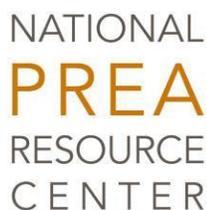


JUVENILE FACILITIES



Auditor Information			
Auditor name: Jeff Rogers			
Address: 108 Jeannette Ave. Frankfort, Ky. 40601			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: June 16-17, 2015			
Facility Information: Finger Lakes Residential Center			
Facility physical address: 250 Auburn Road, Lansing, New York 14882			
Facility mailing address: (if different from above) same			
Facility telephone number: 607-533-5000			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Limited Secure
Name of facility's Chief Executive Officer: Jeff Calkins			
Number of staff assigned to the facility in the last 12 months: 192			
Designed facility capacity: 150			
Current population of facility: 37			
Facility security levels/inmate custody levels: Limited Secure			
Age range of the population: 13-19 males			
Name of PREA Compliance Manager: Debbie Bacinelli		Title: Assistant	Director
Email address: Deborah.Bacinelli@ocfs@ny.gov		Telephone number:	607-533-5000
Agency Information			
Name of agency: Office of Children's and Family Services			
Governing authority or parent agency: (if applicable)			
Physical address: 52 Washington Street, Room 130 North Rensselaer, New York 12144			
Mailing address: (if different from above) same			
Telephone number: 518-486-6766			
Agency Chief Executive Officer			
Name: Ines Nieves		Title: Deputy	Commissioner
Email address: ines.nieves@ocfs.ny.gov		Telephone number:	518-486-6766
Agency-Wide PREA Coordinator			
Name: R.J. Strauser		Title: PREA	Coordinator
Email address: Raymond.Strauser@ocfs.ny.gov		Telephone number:	518-474-0351

AUDIT FINDINGS

FACILITY NARRATIVE

Prior to the on-site facility visit, the auditor reviewed a thumb drive containing the facility's documentation relating to the compliance of each of the 41 PREA Juvenile Standards. The thumb drive also contained the pre-audit questionnaire and some other related examples of practice. After the pre-audit review of the thumb drive, the auditor sent questions generated from the initial review of documents to the Agency PREA Coordinator. These questions were answered fully and to the satisfaction of the auditor. When the auditor arrived on-site only one small question relating to providing follow up services for victims or perpetrators within 14 days remained to be answered and during the on-site work this question was answered to the satisfaction of the auditor.

The on-site portion of the audit occurred on June 16-17, 2015. Arriving in Syracuse the auditor was met by the agency PREA Coordinator and transported to Ithaca, New York where the auditor was housed during the audit. The auditor was transported to the facility on June 16, 2015 arriving at approximately 8:45 a.m. After a brief meeting with the Superintendent and the PREA Coordinator and the facility PREA Compliance Manager the auditor toured the facility for approximately one hour. This was possible in such a short period of time because of the compactness of the facility and the housing units being identical and having identical surveillance camera angles. After the tour the auditor worked with the Facility PREA Compliance Manager on obtaining personnel listings and determining who needed to be interviewed during the audit including outside entities involved in the PREA process at the Finger Lakes Residential Center (FLRC). Upon completion of this task the auditor began interviewing staff. Staff interviews took the entire rest of the first day. A total of 26 interviews took place on day one. These interviews included the Superintendent, the PREA Coordinator, the PREA Compliance Manager, and ten (10) random staff interviews from all three shifts. Following these interviews, three (3) mental /medical healthcare staff and two (2) staff who conduct the risk assessments were interviewed. Following this, one staff member was interviewed for the following specialty positions: staff who conduct unannounced rounds, human resources, contractor, investigator, person who monitors retaliation, and a member of the review team. The agency head was not interviewed because she had been previously interviewed during another PREA audit. The responses to her interview were sent to this auditor to review prior to the audit.

The second day of the audit included interviewing eight (8) residents who were picked randomly. Also interviewed by phone on the second day was the head of the Justice Center of New York whose task is to conduct investigations of sexual abuse allegations in all OCFS facilities. This interview included four members (one who is the person in charge). Also interviewed was a person from the hospital (Cayuga Medical Center) in Ithaca, New York where residents would be taken following a sexual abuse incident at the facility for the forensic exams and other services offered to victims of sexual abuse including the Advocacy Center of Ithaca.

