

PREA Facility Audit Report: Final

Name of Facility: Highland Residential Center

Facility Type: Juvenile

Date Interim Report Submitted: 05/20/2023

Date Final Report Submitted: 09/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 09/10/ 2023

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	04/17/2023
End Date of On-Site Audit:	04/18/2023

FACILITY INFORMATION	
Facility name:	Highland Residential Center
Facility physical address:	629 N Chodikee Lake Rd, Highland, New York - 12528
Facility mailing address:	

Primary Contact	
Name:	Melissa Moreno
Email Address:	Melissa.Moreno@ocfs.ny.gov
Telephone Number:	845-691-6006

Superintendent/Director/Administrator	
Name:	Melissa Moreno
Email Address:	Melissa.moreno@ocfs.ny.gov
Telephone Number:	845-691-6006

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

Facility Health Service Administrator On-Site	
Name:	Raymond Arcomano
Email Address:	Raymon.arcomano@ocfs.ny.gov
Telephone Number:	1-845-691-6006

Facility Characteristics	
Designed facility capacity:	69
Current population of facility:	55
Average daily population for the past 12 months:	49
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	12-20
Facility security levels/resident custody levels:	Limited Secure
Number of staff currently employed at the facility who may have contact with residents:	189
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Raymond Strauser	Email Address:	Raymond.Strauser@ocfs.ny.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.364 - Staff first responder duties
- 115.367 - Agency protection against retaliation

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-17
2. End date of the onsite portion of the audit:	2023-04-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>This auditor was able to interview a representative from the Family Services' Center for Victim Safety and Support. The Family Services' Center for Victim Safety and Support provides advocacy services to resident victims of sexual abuse at this facility. This facility has a signed Memorandum of Understanding with the Family Services' Center for Victim Safety and Support to provide advocacy services and emotional support to resident victims of sexual abuse.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	75
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	6

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>69</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>16</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There were 68 residents residing in this facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Facility PREA Compliance Manager, Facility Director, residents, and staff during the on-site portion of this audit to determine there were 16 residents who were diagnosed with a cognitive disability, 1 resident who was Limited English Proficient, 1 resident who reported sexual abuse, and 5 residents who disclosed prior sexual victimization during the risk screening residing at this facility during the first day of the on-site portion of this audit. There were no residents residing at the facility who met any other sampling areas.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>190</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>11</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>There were 190 staff employed at this facility during the first day of the on-site portion of this audit (4/17/2023). In addition, there were 11 volunteers approved to enter the facility during the first day of the on-site portion of this audit.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	16 of the 68 residents (23.5% of the population) residing at the facility were interviewed in a private and confidential area. Ages of the residents interviewed ranged from 13 years old to 18 years old. Residents from each housing unit were randomly selected by this auditor to be interviewed. This auditor randomly selected 4 Caucasian residents and 4 African American residents to interview. Length of time in the facility for the residents randomly selected to be interviewed ranged from 1 month to 9 months.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	16 of the 68 residents residing at the facility were interviewed by this auditor during the on-site portion of this audit. 23.5% of the resident population was interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility PREA Compliance Manager, Facility Director, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who had a physical disability to interview.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility PREA Compliance Manager, Facility Director, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Blind or had low vision to interview.</p>

