head, it was noted that the agency is looking into the possibility of purchasing a video surveillance system in order to better protect the residents and staff members from sexual abuse. The facility PREA Compliance Manager and Director of Operations also noted the facility is looking into the possibility of purchasing a video surveillance system.</p> <p>During the Reviewed documentation to determine compliance:</p> <p>*Tour of Facility</p> <p>Interviews:</p> <p>*Interview with Agency Head *Interview with Agency PREA Coordinator *Interview with Director of Operations *Interview with Facility PREA Coordinator</p>

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and Sexual Harassment Policy and KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy addresses the availability of victim advocacy services to residents and that services will be provided to the residents at no cost. A review of documentation shows that KAC has a Memorandum of Understanding with UPMC Horizon in Greenville, PA. The Memorandum of Understanding clearly states UPMC Horizon will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact AWARE, Inc. who will send an advocate to the medical center to provide rape crisis counseling and advocacy services.</p> <p>In the event an advocate from AWARE, Inc. is unable to provide victim advocate services, the facility has a qualified staff member to provide services. This staff member’s credentials were provided to this auditor and were confirmed.</p> <p>The Hempfield Police Department conducts sexual abuse and sexual harassment 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 to the Pennsylvania Department of Human Services). KFS formally asked the Hempfield Police Department to comply with all PREA investigative standards in a Memorandum of Understanding dated November 12, 2018. A representative from the Hempfield Police Department was contacted and stated they complete all criminal and sexual abuse/PREA investigations for allegations at KFS. The Agency PREA Coordinator stated an Administrative Review is completed following the conclusion of an investigation by the Hempfield Police Department and the receipt of a Founded or Unsubstantiated determination.</p> <p>All staff at KFS are trained to preserve incident scenes and measures to prevent evidence from being destroyed. This was confirmed during interviews with randomly selected staff members at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and Sexual Harassment Policy *KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy *MOU with UPMC Horizon *MOU with AWARE, Inc. *Credentials of Qualified Staff Member *MOU with Hempfield Police Department <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency PREA Coordinator

*Interview with Representative from UPMC Horizon

*Interview with Representative from Hempfield Police Department

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and Sexual Harassment Policy requires that allegations of sexual abuse or sexual harassment are referred for investigation. All allegations of sexual abuse and sexual harassment are reported to the Hempfield Police Department and the Pennsylvania Department of Human Services (Childline) within 24 hours. KFS has formally asked the Hempfield Police Department to comply with PREA investigative standards. This was agreed upon and a signed Memorandum of Understanding is in place between KFS and the Hempfield Police Department requesting investigations be conducted in compliance within PREA standards. The Memorandum of Understanding was dated November 12, 2018, and a copy was provided to this auditor for review.</p> <p>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 the main lobby, common areas, and visiting areas.</p> <p>In the prior 12 months, there has been 4 allegations of sexual abuse, assault, or harassment at KFS. All 4 of these allegations (3 resident on resident sexual harassment and 1 resident on resident sexual abuse – without vagina penetration) were immediately reported to the Pennsylvania Department of Human Services via Childline and the Hempfield Police Department for investigation. All 4 of these investigations have been completed and deemed Unfounded. During an open investigation, communication is maintained between the facility and the Hempfield Police Department and/or the Pennsylvania Department of Human Services through telephone calls, emails, and on-site visits.</p> <p>A representative from the Hempfield Police Department was contacted on January 31, 2019, and stated his agency completes thorough investigations on each incident and communicates their findings and determinations at the completion of each investigation to KFS administrative staff. In addition, a representative from the Pennsylvania Department of Human Services was at the facility during the on-site portion of this audit and stated that a detailed report, noting the determination, are completed at the completion of each investigation and sent to KFS administrative staff.</p> <p>The Agency PREA Coordinator noted that following the facility receiving the final report from the Hempfield Police Department and/or the Pennsylvania Department of Human Services indicating an Unsubstantiated or Founded finding regarding an allegation of sexual abuse, a PREA Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Facility Compliance Manger. It was noted, the Incident Review Team consists of the Agency PREA Coordinator, Director of Operations, Facility PREA Compliance Manager, Clinical Staff, Educational Staff, Supervisors, and staff members involved in the incident or the reporting of the incident. All information from a PREA Sexual Abuse Incident Review is documented on the Sexual Abuse Incident Review Form. A template of the PREA Sexual Abuse Incident Review form was sent to this auditor for review and complies with the</p>

PREA Standards.

KAC has also posted on its agency website how and who to report allegations of sexual abuse and/or sexual harassment to. Telephone numbers for the Hempfield Police Department and Pennsylvania Department of Human Services are listed on the website and were reviewed by this auditor.

Reviewed documentation to determine compliance:

*KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and Sexual Harassment Policy

*MOU with Hempfield Police Department

*Review of Facility CY 47 Forms from 2018

*Review of Pennsylvania DHS Notifications to the Facility

*Agency Website

Interviews:

*Interview with Facility Director

*Interview with Facility PREA Compliance Manager

*Interview with Agency PREA Coordinator

*Interview with Representative from Hempfield Police Department

*Interview with Representative from Pennsylvania DHS

115.331	Employee training
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1461 701">KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy notes all staff members at KFS receive training that is specific to juveniles and the gender of the population they are working with. Staff members sign an acknowledgement form verifying they understand the training they receive. All staff members receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current staff members who received this training, receive a refresher training annually. The Agency PREA Coordinator has developed a Power Point presentation to educate staff members in the years they receive the refresher training. This training curriculum includes 11 different topics required by the PREA standards:</p> <ol data-bbox="252 757 1422 1346" style="list-style-type: none"> 1. Agency zero-tolerance policy 2. Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures. 3. Resident right to be free from sexual abuse, assault, and harassment. 4. Right of employees and residents to be free from retaliation. 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 and sexual abuse between residents. 8. How to avoid inappropriate relationships with residents. 9. Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questioning (LGBT) or gender non-conforming. 10. Compliance with relevant laws related to mandatory reporting of sexual abuse. 11. Laws governing consent for youth. <p data-bbox="252 1402 1461 1603">This training also raises awareness and capacity for staff members to respond to gender identity, sexual orientation, and gender expression issues in residential settings. Upon completion of the trainings, staff members sign an acknowledgement form noting they understood the material that was covered during the training. These acknowledgement forms are kept in the staff member’s files.</p> <p data-bbox="252 1659 1461 1771">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. Brochures noting PREA requirements are given to residents, staff, volunteers, and contractors.</p> <p data-bbox="252 1827 1461 2029">The Pre-Audit Questionnaire documented that all staff currently employed at KFS were trained or retrained on the PREA requirements during the past year. The facility provided documentation that indicated staff members were and are trained as stated and required. This included training records for all employees at the facility. These training records were reviewed by this auditor during the on-site portion of this audit.</p> <p data-bbox="252 2085 1461 2152">Randomly selected staff, as well as specialty staff, were knowledgeable of PREA. All specialized staff interviewed could articulate their understanding of PREA and the topics that</p>

they were trained in. 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.