After interviews were conducted the auditor reviewed five staff files for training records and completion of background checks. Additionally, five resident files were reviewed for documentation verifying receiving the PREA education and risk assessments. The Superintendent also verified in writing to the auditor that all staff at FLRC had been trained in PREA.

A review of PREA related instances in the past 18 months revealed two allegations one involving a resident on resident allegation. This investigation is pending and only occurred on June 13, 2015. The other PREA allegation involved a victim making an allegation at the last facility he had been at, the Youth Leadership Academy. The Justice Center investigated and deemed the allegation not to be a PREA violation. This allegation was revealed January 21, 2015 during a support team meeting.

At the conclusion of the on-site work a brief out briefing occurred with the Superintendent and selected others.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Finger Lakes Residential Center (FLRC) is located in Lansing, New York approximately seven miles north of Ithaca, New York and approximately 60 miles south of Syracuse, New York. The facility is constructed of steel and concrete in a one level building. The ceiling is more than one level in height with many windows on the upper level to allow for a significant amount of natural light inside. The facility is on land owned by the state of New York and the FLRC is adjacent to another facility called the Lansing Residential Facility (now closed). The FLRC is a self-contained unit with a "First Defense" Fence that is approximately 17 feet high with the last four foot section being curved inward at a 45 degree angle and topped with a fine mesh screen. The parking lot is of sufficient size and is paved and well lighted. Entry into the facility is facilitated by the Central Control Unit (CCU). Each visitor is required to present identification and sign in. Any keys are also presented to the CCU officer and a chit is given to the holder (including staff members) of the keys and upon exiting the facility and presenting the chit, the keys or personal items are returned. The same process is also used for cell phones including staff members that bring them in. For staff members checking in, keys are distributed as are radios from the CCU officer on duty. The CCU operates doors for pedestrian traffic throughout the facility except for those staff members' assigned keys that allow access throughout the building. There are currently five housing units being utilized although there are ten available. Each housing unit is occupied by approximately 10 youth or less. The living units are divided into pairs i.e. Unit #1 and Unit # 2 being together but separated by staff offices in the middle. There are three single shower rooms in each living unit. Each living unit has a large day room area. The facility has a school area including the library and vocational classroom space. There is also a garden space outside of the vocational school space. There is a dining hall and kitchen combined. The dining hall is divided into three separate seating areas. The medical unit is located near the entrance of the central control center and has ample space and equipment. The business and administrative offices are located near the central control unit in a separate wing of the building. The entire facility operation is under one roof. At one time the facility had a rated capacity of approximately 150 but that has been reduced. Thus, there are extra living units that are being utilized for staff training, indoor recreational and storage. There is a full size gymnasium and outdoor recreation spaces as well. There are approximately 417 video surveillance cameras in use (377 indoor/40 outdoors). There is a combination of fixed angle cameras and Point, Tilt, and Zoom (PTZ) cameras. Recordings from these devices remain on a secure server for approximately two to three weeks. There are five viewing sites with ten (10) monitors per site.

Facility Mission Statement:" The Finger Lakes Residential Center will offer quality program services that are responsive to the needs of the client population we serve. These services will provide youth an opportunity to learn, grow and develop in a safe, secure and predictable environment."

Number of standards exceeding the standards	1
Number of standards meeting the standards	38
Number of standards not meeting the standards	0
Number of standards not applicable	2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds the standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 1, pages 4-5 A-E & page 13-14 J 1-3
OCFS DJJOY Organization Chart
Facility PREA Compliance Manager resume**

The Office of Children and Families Division of Juvenile Justice and Opportunities for Youth organization's organization shows the PREA Coordinator on its chart. This person as well as the facility Compliance Manager has sufficient time to perform their duties. The policy meets the requirements of the PREA Standards.

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds the standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 1, pages 4-5 A-E & page 13-14 J 1-3
OCFS DJJOY Organization Chart
Facility PREA Compliance Manager resume**

The Office of Children and Families Division of Juvenile Justice and Opportunities for Youth organization's organization shows the PREA Coordinator on its chart. This person as well as the facility Compliance Manager has sufficient time to perform their duties. The policy meets the requirements of the PREA Standards.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Standard is not applicable

The following documentation was utilized to verify compliance with this standard:

The New York Office of Children and Family Services Office, Division of Juvenile Justice and Opportunities for Youth do not contract with other agencies for housing of its youth.