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

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

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The use of isolation is prohibited in all OCFS facilities.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>This auditor was able to interview 8 targeted residents (3 residents were diagnosed with a cognitive disability, 1 resident was Limited English Proficient, 1 resident reported sexual abuse in this facility during the past 12 months, and 3 residents who disclosed prior sexual victimization during the risk screening). There were no residents residing at this facility who met any other sampling areas to interview. This was confirmed by interviewing the Facility PREA Compliance Manager, Facility Director, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>This auditor interviewed 12 randomly selected staff employed at this facility during the on-site portion of this audit. Staff interviewed years of experience ranged from 9 months to 30 years. Staff from all three shifts were interviewed (5 staff from Tour 2, 5 staff from Tour 3, and 2 staff from Tour 1). All staff interviewed were knowledgeable of PREA and the agency zero-tolerance policy. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at the facility and they were able to discuss the PREA trainings that they have received. Staff reported that they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were also aware of their roles as mandated reporters and how to contact the Justice Center of New York to report allegations of sexual harassment and sexual abuse at this facility.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>20</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Director, Facility PREA Compliance Manager, two staff who conduct risk assessments, two intake staff, two upper-level staff who complete Unannounced Rounds, a staff who monitors retaliation, two members of the Sexual Abuse Incident Review Team, two medical staff, two mental health staff, two staff who are first-responders, and a Human Resources staff during the on-site portion of this audit.</p>
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>During the first day of the on-site portion of this audit (4/17/2023), this auditor completed a detailed tour of this facility which took approximately 2 hours and 30 minutes. This auditor was accompanied by the Facility Director and Facility PREA Compliance Manager during the tour. All areas of this facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout this facility, including in the living units, programming areas, common areas, and visiting area. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

This auditor reviewed ten randomly selected resident file from residents who were admitted into the facility during the past 12 months for documentation verifying PREA education and risk assessments were completed as noted in the OCFS Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy. This auditor also reviewed ten randomly selected direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in the OCFS Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	0	0
Total	2	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	3	0	0	0
Total	3	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
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<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>There were 2 allegations of sexual abuse at this facility during the past 12 months. However, both of these allegations were still under investigation by the Justice Center of New York during the on-site portion of this audit. Therefore, determinations were not made and there were no investigation files for this auditor to review.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were 3 allegations of sexual abuse at this facility during the past 12 months. However, all 3 of these allegations were still under investigation by the Justice Center of New York during the on-site portion of this audit. Therefore, determinations were not made and there were no investigation files for this auditor to review.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were 3 allegations of sexual harassment and 2 allegations of sexual abuse at this facility during the past 12 months. However, both of these allegations were part of one incident involving 5 residents and 1 staff member. These allegations were still under investigation by the Justice Center of New York during the on-site portion of this audit. Therefore, determinations were not made and there were no investigation files for this auditor to review.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
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Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) OCFS has a zero-tolerance policy (OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment) concerning sexual harassment and sexual abuse of OCFS youth and is committed to the prevention and elimination of sexual harassment and sexual abuse within the Division of Juvenile Justice and Opportunities for Youth (DJJOY) facilities through compliance with the Prison Rape Elimination Act of 2003. OCFS is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual harassment and sexual abuse. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual harassment and sexual abuse and forms the foundation for the agency’s training efforts with residents, staff, volunteers, and contracted staff.</p> <p>(b) OCFS has a designated PREA Coordinator who reports directly to the Agency Head (Deputy Commissioner). His official title is Bureau of Management and</p>

Program Support Director and Agency PREA Coordinator. The Agency PREA Coordinator oversees a total of nine Facility PREA Compliance Managers. The Agency Organizational Chart was reviewed by this auditor and confirmed the Agency PREA Coordinator’s position and noted he reports directly to the Deputy Commissioner for any PREA related issues within the agency. He is knowledgeable of the PREA standards and he stated he is committed to PREA and in implementing PREA in all OCFS facilities. The Agency PREA Coordinator has been in this position since 2015. He also reported that he has the support needed and sufficient time to develop, implement, and oversee the agency’s efforts towards PREA compliance in all the agency’s facilities and to fulfill his PREA responsibilities. The Agency PREA Coordinator was interviewed by this auditor on April 18, 2023.

(c) HRC has a designated Facility PREA Compliance Manager. Her official title is Assistant Director of Treatment and Facility PREA Compliance Manager. The Facility PREA Compliance Manager was interviewed by this auditor during the on-site portion of this audit on April 17, 2023, and stated she has sufficient time and authority to develop, implement, and oversee HRC’s efforts to comply with the PREA standards.