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy

*PREA Training Curriculum

*Training Logs

*PREA Posters

Interviews:

*Interview with Agency PREA Coordinator

*Interviews with Randomly Selected Staff

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy and KAC Policy 906 – Intern/Volunteer Services Policy address this standard and requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with the residents. Prior to entering the facility, all volunteers and contractors are given a KAC PREA Brochure and Acknowledgement Form to review and sign off noting they understand the material in the brochure. The brochure and form were reviewed by this auditor and clearly outlines the zero-tolerance policy, lists PREA definitions, and notes reporting requirements and prohibitions.</p> <p>During the past 12 months, there have been 0 volunteers and contractors who were authorized to enter KFS. However, KFS requires that any person who enters the facility to visit a resident who is not an employee, will receive a PREA Brochure and be educated on the Zero Tolerance Policy at the facility. Persons entering KFS who have received PREA education include Juvenile Probation Officers and County Children & Youth Caseworkers.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy *KAC Policy 906 – Intern/Volunteer Services Policy *Volunteer/Contractor Training and Acknowledgement Template *KAC PREA Brochure <p>Interviews:</p> <ul style="list-style-type: none"> *Agency PREA Coordinator *Facility Operations Director

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>KAC Policy 900 – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment Policy requires that upon admission all residents receive age appropriate training about PREA and how to report incidents or suspicions of sexual abuse and sexual harassment, the facility response, and non-retaliation for reporting sexual abuse and sexual harassment. The above information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. The facility also insures that key information about PREA is continuously and readily available or visible through posters and the KFS Client/Resident Handbook.</p> <p>Staff members/Supervisors conduct all PREA education as part of the intake process. This includes both the required education at intake and the education that must be given within 10 days of admission. This is done the day the resident arrives at the facility. When this auditor interviewed Intake Staff, they were able to explain how they complete the required education with each resident upon their arrival. Upon receiving the PREA education materials, the resident signs an acknowledgement form and this signed form is placed in the resident’s files. This auditor reviewed all 8 of the resident’s files currently residing at the facility and 2 closed files of residents who have been discharged, and all had the signed acknowledgement forms in their files. In addition to PREA education upon intake, each resident watches a PREA educational video during their first week at the facility. The video is shown every Wednesday to residents who arrived at the facility during the prior week. This video includes ways to report sexual abuse or sexual harassment and services available to the residents in the event they would ever need them.</p> <p>All the residents interviewed stated they were educated during their intake process, watched the PREA educational video, and were knowledgeable about PREA; including the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). There were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living area of the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy *KFS Parent/Client Handbook *KFS – Signed Resident Zero Tolerance Acknowledgements *PREA Posters <p>Interviews:</p> <ul style="list-style-type: none"> *Intake Staff *Resident Interviews

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy, the facility staff members do no complete investigations. The Hempfield Police Department and the Pennsylvania Department of Human Services is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment in all KAC facilities. KFS has formally asked the Hempfield Police Department to comply with PREA investigative standards. This was requested in a Memorandum of Understanding to the Hempfield Police Department requesting investigations be conducted in compliance with the PREA standards. This Memorandum of Understanding was dated November 12, 2018, and a copy was provided to this auditor for review.</p> <p>Representatives from the Hempfield Police Department and the Pennsylvania Department of Human Services were interviewed by this auditor and confirmed the above-mentioned process regarding investigations. The Agency Head, Agency PREA Coordinator, Facility Operations Director, and Facility PREA Compliance Manager were able to describe the investigative process from start to finish during interviews with this auditor.</p> <p>In addition, the agency has 6 administrative staff members who have successfully completed the National Institute of Corrections PREA: Investigators training online and received certificates noting they successfully completed the training. These certificates were reviewed by this auditor prior to the on-site portion of this audit. The Agency PREA Coordinator and Facility Operations Director (both of whom completed the training) stated they would investigate an allegation of sexual harassment. However, if any criminal action was discovered during their initial investigation, the internal investigation would immediately be discontinued, and the information/evidence would be turned over to the Hempfield Police Department.</p> <p>All staff members interviewed were aware that sexual abuse allegations would be investigated by the Hempfield Police Department and the Pennsylvania Department of Human Services.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy * KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy *Memorandum of Understanding with Hempfield Police Department <p>Interviews:</p> <ul style="list-style-type: none"> *Random Staff Interviews *Interview with Representative from Hempfield Police Department *Interview with Representative from Pennsylvania Department of Human Services *Interview with Agency Head

- *Interview with Agency PREA Coordinator
- *Interview with Facility Operations Director
- *Interview with Facility PREA Compliance Manager

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires all mental health staff shall receive specialized training (in addition to the training provided to all employees) in the following:</p> <ul style="list-style-type: none"> *Detecting and assessing signs of sexual abuse, assault, and harassment. *Preserving physical evidence of sexual abuse and assault. *Responding efficiently and professionally to victims of sexual abuse, assault, and harassment. *How and whom to report allegations or suspicions of sexual abuse and assault. <p>There are 2 mental health staff employed at KFS. There are no medical staff employed at the facility. This auditor reviewed both of these employee’s files and both contained training certificates and sign off/acknowledgement forms. An interview with a mental health staff confirmed she had received and completed the specialized training offered by the National Institute of Corrections (Behavioral Health Care for Sexual Assault Victims in a Confinement Setting) required by the PREA standards.</p> <p>Forensic examinations are conducted at UPMC Horizon. A Memorandum of Understanding is in place with UPMC Horizon that confirms a SANE/SAFE completes forensic examinations. In addition to the specialized training, mental health staff also receive the annual PREA training that all staff at the facility are required to complete. The mental health staff interviewed was extremely knowledgeable about PREA and the role PREA plays at KFS regarding sexual abuse and sexual harassment.</p> <p>An interview with a representative from UPMC Horizon confirmed a Memorandum of Understanding is in place and that a SANE/SAFE would complete a forensic examination in the event of an incident of sexual abuse at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy *Training Curriculum/Training Records *MOU with UPMC Horizon <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Mental Health Staff *Interview with Representative from UPMC Horizon