Standard 115.313 Supervision and monitoring

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3247.40 Administrative Coverage in OCFS facilities page 3 #B 1-3 & D #1-4
Video Surveillance and Staffing Plan for 2015 pages 1-4
OCFS Policy 3247.18 Contraband: Inspections and Searches page 5 A**

There has been no time when the staffing plan was not adhered to. The Superintendent said that there was one instance when the staffing plan was below "his" personal standard. His standard exceeds the PREA requirement. There have been no judicial findings of inadequacy in staffing levels. The FLRC exceeds the staffing ratio required of juvenile facilities by generally adhering to a 1:4 ratio at all times. The Superintendent, and his two Assistant Superintendents perform unannounced checks and document these each time a round is conducted.

Standard 115.315 Limits to cross-gender viewing and searches

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3247.18 Contraband; Inspections and Searches page 4 F, page 5 C, D, & E
Page 5-6 A**

The agency prohibits the searches of residents by members of the opposite sex. There have been no times when a female staff patted down or in any way searched a male resident, Interviews with staff and residents confirmed that the female staff announce their presence when entering an area where residents shower, dress and undress, or use the toilet and that at no times have female staff observed residents in these areas in stages of undress. Staff interviews also confirmed that except for medical staff no searches of transgendered or intersex residents occur for the sole purpose of identifying their sexual orientation.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 2, page 7-8 C.

Interviews with residents and staff confirmed that only professionally hired translators are utilized for translation services. Also if a resident has other learning issues or lacks understanding, special education teachers can assist with helping these residents understanding the PREA process. The aforementioned policy prohibits residents from serving as translators.

Standard 115.317 Hiring and promotion decisions

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 2021.04 Employee Screening for Child Abuse
OCFS Policy 2026.03 Criminal History Screening**

The Human Resources Staff at the FLRC said in an interview that criminal background checks and sex abuse registry confirmation through the Justice Center of New York is conducted on all potential employees and then if hired, these checks are completed every two years. If another agency is considering a former staff person as an applicant the request for this type of information would occur at the central office level.

Standard 115.318 Upgrades to facilities and technologies

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

The following documentation was utilized to verify compliance with this standard:

The facility prepares a Video Surveillance and staffing plan each year. There are currently no major renovations occurring. New cameras are added as needed. The Video Surveillance and staffing plan for 2015 indicates there are 377 cameras indoors and 40 cameras outdoors. There are five locations with ten monitors each for staff observation. The staff indicated that if renovations are planned PREA compliance is a factor in any design.

Standard 115.321 Evidence protocol and forensic medical examinations

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3243.16 Payment for Health Services page 1
MOU with Cayuga Medical Center of Ithaca**

The FLRC has an MOU with the Cayuga Medical Center to provide SANE/SAFE services to residents of the facility. The auditor spoke with a representative of the Medical Center during the audit. She outlined the services provided and how these services would be accessed when necessary. As part of the Hospitals MOU with FLRC the Advocacy Center of Ithaca would also be contacted and a representative of that group would come to the hospital during an exam and provide advocacy services. An attempt was made to contact a representative of the Advocacy Center of Ithaca but was unsuccessful. The Justice Center of New York was contacted via phone during the audit. The Justice Center representative confirmed that their office had adopted the requirements of PREA in their investigatory process. FLRC staff confirmed that there are outside services available for any victims or perpetrators of sexual abuse.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3429.01 Reportable Offenses

OCFS Policy 3247.01 pages 10-11 F Prevention, Detection and Response to Sexual Abuse, Assault, or Harassment.

The Justice Center of New York is responsible for conducting investigations of PREA allegations of sexual abuse and/or harassment. An interview was conducted via telephone during the audit with Center Staff (4 staff included in interview). The Justice Center assigns investigators to an allegation within 24 hours of receiving it. If allegations prove founded and criminal, the investigator works with the local county district attorney for decision regarding prosecution. Communications is maintained with facility staff during the investigation. Justice Center staffs are trained in PREA. The majority of investigators are former law enforcement personnel. The New York State Police are also involved with investigations when criminal offenses are being considered.

Standard 115.331 Employee training

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 page 7-8 and page 11 G

OCFS Policy 3442.00 Appendix P 1 section 1

Facility Training Records

The superintendent verified in writing that all staff at FLRC have been trained in PREA. While on-site the auditor reviewed five staff records to confirm receipt of training. Interviews with staff members revealed that staff are knowledgeable about PREA. In addition staff members wear a laminated card around their neck that outlines first responder's duties. Also the pre-audit review of the thumb drive materials also showed examples of staff training records.

Standard 115.332 Volunteer and contractor training

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

The following documentation was utilized to verify compliance with this standard:

Volunteer and Contractor PREA Training Verification Records

Each volunteer or contractor is trained in the PREA Requirements and signs an acknowledgement form. A sampling was viewed by the auditor. A contractor was interviewed during the on-site visit. He confirmed receiving the training required for PREA.

Standard 115.333 Resident education

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 8 #5

OCFS Policy 3402.00 Limited Secure Admission and Orientation page 6 # 9-10, and page 11

PREA Training Video for Residents

Resident Handbook Acknowledgement signed forms

Resident signed training forms

Interviews with residents revealed knowledge of the PREA process including how and to whom to report allegations to. Residents knew to call the Ombudsman or alert trusted staff, parents, or call the Justice Center Hotline. Resident reported receiving this information on the day of their arrival and intake process. Viewing of the video occurs within 72 hours of arrival. The resident handbook has all of the necessary information about PREA. Residents sign acknowledgement of receiving all of this information. There is also poster in English and Spanish in every housing unit, classrooms, and other strategic locations where resident assemble.

Standard 115.334 Specialized training: Investigations

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

The following documentation was utilized to verify compliance with this standard:

The OCFS does not conduct investigations. This process is the responsibility of Justice for People with Special Needs or as it is called in OCFS the Justice Center. The Justice Center is an office within the New York State Government and is charged with investigations in six (6) separate state agencies including OCFS. The auditor spoke with the one of staff in charge and three other investigators for that office. Many of his staff has police and other law enforcement backgrounds. During the interview the auditor asked about training for the investigators. He indicated that all of his staff have been trained according to the PREA Guidelines. (Question #3 of the PREA Investigative Staff interview questionnaire)

Standard 115.335 Specialized training: Medical and mental health care

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection and Response to Sexual Abuse, Assault or Sexual Harassment. Training Records of Medical Mental Health staff

The Medical and Mental Health staffs at FLRC have been trained in the appropriate topics. Forensic exams are conducted at the Cayuga Medical Center in Ithaca. The Medical and Mental Health staffs are employees of the FLRC.

Standard 115.341 Screening for risk of victimization and abusiveness

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 6-B.

**OCFS Policy 3402.00 Limited Secure Admission and Orientation page 9-10 #3 a-e.
Examples of Resident Risk Assessments.**

Resident interviewees all said that the risk assessment is completed on the first day of arrival. A further review of resident files also shows that the assessments are completed on the first day. Information from the risk assessments is shared only on a need to know basis and not to all staff.

Standard 115.342 Use of screening information

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.15 Room Confinement page 2 A

OCFS Policy 3402.00 Limited Secure Admission and Orientation page 9-10

To date there have not been any transgendered or intersex residents at the FLRC. The FLRC has in place all safeguards necessary to protect a transgendered or intersex resident. The facility does not utilize any type of seclusion or protective housing units. The facility has ample housing units and should the need arise to move a resident it generally would not cause any issues. If a resident needs protection, a safety plan which would be developed and ensure that staff would be observing the resident. Staff and resident interviews indicated that all residents receive showers one at a time. There are three showers on each housing unit.

Standard 115.351 Resident reporting

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment page 8-9 D and page 10-11 F.
OCFS Policy 3456.00 Child Abuse and Neglect Reporting pages 1-16
OCFS DJJOY Brochure
Resident Handbook

Each resident receives a handbook upon entry into the program. It contains telephone numbers and addresses of where to file a sexual abuse or harassment allegation. It is published in English and Spanish and includes how to reach the Ombudsman or Justice Center to file a complaint. Resident interviews confirmed their knowledge of how to report an incident. Resident also understood they could tell a parent or trusted staff member or counselor. Resident counselors can also assist residents should they ask for assistance in filing a complaint.

Standard 115.352 Exhaustion of administrative remedies

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

The following documentation was utilized to verify compliance with this standard:

Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. If a resident filed a grievance regarding a sexual assault, abuse, or harassment, that report would be handled in the way prescribed in the OCFS policy and procedures.

Standard 115.353 Resident access to outside confidential support services

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 8-9 D.

OCFS Policy 3422.00 Resident Mail page 2 C

OCFS Policy 3455.00 Visitation page 5 C.