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy addresses the use of the Vulnerability Assessment Instrument. It is administered to determine the resident’s risk of victimization and abusiveness and other related information. The instrument is completed by a staff member on each resident upon intake. The Vulnerability Assessment Instrument is used to obtain information required by this standard, including but not limited to prior sexual victimization or abusiveness, current charges and offense history, mental health and/or developmental status, and placement history. Room assignments/living arrangements are made accordingly. Reassessments are completed every 6 months and more often as indicated. There have been 144 residents admitted into KFS during the past 12 months and all the residents received a screening as noted in the agency policy.</p> <p>Interviews with the staff responsible for risk screening indicated staff are complying with KAC policy and that they were aware of the importance of securing vital information during this process to ensure the resident’s safety. Staff reported the administration of the Vulnerability Assessment takes place at intake or within 72 hours of intake (an example given was if a resident arrived late at night or during sleeping hours, the Vulnerability Assessment would be administered the following morning). In addition, during interviews with the Agency PREA Coordinator and the Facility Operations Director, they confirmed staff members are reassessing the residents every 6 months (during the Individual Service Plan Review Meeting) or more often if needed (examples given included major incidents the residents were involved in regarding allegations of sexual victimization or sexual aggressiveness). All completed Vulnerability Assessment Instruments are securely kept in the resident’s file and the only persons with access are members of the resident’s treatment team and Administrative Staff. All pertinent necessary information is recorded and communicated to staff members for housing assignments or additional supervision by the Facility Operations Director and/or the Facility Program Administrator.</p> <p>The Vulnerability Assessment is scored following administration of the assessment. If a resident scores in the Sexually Vulnerable or Sexually Aggressive range, a Safety Plan is developed in order to protect the resident(s). This auditor was able to review Safety Plans that were implemented for residents who scored in the Sexually Vulnerable and/or Sexually Aggressive range while reviewed resident’s files at the facility.</p> <p>Interviews with residents confirmed the Vulnerability Assessment has been completed as noted in the above-mentioned policy as all the residents stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, identified as LGBTI, or if they were fearful of sexual abuse while at KFS. 8 current residents files and 2 closed files were reviewed for documentation verifying the Vulnerability Assessments were being completed as per the above-mentioned policy. All the files reviewed had the Vulnerability Assessment completed upon intake and every 6 months following their intake.</p>

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy

*Vulnerability Assessment Instrument

*Review of Residents Files

Interviews:

*Interview with Agency PREA Coordinator

*Interview with Facility PREA Compliance Manager

*Interview with Facility Operations Director

Interview with Staff Responsible for Risk Screening

*Interviews with Residents

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>According to KAC Policy 900– Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy, the information obtained from the Vulnerability Assessment Instrument is used to assist in determining the resident’s bedroom assignment. Random staff interviews and review of the Vulnerability Assessment Instrument supported this policy. Residents confirmed through interviews that screenings are being administered as per policy. Residents interviewed stated they received the Vulnerability Assessment Instrument during their intake/during their first day at the facility. In addition, the Vulnerability Assessment is reviewed twice each year (during the resident’s Individual Service Plan Review Meeting) or more often if there is a major incident where the resident was either victimized sexually or sexually aggressive at the facility. Isolation is not used at KFS or any KAC facility as it is prohibited per the Pennsylvania 3800 regulations.</p> <p>KAC Policy 900– Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status. Placement and programming for transgender and intersex residents shall be reassessed at least twice a year to review any threat to safety experienced by the resident. It should be noted; there has not been any transgender or intersex residents admitted into the facility.</p> <p>Interviews with staff responsible for risk screening, mental health staff, Agency PREA Coordinator, Facility Director, and Facility PREA Compliance Manager confirmed KFS has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. They also stated identification or status is not considered as an indicator of the likelihood that the resident will be sexually abusive.</p> <p>There were no residents at the facility who identified as LGBTI. There were no transgender or intersex residents at the facility to interview. Of the 10 resident files (8 current residents and 2 closed files) this auditor reviewed, 3 of the residents were identified as sexually vulnerable from the information noted on the Vulnerability Assessments. These 3 residents had a Safety Plan in order to ensure their safety at the facility. These 3 residents were interviewed by this auditor during the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> * KAC Policy 900– Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, * Vulnerability Assessment Instrument *Review of Residents Files <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency PREA Coordinator *Interview with Facility Operations Director

Interview with Facility PREA Compliance Manager

*Interview with Staff Responsible for Risk Screening

*Interview with Mental Health Staff

*Random Staff Interviews

*Interviews with Residents (including those who were deemed Sexually Vulnerable)

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KFS has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident. The documentation showed several ways for residents to report sexual abuse and sexual harassment or retaliation. These are:</p> <ul style="list-style-type: none"> *Staff *Supervisor *Management Staff *Therapist *Grievance Process *Childline Hotline <p>Resident reports of sexual abuse or sexual harassment may be made verbally or in writing. Residents have the option of reporting allegations to a staff member or by contacting Childline via toll free numbers posted in various locations around the facility and noted in the Parent/Client Handbook. Additionally, residents, their families, and the public has the ability to report allegations outside of KFS via the toll-free number for Childline, which is a part of the Pennsylvania Department of Human Services.</p> <p>Staff members must accept reports made regarding other KAC or non-KAC facilities that are made verbally, in writing, anonymously, and from third parties. Verbal reports must be immediately documented on an Incident Report. In addition, staff members are permitted to privately report sexual abuse or sexual harassment of residents to the Pennsylvania Department of Human Services via Childline. It is noted in KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy and KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy, that all staff members must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or any on-duty employee above them in the chain of command (Supervisor on Duty), and/or the Operations Director. All staff members receive a Mandated Reporter training on an annual basis.</p> <p>Reporting information is delivered to the residents through the intake process, in the Parent/Client 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. Reporting information is also located on the agency website and was reviewed by this auditor.</p> <p>All the residents interviewed confirmed they have received information through the above-mentioned venues instructing them how to report any allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they all understood the grievance process and how to</p>

report an allegation of sexual abuse, sexual harassment, or retaliation.

Staff members interviewed were also very knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All the staff members interviewed stated they would immediately document a verbal report on an Incident Report. In addition, they stated they would notify their Supervisor and contact Childline immediately. Staff members noted this information would also be documented on a CY47 form from the Pennsylvania Department of Human Services and faxed to the Mercer County Children & Youth Office.

There are no residents placed at KFS solely for civil immigration purposes. However, during interviews with the Agency Head and Agency PREA Coordinator, 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.

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy

* KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy

*KEC Parent/Client Handbook

*Posters in Living Units

Interviews:

*Interview with Agency Head

*Interview with Facility Operations Director

*Interview with Agency PREA Coordinator

*Interviews with Randomly Selected Staff

*Interviews with Residents

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There were 4 allegations of sexual abuse and sexual harassment filed in the past 12 months at KFS. However, the grievance process was not used to report these allegations. No grievances by third parties were filed alleging sexual abuse, sexual harassment, or retaliation during the past 12 months.</p> <p>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 considered an Emergency Grievance and would be immediately reported to the Pennsylvania Department of Human Services via Childline. The Facility Operations Director documented the Emergency Grievance procedure in a memo dated March 28, 2016. A review of grievance records and an interview with the Facility PREA Compliance Manager confirmed there were no grievances filed related to sexual abuse, sexual harassment, or retaliation during the past 12 months at KFS.</p> <p>Upon intake, each resident is educated on the KAC Child Rights/Grievance Procedure. Each resident is required to sign the KAC Child Rights/Grievance Procedure to ensure they understand the material they were educated on. All residents interviewed were aware of the grievance procedure. All the resident's files 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. Staff members stated they would immediately separate the resident being threatened from the threat, keep the resident safe, contact a supervisor, and document the incident.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *KAC Child Rights/Grievance Procedure *KAC Emergency Grievance Memo *KFS Parent/Client Handbook *Review of Residents Files <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility PREA Compliance Manager *Interviews with Randomly Selected Staff *Interviews with Residents

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy notes the facility is to provide residents with access to outside victim advocates for emotional support services related to sexual abuse through AWARE, Inc. KFS also provides residents with reasonable and confidential access to their attorneys and/or legal representation; as well as parents or legal guardians. The facility has provided this information to all residents through the Parent/Client Handbook, intake process, PREA video, and posters placed throughout the facility. This information is available in both English and Spanish and was reviewed by this auditor.</p> <p>Interviewed residents were aware of how to access outside agencies through the hotlines and all of them stated they would have access to a telephone if they needed to report anything. The residents interviewed were able to describe the advocacy services offered to them through AWARE, Inc. if they would ever need them. All the residents stated they receive weekly telephone calls to their families and weekly visits (if the family can visit). Attorneys can also visit whenever it is convenient for them to do so, call in to the facility, or a resident may call their Attorney. Residents interviewed also stated they are permitted to speak to their Attorney in private if the need would ever arise.</p> <p>All staff interviewed were aware of how residents can access outside agencies through the hotlines.</p> <p>A Memorandum of Understanding is in place between KFS and AWARE, Inc. in accordance with this standard. This MOU was reviewed by this auditor during the pre-audit phase. This MOU confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator and Facility PREA Coordinator both described this MOU and the services that are provided by AWARE, Inc. to provide advocacy services to any victims of sexual assault at KFS. This auditor attempted to contact a representative from AWARE, Inc. to confirm the services offered in the MOU.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *Parent/Client Handbook *MOU with AWARE, Inc. *PREA Posters <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency PREA Coordinator *Interview with Facility Operations Director

*Interview with Facility PREA Compliance Manager

*Interviews with Randomly Selected Staff

*Interviews with Residents

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy 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. This information is also noted in the Parent/Client Handbook. Third party reports can also be made to the facility administrative staff, law enforcement, or the Pennsylvania Department of Human Services via the Childline Hotline.</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 behalf of the resident.</p> <p>There were no incidents of third-party reporting during the past 12 months at KFS. A review of the agency website confirmed and noted various ways sexual abuse and sexual harassment of a resident can be reported. All staff members 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 by documenting it on an Incident Report, documenting it on a CY 47 Form, reporting the incident to the Pennsylvania Department of Human Services via Childline, contacting the Facility Operations Director, and also contacting the Hempfield Police Department.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> * KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy *Agency Website *KFS Parent/Client Handbook *KAC PREA Brochure *PREA Posters <p>Interviews:</p> <ul style="list-style-type: none"> *Interviews with Randomly Selected Staff *Interviews with Residents

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In 2014, the Commonwealth of Pennsylvania enacted 23 new laws that reformed how child abuse is reported, investigated, assessed, prosecuted, and handled in the Courts. The new laws also expanded the definition of mandated reporters and the penalty for not reporting allegations of child abuse.</p> <p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy states all KFS employees and volunteers providing services to residents are mandated reporters. These persons are required to report to the Pennsylvania Department of Human Services via Childline whenever they have cause to suspect child abuse or maltreatment of a youth in a residential facility. The Childline hotline is 1-800-932-0313. 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 Pennsylvania Department of Human Services via Childline. The Pennsylvania Department of Human Services will determine if the information meets the requirements to register a report for investigation.</p> <p>It is noted in KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy that all staff must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or an on-duty employee above them in the chain of command.</p> <p>Interviews with the Facility Operations Director and Facility PREA Compliance Manager supported the protocol discussed in the above-mentioned policies. There were 4 allegations made regarding sexual abuse/sexual harassment during the past 12 months at KFS. In each case, the staff member followed the policy and procedure in reporting the allegations. CY47 Reports (Report submitted to the Pennsylvania Department of Human Services via Childline) were reviewed by this auditor prior to the on-site portion of this audit and during the on-site portion of this audit.</p> <p>All staff interviewed (including Mental Health Staff) were able to describe the reporting process. The staff members stated they would take all allegations seriously regardless of how they received the report. All staff members were aware of their status as mandated reporters. Staff members interviewed stated they would immediately make a verbal report to the Facility Operations Director, another administrative staff, or the Supervisor on duty, document the report immediately (but no later than prior to the end of their shift), and contact the Pennsylvania Department of Human Services via the Childline Hotline. In addition, staff members reported they would be able to report an allegation privately by contacting the Childline Hotline.</p> <p>All staff members receive Mandator Reporter training on an annual basis.</p> <p>Reviewed documentation to determine compliance:</p>

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy

*KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy

*Facility CY47 Reports

Interviews:

*Interview with Facility Operations Director

*Interview with Facility PREA Compliance Manager

*Interview with Mental Health Staff

*Interviews with Randomly Selected Staff

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy requires that when a staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate actions to protect the resident. The policy notes that staff members shall act in accordance with KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy and KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy. There were not any residents that the facility determined was subject to substantial risk of sexual abuse during the past 12 months.</p> <p>Interviews with the Agency Head, Facility Operations Director, and randomly selected staff members indicated that the report or allegation would be taken seriously. They stated the Facility Operations Director or Program Administrator would be called immediately and the victim and the alleged perpetrator would be separated until the report could be investigated. If the perpetrator was a staff member, interviews confirmed that the staff member would be placed on Administrative Leave until an investigation is completed by the Pennsylvania Department of Human Services and/or the Hempfield Police Department. It was also noted; if the allegation was Substantiated the presumptive action would be termination.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy *KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy</p> <p>Interviews:</p> <p>*Interview with Agency Head *Interview with Facility Operations Director *Interviews with Randomly Selected Staff</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Operations Director of the facility that received the allegation shall notify the facility head or appropriate office of the agency (if not a KAC operated facility) where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall also be documented.</p> <p>If the notified facility is a KAC operated facility, the Facility Operations Director that receives such notification shall ensure that the allegation is investigated in accordance with this standard (including contacting the Pennsylvania Department of Human Services via Childline to report the allegation).</p> <p>Interviews with the Agency Head and Facility Operations Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. The Facility Operations Director was able to articulate what his responsibilities would be if he received an allegation that a resident residing at KFS was sexually abused or sexually harassed while residing in another facility. He also confirmed the protocol he would follow if he received a report from another facility or agency that a resident was sexually abused or sexually harassed while he was residing at KFS.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy</p> <p>Interviews:</p> <p>*Interview with Agency Head *Interview with Facility Operations Director</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy and KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy note the responsibilities of a first responder upon learning a resident was sexually abused. Upon learning 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. 4. Take steps to prevent the alleged abuser from destroying evidence. 5. Develop and implement a written plan to ensure the safety and well-being of the resident immediately. 6. Transport the alleged victim to UPMC Horizon for a forensic examination to be completed by a SANE/SAFE. <p>First responder duties for non-security staff are the same as security staff. Staff have been trained appropriately in the above-mentioned duties as a first responder. All staff interviewed could articulate the steps they would take as first responders. There responses were consistent with KAC policy.</p> <p>There were 0 incidents during the past 12 months that required first responder actions. In the event of an incident that requires first responder actions, the agency has developed a First Responder Protocol for Sexual Assault. This protocol is a step by step checklist of all actions a staff member is expected to take if they are the first responder to an incident of sexual assault.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy *KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy *KAC First Responder Protocol for Sexual Assault <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility Operations Director *Interview with Facility PREA Compliance Manager *Interviews with Randomly Selected Staff

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states if the alleged sexual abuse occurred within the past 72 hours, the Operations Director will be immediately notified, and the First Responder will complete the following:</p> <ol style="list-style-type: none"> 1. Preserve evidence at the scene. 2. Assess the victim’s medical and well-being. 3. Offer to facilitate contact with AWARE, Inc. 4. Transport the victim to UPMC Horizon for a Forensic Examination 5. Document the information of the incident on an Incident Report 6. Refer the victim to a Clinical Staff for a mental health evaluation within 48 hours of the victim’s return to the facility. <p>KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states upon notification of a resident’s disclosure of sexual abuse, that has occurred more than 72 hours ago, the following shall occur:</p> <ol style="list-style-type: none"> 1. Secure the scene if possible. 2. Assess the victim’s medical and well-being. 3. Offer to facilitate contact with AWARE, Inc. 4. Refer the victim to a Clinical Staff for a mental health evaluation within 48 hours. 5. Ensure victim is examined by the contracted physician /primary care provider to evaluation physical status and ensure appropriate STI testing and significant exposure follow-up testing is ordered and treatment provided as necessary. <p>KFS has developed 2 detailed Coordinated Response Plans:</p> <p>*First Responder Protocol *Alleged Abuse and Sexual Assault Checklist</p> <p>Both plans are easy to read and review. They note the role of each KFS staff and Administrators in the event of a sexual abuse incident. These plans were reviewed by this auditor and met the requirements of this standard.</p> <p>Interviews with the Facility PREA Compliance Manager, Facility Operations Director, direct care staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault. All staff members interviewed stated they were familiar with these plans and their duties as they were trained on how to respond and what actions to take in the event of a sexual assault incident.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy *KAC First Responder Protocol</p>

	<p>*KAC Alleged Abuse and Sexual Assault Checklist</p> <p>Interviews:</p> <p>*Interview with Facility PREA Compliance Manager</p> <p>*Interview with Facility Operations Director</p> <p>*Interview with Mental Health Staff</p> <p>*Interviews with Randomly Selected Staff</p>
--	--

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC has not entered into any collective bargaining agreements since August 20, 2012, nor do they have a Union for staff members at this facility or any of their facilities.</p> <p>Interviews:</p> <p>*Interview with Agency Head</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy 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 KAC facilities are to act promptly to remedy any form of retaliation.</p> <p>The Facility Operations Director and Program Administrator/Facility PREA Compliance Manager are the persons charged with monitoring retaliation. KFS employs multiple measures, such as living arrangement/bedroom changes, 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 a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, living arrangement changes or programming changes, negative performance reviews, and reassignments of staff.</p> <p>Interviews with the Facility PREA Compliance Manager and Facility Operations Director indicated they serve as facility retaliation monitors. Both were educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at the facility. Both stated the agency would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the agency that the resident would be monitored for at least 90 days or until the resident's release from the facility. The Facility PREA Compliance Manager stated he would monitor a resident by completing status checks for the length of her stay at the facility, which may exceed the 90-day requirement noted in KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy.</p> <p>There were 0 incidents of retaliation, known or suspected, during the past 12 months at KFS.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy</p> <p>Interviews:</p> <p>*Interview with Persons Responsible for Monitoring Retaliation</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KFS does not utilize isolation. It is prohibited by 55 PA Code Chapter 3800 Regulations. This auditor interviewed the Agency Head, Facility PREA Compliance Manager, Facility Operations Director, and Agency PREA Coordinator and they confirmed this. During the tour of the facility, no locations a resident could be isolated were viewed.</p> <p>Reviewed documentation to determine compliance:</p> <p>*55 PA Code Chapter 3800 Regulations</p> <p>Interviews:</p> <p>*Interview with Agency Head *Interview with Facility PREA Compliance Manager *Interview with Facility Operations Director *Interview with Agency PREA Coordinator</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy and KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy describes, in detail, the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. This policy states the Hempfield Police Department has responsibility to investigate all PREA related allegations and incidents that are alleged in KAC facilities. The Pennsylvania Department of Human Services are also notified of the allegation as all allegations must be submitted via Childline (either the toll-free number or online). Investigations are to use any physical evidence, including witness interviews and suspected sexual abuse perpetrators reports. Investigations are not terminated should the source of the allegation recant the allegation.</p> <p>Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments, and investigative facts and findings. All written reports will be retained for 5 years from the resident(s) discharge or until the age of majority is reached, whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation process. The Facility Operations Director stated he maintains contact with the Hempfield Police Department and the Pennsylvania Department of Human Services during an open investigation via telephone calls, emails, and on-site visits.</p> <p>KFS has formally asked the Hempfield Police Department to comply with PREA investigative standards. This was requested in a Memorandum of Understanding dated November 12, 2018. This Memorandum of Understanding was provided to this auditor for review.</p> <p>There were 4 allegations of sexual abuse or sexual harassment reported in the past 12 months at KFS. All the allegations were reported to the Hempfield Police Department and the Pennsylvania Department of Human Services to be investigated. 3 of the allegations were resident on resident sexual harassment and deemed to be Unfounded. This other allegation was resident on resident sexual abuse where a resident alleged that another resident kissed her and touch her private area above her clothing while she was sleeping. All 4 of the allegations were investigated by the Hempfield Police Department and the Pennsylvania Department of Human Services and deemed to be Unfounded.</p> <p>Once the facility receives the outcome of an investigation, the Facility Operations Director and the Facility PREA Compliance Manager complete an administrative investigation to determine if the actions of staff resulted in the incident/allegation. The Agency PREA Coordinator, Facility Operations Director, and the Facility PREA Compliance Manager have successfully completed the PREA Investigations training offered by the National Institute of Corrections and received certificates of completion.</p>

Interviews with the Facility Operations Director, Facility PREA Compliance Manager, Agency PREA Coordinator, Agency Head, and representatives from the Hempfield Police Department and the Pennsylvania Department of Human Services confirmed the protocols in place for criminal and administrative agency investigations.