Resident interviews confirmed their knowledge of the services available to them in the event of a sexual assault. The residents are given a handbook outlining all of the services available to them should they need assistance. There are also posters in English and Spanish that have the names, addresses, and toll free telephone numbers to call for assistance. Should an actual sexual assault occur, that resident would be taken to the Cayuga Medical Center in Ithaca per the MOU agreement. During this process a victim advocate would be assigned to them from the Advocacy Group of Ithaca. The FLRC also allows visits with legal representatives and their parents

Standard 115.354 Third-party reporting

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

The following documentation was utilized to verify compliance with this standard:

The OCFS Web site informs readers on how to report allegations of sexual abuse or harassment. OCFS policy and procedures also state how third party reporting can be accomplished. The primary referral route is to the Justice Center but referrals can also be made to the Ombudsman, law enforcement agencies, and Children's Protective Services and to the facility directly.

Standard 115.361 Staff and agency reporting duties

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment page 10-F

OCFS 3456.00 Child Abuse Reporting in OCFS Facilities pages 1-16

The OCFS policy and procedures regarding staff and agency reporting duties meet the requirements of the standard. All staff interviewed stated they fully understand they are mandatory reports of all types of child abuse and neglect, including sexual abuse and sexual harassment. Agency procedures articulate the reporting chain. Staff also confirmed their understanding that any information related to a sexual abuse or sexual harassment is confidential and should not be shared with anyone who does not have a "need to know."

Medical and mental health professionals understand that in addition to their reporting duties, they must also inform residents they are mandatory reporters.

Standard 115.362 Agency protection duties

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

The following documentation was utilized to verify compliance with this standard:

Staff interviews confirm their knowledge of what needs to occur should a resident be in risk of imminent sexual abuse. The staff members also wear around their neck a laminated card that reminds them of what to do in these situations such as separate, secure scene, etc.

Standard 115.363 Reporting to other confinement facilities

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 10-11

OCFS policy and procedures articulate reporting requirements when an allegation of sexual abuse of a resident is made while the resident was at another facility. OCFS policy and procedures meet the requirements of this standard. There have been no reports of this type reported. The Superintendent said in an interview that he would call the Justice Center immediately to report the incident. There was one such incident on January 21, 2015 and he followed up by filing an allegation with the Justice Center which concluded that there was no PREA violation at the other facility.

Standard 115.364 Staff first responder duties

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 10 E #1-4

The policy and procedures are consistent with the requirement of this standard. All staff interviewed knew exactly what to do if they happened to be the first responder to sexual abuse incident. Staff knew the first priority would be on protecting the victim, securing the alleged offender, and securing the crime scene and all evidence, including instructions to the victim and offender regarding what they cannot do until they have been given permission. Staff said they are trained often on these procedures.

Standard 115.365 Coordinated response

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

The following documentation was utilized to verify compliance with this standard:

OCFS/FLRC LOP Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 1-3

The FLRC Local Policy outlines what staff members are to do in the event of a sexual assault. The first responder will contact the Administrative Duty Officer for that shift who will notify the medical and mental health staff, notify the Justice Center and ensure that any physical evidence is maintained.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

The following documentation was utilized to verify compliance with this standard:

Interview with the OCFS Deputy Commissioner conducted by Chuck Kehoe on June 16, 2014

The OCFS has not entered into or renewed any collective bargaining agreement or other agreements since August 20, 2012. The Deputy Commissioner did state that management and the collective bargaining unit have held discussions regarding PREA. If a staff member is the subject of a PREA investigation he/she can be placed on administrative leave pending the outcome of the investigation.

The auditor did not conduct the interview with the Deputy Commissioner but relied on another auditor who did interview her last year. The FLRC Superintendent confirmed that this information is still accurate.

Standard 115.367 Agency protection against retaliation

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment page 10-11 G

OCFS Policy 3443.00 Resident Rules

OCFS Policy 2613.00 Employees Reporting of Personal Threats

The PREA Compliance Manager is responsible for monitoring retaliation but is also assisted by the Superintendent and the other Assistant Director. Any reported retaliation is investigated and a log of monitoring events is maintained for as long as necessary until the retaliation is no longer an issue which could be beyond 90 days. For resident retaliation by staff, disciplinary write ups are one way that retaliation is monitored.

Standard 115.368 Post-allegation protective custody

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy does not allow the use of protective, restrictive or segregated housing for its residents.