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy

*KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy

*Memorandum of Understanding with the Hempfield Police Department

*Investigative Reports from the Hempfield Police Department/Pennsylvania Department of Human Services

Interviews:

*Interview with Agency Head

*Interview with Agency PREA Coordinator

*Interview with Facility Operations Director

*Interview with Facility PREA Compliance Manager

*Interview with Representative from Hempfield Police Department

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy states 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>Additionally, the Agency has formally asked the Hempfield Police Department to comply with PREA investigative standards. This was requested in a Memorandum of Understanding dated November 12, 2018.</p> <p>An interview with a representative from the Hempfield Police Department confirmed the Hempfield Police Department uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment investigations. The Hempfield Police Department works on the investigation in conjunction with the Pennsylvania Department of Human Services (the Pennsylvania Department of Human Services has oversight of all Juvenile programs in the Commonwealth of Pennsylvania).</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *Memorandum of Understanding with the Hempfield Police Department *Investigative Reports from the Hempfield Police Department/Pennsylvania Department of Human Services <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Representative from Hempfield Police Department
---------	--

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy requires that following an investigation into a resident’s allegation of sexual abuse or sexual harassment by a staff member, the facility will inform the resident as to whether the allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded; whenever the staff is no longer assigned within the resident’s living unit; no longer employed at the facility; or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that residents who have been the victim of sexual abuse and/or sexual harassment shall receive notification of determined outcomes using the Determination of Notification to Youth form. The Facility Operations Director will share the outcome with the resident, obtaining to resident’s signature as proof of receipt, before the form is placed in the resident’s file as documentation of receipt. A template of the Determination of Notification to Youth form was reviewed by this auditor and meets the reporting requirement of this standard.</p> <p>The facility had 4 allegations of sexual abuse or sexual harassment during the past 12 months (3 resident on resident sexual harassment and 1 resident on resident sexual abuse). All 4 of the investigations were completed and deemed Unfounded; there was one resident still residing at the facility when a recent investigation was completed by the Hempfield Police Department and this resident was notified of the findings and signed a Determination of Notification to Youth form acknowledging she was informed of the findings. This signed form was sent to this auditor and reviewed on February 19, 2019. Interviews with the Facility Operations Director and Facility PREA Compliance Manager indicated that residents are notified of the results of an investigation in writing. Both stated the resident would be 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 Operations Director and Facility PREA Compliance Manager was consistent with the agency policy.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy *Determination of Notification to Youth Form Template *Signed Determination of Notification to Youth Form <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility Operations Director *Interview with Facility PREA Compliance Manager

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy and KAC Policy 905 – Sexual Misconduct by Employees, Contractors, and Volunteers Policy states the following regarding staff disciplinary sanctions:</p> <ol style="list-style-type: none"> 1. KAC employees who violate agency sexual abuse and/or sexual harassment policies; or who engage in behavior that contributes to the sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination. 2. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 3. All terminations for violations of agency sexual abuse and/or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. <p>The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies during the past 12 months. Additionally, there were no staff disciplined for violations of the zero-tolerance policy. This was confirmed during interviews with the Agency Human Resources Representative, Facility Operations Manager, and Facility PREA Compliance Manager during the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *KAC Policy 905 – Sexual Misconduct by Employees, Contractors, and Volunteers Policy <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility Operations Director *Interview with Facility PREA Compliance Manager *Interview with Agency Human Resources Representative

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy and KAC Policy 905 – Sexual Misconduct by Employees, Contractors, and Volunteers Policy states the following regarding contractor/volunteer disciplinary sanctions:</p> <ol style="list-style-type: none"> 1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies. 2. KAC shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. <p>The Pre-Audit Questionnaire indicated that 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. This was confirmed during interviews with the Facility Operations Director and Facility PREA Compliance Manager.</p> <p>The Facility Operations Director stated in an interview that the facility would immediately remove the contractor or volunteer from the facility, contact the Hempfield Police Department, report the allegation to the Pennsylvania Department of Human Services via Childline, and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past 12 months; therefore, there was no documentation to review regarding this standard.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *KAC Policy 905 – Sexual Misconduct by Employees, Contractors, and Volunteers Policy</p> <p>Interviews:</p> <p>*Interview with Facility Operations Director *Interview with Facility PREA Compliance Manager</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and Sexual Harassment Policy states 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, resident on resident sexual activity, or following a criminal finding of guilt for resident on resident sexual abuse. Any disciplinary sanctions shall be commensurate with the nature and circumstances, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p>The disciplinary process must consider whether developmental disability or mental illness contributed to a resident’s behavior when determining discipline. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. In addition, the facility may only discipline a resident for sexual conduct with a staff member upon a finding that the staff member did not consent to such contact. Sexual activity between residents is also prohibited.</p> <p>There were no Substantiated allegations of sexual abuse during the past 12 months. However, in the event of a Substantiated allegation of resident on resident sexual abuse or sexual harassment, the perpetrator would be sanctioned within the program rules (reduction of level in the Level System). All residents sanctioned would be afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. KFS does not use isolation or segregation as a disciplinary measure for rule violations as this is prohibited in Pennsylvania.</p> <p>Interviews with the Facility Operations Director and Facility PREA Compliance Manager confirmed if there was an incident where residents alleged to have violated any rules pertaining to sexual misconduct, they are sanctioned within the program rules (reduction of level in the Level System) and if the charges are criminal, the Hempfield Police Department would be responsible for filing charges. Both also confirmed KFS does not use isolation and the underlying issues related to the incident would be addressed in therapy. Both the Facility Operations Director and Facility PREA Compliance Manager were aware that any report made by a resident in good faith cannot be disciplined.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 901 – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and Sexual Harassment Policy</p> <p>Interviews:</p> <p>*Interview with Facility Operations Director *Interview with Facility PREA Compliance Manager</p>

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1485 573">All residents who are admitted to KFS receive a Vulnerability Assessment as part of the intake process. Residents who report a history of prior sexual victimization are referred to a mental health practitioner (Clinician) immediately after the results of the Vulnerability Assessment are assessed. The intake staff member who administers the Vulnerability Assessment completes a Referral for Clinical Services form and submits it to the Clinician requesting mental health services for the resident.</p> <p data-bbox="248 629 1477 786">All residents of KFS, regardless of their history of sexual victimization or history of sexually abusing another person prior to treatment, are referred to Clinician for mental health services within 14 days of admission. However, this is not noted in agency policy and will be addressed during the Corrective Action Period.</p> <p data-bbox="248 842 1477 999">Any information from the Vulnerability Assessment related to sexual abuse, sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security, and administrative decisions, including housing, bed, and program assignments.</p> <p data-bbox="248 1055 1469 1384">A Clinician was interviewed and stated she was aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred to for a follow up meeting within 14 days of completing the Vulnerability Assessment. She stated that services that are offered include evaluations, developing a treatment plan, developing a new Safety Plan, and offering on-going services. She was also aware that the residents have the right to refuse a follow-up meeting. This auditor was told that informed consent is obtained from residents; however, the Clinicians are also mandated reporters. The mental health staff interviewed stated she keeps her clinical notes in a separate file secured in her office.</p> <p data-bbox="248 1440 1469 1641">In addition to be referred to a Clinician, all residents are referred to a Primary Care Physician within 14 days of intake regardless of their history of sexual victimization or history of sexually abusing another person prior to treatment. During the intake process, a Health & Safety Assessment is completed on each resident and forward to the Primary Care Physician for review.</p> <p data-bbox="248 1697 1374 1771">A review of 10 resident files (8 current and 2 closed) noted that all the files this auditor reviewed at the facility were up to date regarding medical and mental health follow up.</p> <p data-bbox="248 1827 483 1863">Corrective Action:</p> <p data-bbox="248 1919 1414 2121">The Agency will update KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy to note that all residents at the facility who have disclosed any prior sexual abuse, whether it occurred in an institution setting or in the community, during the intake screening are offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p>

Resolution:

KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment (Page 11 – Screening for Risk of Sexual Victimization and Abusiveness Section, A. 3) was updated to note that all residents at the facility who have disclosed any prior sexual abuse, whether it occurred in an institutional setting or in the community, during the intake screening are offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. This updated policy was sent to this auditor and reviewed on March 15, 2019. In addition, staff members who complete the initial intake screening were re-educated on this amended policy.

KFS is now in compliance with this standard.

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (Updated on March 15, 2019)

*KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy

*Vulnerability Assessment Instrument

*Health & Safety Assessment

*Referral for Clinical Services Form

*Resident Files

Interviews:

*Interview with Facility Operations Director

*Interview with Facility PREA Compliance Manager

*Interview with Mental Health Staff

*Interview with Intake Staff

*Interview with Staff that Perform Screening for Risk of Victimization and Abusiveness

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy notes that for all allegations or 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. KAC has a Memorandum of Understanding in place with UPMC Horizon to treat resident victims of sexual abuse in all its facilities. This Memorandum of Understanding was reviewed by this auditor and a representative from UPMC Horizon was contacted to confirm the process noted in KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy.</p> <p>It is also noted in the Memorandum of Understanding with UPMC Horizon to provide medical/mental health services at no cost to the victim. UPMC Horizon ensures victims receive rape crisis intervention services from advocates from AWARE, Inc. KAC also has a Memorandum of Understanding in place with AWARE, Inc.</p> <p>Interviews with the Facility Operations Director, Facility PREA Compliance Manger, and mental health staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. All resident victims are also provided STD testing. This was confirmed by this auditor by reviewing the Memorandum or Understanding and a discussion with a representative from UPMC Horizon.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy *Memorandum of Understanding with UPMC Horizon *Memorandum of Understanding with AWARE, Inc.</p> <p>Interviews:</p> <p>*Interview with Facility Operations Director *Interview with Facility PREA Compliance Manager *Interview with Mental Health Staff *Interview with Representative from UPMC Horizon</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy and KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy notes the facility offers medical and mental health evaluations within 1 week (if not sooner) of being notified and, as appropriate, treatment to all residents who have been victims of sexual abuse. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted diseases as medically appropriate.</p> <p>In addition, these policies note that female victims of sexual abusive vaginal penetration while placed at the facility would be offered pregnancy tests. If pregnancy would result from sexual abuse while placed at this facility, victims would receive timely and comprehensive information about all lawful pregnancy-related medical services.</p> <p>The mental health staff interviewed confirmed the above-mentioned process occurs as detailed in this standard. In addition, she stated the level of care that the residents receive is consistent with community level of care.</p> <p>There have been no incidents of sexual abuse at KFS that involved vaginal penetration. Interviews with the Facility Operations Director and Agency PREA Coordinator confirmed the above-mentioned policies would be followed in the event of an incident of sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy *KAC Policy 902 – Response to Reports of Sexual Abuse and/or Sexual Harassment Policy</p> <p>Interviews:</p> <p>*Interview with Agency PREA Coordinator *Interview with Facility Operations Director *Interview with Mental Health Staff</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy states within 30 days of the conclusion/receipt of the investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. The Director of Operations shall convene a Review Team, at a minimum of upper level management officials. The review team shall obtain input from direct supervision supervisors, investigators, medical, mental health practitioners, and other employees as appropriate. In addition, the Review Team must:</p> <ol style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility. 3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse. 4. Assess the adequacy of staffing levels in that area during different shifts. 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6. Prepare the Sexual Abuse Incident Review Form, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the Director of Operations and Agency PREA Coordinator. 7. KAC shall implement the recommendations for improvement or shall document its reasons for not doing so on the Sexual Abuse Incident Review form. Documentation shall be maintained in the PREA database. <p>All KAC facilities, including KFS, document the incident reviews on Sexual Abuse Incident Review forms. All requirements listed in this standard are reviewed and considered by the facility. There were no Substantiated or Unsubstantiated allegations during the past 12 months at KFS. However, this auditor was able to review the Sexual Abuse Incident Review form that is used to document the incident review. This form captures all the above-mentioned criteria noted in KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy.</p> <p>The Facility Operations Director and Facility PREA Compliance Manger both stated the Incident Review Team consists of upper level management officials, Supervisors, the Agency PREA Coordinator, mental health staff, educational staff, and direct care staff. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse or sexual harassment was either Substantiated or Unsubstantiated. He stated the Incident Review Team would convene immediately upon the completion of an investigation by the Pennsylvania Department of Human Services and/or the Hempfield Police Department for any Substantiated or Unsubstantiated allegations of sexual abuse. Recommendations would</p>

include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment.