Standard 115.371 Criminal and administrative agency investigations

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3247.01 Prevention, Detection, and Reporting of Sexual Abuse, Assault, or Harassment
page 10 F
Interview with the Justice Center Staff**

The Justice Center and the New York State Police are the two primary agencies who are designated to investigate allegations of sexual abuse and sexual harassment in OCFS facilities. Evidence is gathered and preserved and victims, witnesses, and alleged offenders are interviewed according to professional law enforcement practices. Criminal case investigations will be referred to the local prosecuting attorney or the special prosecutor in the Justice Center where a decision will be made on how to proceed with the case.

All investigations will consider whether staff neglect or failures contributed to the assault. Written reports will be presented to the appropriate bodies for further action.

All investigations (criminal and administrative) are documented in written reports. Reports include a thorough description of all the evidence taken in the course of the investigation.

OCFS policy and procedures regarding investigations are consistent with the requirements of the standard

Standard 115.372 Evidentiary standard for administrative investigations

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

The following documentation was utilized to verify compliance with this standard:

According to interviews with the Justice Center and OCFS staff use no higher standard than preponderance of evidence in making the final determination if a sexual abuse or harassment is substantiated.

Standard 115.373 Reporting to residents

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Responding to Sexual Abuse, Assault, or Harassment page 14

The FLRC meets the requirements of this standard. According to the Superintendent a resident would always be informed of the outcome of any sexual abuse or harassment investigation.

Standard 115.376 Disciplinary sanctions for staff

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 13 #1

The facility meets the requirements of the standard with the policy and procedure listed above.

Standard 115.377 Corrective action for contractors and volunteers

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 13 # 2

This policy outlines the process for corrective action should the need arise.

Standard 115.378 Disciplinary sanctions for residents

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 13 #
OCFS Policy Youth Rules page 6-7 serious misbehaviors.**

This policy outlines the interventions and disciplinary sanctions available should a resident engage in resident on resident or resident on staff sexual abuse or assault. The policies meet the requirements of the standard.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3243.18 Initial Mental Health and Health Screening for Facility Youth page 1-3
OCFS Form 1448 Initial Mental Health and Health Screening Form**

A mental Health or Medical staff who performs the screening will offer follow up services should the need to arise within 14 day or as the interviewees said within days of a resident arrival and who has identified as a victim or predator. Information obtained in the risk assessment is utilized on a need to know basis and is not shared with everyone at the facility.

Standard 115.382 Access to emergency medical and mental health services

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Responding to Sexual Abuse, Assault, or Harassment page 9-10 # 1 & 5

This policy is in compliance with the standard. Interviews indicate that sexually transmitted infection prophylaxis would be offered if needed. The facility has an MOU with the Cayuga Medical Center in Ithaca for any emergency medical treatments necessary. Residents would be transported to the medical center without delay.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3243.33 Behavior Health Services page 5-6 B2
OCFS Policy 3243.01 Health Services to Residents page 9-10 # 1&5

These policies outline how services are provided and are consistent with the requirements of the standard. There is no cost for services to residents.

Standard 115.386 Sexual abuse incident reviews

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Responding to Sexual Abuse, Assault, or Harassment page 12 H

The requirements of this standard are met with this policy. Members of the team include the management team at the facility and also include the medical and mental health providers. A report of findings would be completed within 30 days should the need arise.

Standard 115.387 Data collection

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

The following documentation was utilized to verify compliance with this standard:

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 15 L and definitions on pages 2-4

The policy addresses the requirement of this standard. A central data base is utilized to report all instances of sexual abuse, assault, or harassment.

Standard 115.388 Data review for corrective action

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

The following documentation was utilized to verify compliance with this standard:

The FLRC reports all PREA related allegations to the PREA Compliance Manager who sends the data to the Agency PREA Coordinator. An annual report is completed and posted on the Agency's website. No personally identifiable information is included in this report.

Standard 115.389 Data storage, publication, and destruction

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

The following documentation was utilized to verify compliance with this standard:

**OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 15
State Retention Schedule**

The FLRC ensures all PREA related information can be accessed by only those staff with a need to know. The retention schedule requires destruction of PREA related documents after ten (10) years. The state agency website is the place where this information would be placed. There is no personally identifying information in the data or annual report.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any **r e s i d e n t** or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jeff Rogers

June 26, 2015

Auditor Signature

Date