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

Reviewed documentation to determine compliance:

*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy

*Sexual Abuse Incident Review Form

Interviews:

*Interview with Facility Operations Director

*Interview with Facility PREA Compliance Manager

*Interview with Incident Review Team Member

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy states KFS, and all KAC facilities, collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files, and incident reviews. Aggregate annual data from all KAC facilities is available through the PREA Database. Documentation of all data is retained on the Survey of Sexual Violence Summary.</p> <p>Although data is retained on the Survey of Sexual Violence Summary, the Agency Annual PREA Report does not contain this data and is incomplete. This auditor was able to review the 2017 Annual PREA Report and determined it was incomplete as it did not contain the necessary data from KAC facilities. The agency was not asked to submit this information to the Department of Justice via the Survey of Sexual Victimization.</p> <p>An interview with the Agency PREA Coordinator indicated the she keeps detailed records to maintain the Survey of Sexual Violence Summary. She stated she keeps data from every allegation made throughout the agency. Names are redacted from the reports and data. The Facility PREA Compliance Manager stated that he also keeps data from every incident and PREA Sexual Abuse Incident Review at KFS.</p> <p>There were 4 allegations of sexual abuse (1) and sexual harassment (3) during the past 12 months at KFS. All 4 of the allegations were listed on the Survey of Sexual Violence Summary on the PREA Database.</p> <p>Corrective Action:</p> <p>This auditor will work with the Agency PREA Coordinator to assist in developing an Annual PREA Report for the agency. This annual report will provide a detailed assessment of the agency’s progress in addressing sexual abuse as well as a comparison of the current year’s data and corrective action with those from prior years.</p> <p>Resolution:</p> <p>This auditor received the 2017 Annual PREA Report for the agency on May 1, 2019. In addition, this auditor received the 2018 Annual PREA Report for the agency on June 12, 2019. Both reports provided a detailed assessment of the agency’s progress in addressing sexual abuse as well as a comparison of the current year’s data and corrective action with those from prior years. Both reports have been placed on the agency website as well.</p> <p>KFS is now in compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <p>*KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy</p>

- *PREA Database Report
- *Survey of Sexual Violence Summary
- *2017 KAC Annual PREA Report
- *2018 KAC Annual PREA Report

Interviews:

- *Interview with Agency PREA Coordinator
- *Interview with Facility PREA Compliance Manager

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Facility PREA Compliance Manger and Agency PREA Coordinator collect and review all data for every allegation of sexual abuse, sexual harassment, or retaliation collected and aggregated pursuant to Standard 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response to policies and training, including problem areas, taking corrective action, and preparing an Annual PREA Report of its findings from its data review. The Annual PREA Report is approved by the Agency Head (KAC Executive Director) and made available through the agency’s website. 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 most recent agency Annual PREA Report (2017) is posted on the agency website and was reviewed by this auditor. Although the Annual PREA Report was completed, this report was incomplete and did not provide a detailed assessment of the agency’s progress in addressing sexual abuse.</p> <p>The agency was not asked to submit this information to the Department of Justice via the Survey of Sexual Victimization. However, the Agency PREA Coordinator and Facility PREA Compliance Manger document all data and it is retained on the Survey of Sexual Violence Summary.</p> <p>Corrective Action:</p> <p>This auditor will work with the Agency PREA Coordinator to assist in developing an Annual PREA Report for the agency. This annual report will provide a detailed assessment of the agency’s progress in addressing sexual abuse as well as a comparison of the current year’s data and corrective action with those from prior years.</p> <p>Resolution:</p> <p>This auditor received the 2017 Annual PREA Report for the agency on May 1, 2019. In addition, this auditor received the 2018 Annual PREA Report for the agency on June 12, 2019. Both reports provided a detailed assessment of the agency’s progress in addressing sexual abuse as well as a comparison of the current year’s data and corrective action with those from prior years. Both reports have been placed on the agency website as well.</p> <p>KFS is now in compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Agency Website *2017 KAC Annual PREA Report *2018 KAC Annual PREA Report *2018 KAC Survey of Sexual Violence Summary <p>Interviews:</p>

- *Interview with Agency Head
- *Interview with Agency PREA Coordinator
- *Interview with Facility PREA Compliance Manager

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained via limited access through a secure server for at least 10 years after the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>The agency’s Annual PREA Report is reviewed and approved by the Agency Head (Executive Director) and made available to the public through its website. The Agency PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2017) is posted on the agency website and was reviewed by this auditor. Although the Annual PREA Report was completed, this report was incomplete and did not provide a detailed assessment of the agency’s progress in addressing sexual abuse.</p> <p>Corrective Action:</p> <p>This auditor will work with the Agency PREA Coordinator to assist in developing an Annual PREA Report for the agency. This annual report will provide a detailed assessment of the agency’s progress in addressing sexual abuse as well as a comparison of the current year’s data and corrective action with those from prior years.</p> <p>Resolution:</p> <p>This auditor received the 2017 Annual PREA Report for the agency on May 1, 2019. In addition, this auditor received the 2018 Annual PREA Report for the agency on June 12, 2019. Both reports provided a detailed assessment of the agency’s progress in addressing sexual abuse as well as a comparison of the current year’s data and corrective action with those from prior years. Both reports have been placed on the agency website as well.</p> <p>KFS is now in compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KAC Policy 900 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy *Agency Website *2017 KAC Annual PREA Report *2018 KAC Annual PREA Report <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Agency PREA Coordinator

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>KFS was audited during the third year of the 1st three-year PREA cycle. This facility was found to be fully compliant on May 5, 2016. This audit report is posted on the agency website. This re-audit occurred during the third year of the 2nd three-year PREA cycle on January 28-29, 2019.</p> <p>The facility provided all requested information via the PREA Online Audit System. The audit notification was posted more than 6 weeks prior to the on-site portion of this audit (posted on December 10, 2018) and pictures of the notifications posted in all common areas, living area, and the front entrance were submitted to this auditor via email. All residents interviewed confirmed the notifications were posted throughout the facility in advance of the on-site portion of this audit. During the tour of the facility, these notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility and was provided a private and confidential area of the facility to complete interviews of residents and staff.</p> <p>The agency has met this standard by having each of its 4 facilities audited during the first 3-year cycle. Each report is posted on the agency's website.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *KFS Pre-Audit Questionnaire *Tour of Facility *Agency Website

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Each final PREA audit report from the first audit cycle is posted on the agency’s website. These final PREA audit reports were posted within 90 days of issuance by the auditor. This was confirmed by reviewing the agency’s website and an interview with the agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Agency Website</p> <p>Interviews:</p> <p>*Interview with Agency PREA Coordinator</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
--	---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	no

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

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

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

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

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