This auditor was provided the OCFS Organizational Chart (revised in November 2022) that confirms the Agency PREA Coordinator reports directly to the Agency Head and the HRC Organizational Chart (revised in January 2023) that confirms the Facility PREA Compliance Manager reports directly to the Facility Director.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. OCFS Organizational Chart (Revised November 2022)
3. HRC Organizational Chart (Revised January 2023)
4. HRC PREA Pre-Audit Questionnaire
5. OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
6. PREA Youth Brochure “Checking in for: Your Safety at OCFS DJJOY”

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility PREA Compliance Manager

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>(a - b) OCFS does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head designee. As a result of OCFS not contracting for the confinement of its residents with other private agencies/entities, there were no contracts for this auditor to review.</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head Designee
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "DJJOY must develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. OCFS 2167 Video Surveillance and Staffing Plan must be completed and submitted to the OCFS PREA Coordinator by January 31st of each year. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:</p> <ol style="list-style-type: none"> 1. Generally accepted juvenile detention and correctional/secure residential practices; 2. Any judicial findings of inadequacy; 3. Any findings of inadequacy from federal investigative agencies; 4. Any findings of inadequacy from internal or external oversight bodies; 5. All components of the facility's physical plant (including "blind spots" and/or areas where staff or youth may be isolated); 6. Composition of the different populations within its facilities; 7. Number and placement of supervisory staff; 8. Programs occurring on each shift; 9. Relevant laws, regulations and standards; 10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11. Minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan (OCFS 2167). Only security staff must be included in these ratios." <p>There were 68 residents residing at HRC during the first day of this audit (twelve</p>

residents in Cottage 40, fourteen residents in Cottage 41, thirteen residents in Cottage 42, thirteen residents in Cottage 43, ten residents in 29L Unit, and six residents in the Orientation Unit). The average daily population at the facility during the past 12 months has been 49 residents.

The annual Video Surveillance and Staffing Plan at HRC also addresses the facility staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on January 25, 2023. The facility is currently budgeted for 160 direct care staff; 111 of those positions are currently filled and 49 of those positions are currently vacant.

HRC is equipped with 332 video surveillance cameras (281 indoor cameras and 51 outdoor cameras). There is a total of 7 monitors in the Central Control Center which allows the cameras to be manned around the clock by staff assigned to the Central Control Center. In addition, the Facility Director and Assistant Directors of Programs have access to the video surveillance system on their computers in their offices that can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Facility Director and Assistant Directors of Programs and retained on a flash drive. It was noted during an interview with the Facility Director that random video surveillance is reviewed on a weekly basis by the administrative team at HRC. It was noted in the 2023 Video Surveillance and Staffing Plan that the video surveillance system was installed at the facility on June 1, 2010. An interview with the Facility Director confirmed the video surveillance system is inspected on an annual basis and was last upgraded on January 1, 2014.

(b) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan."

The Facility Director reported that there have been no deviations from the staffing plan during the past 12 months. She also reported that in the event administrative staff at HRC feel staffing ratios cannot be maintained during an upcoming Tour, staff are held over and paid overtime to meet the ratios. An interview with the Facility Director confirmed that staffing is monitored shift to shift by the Administrator on Duty and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor and confirmed the facility is meeting the minimum ratios daily.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan (OCFS 2167). Only security staff must be included in these ratios."

The 2023 HRC Video Surveillance and Staffing Plan states the facility runs at a minimum of 1:8 staff to resident ratio during Tour 2 (6:00am to 2:00pm) and Tour 3

(2:00pm to 10:00pm) and a minimum of 1:16 staff to resident ratio during Tour 1 (10:00pm to 6:00am). It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios were being met on a regular basis at the facility. During the on-site portion of this audit, there were a total of 68 residents residing at the facility. There was a minimum of two staff assigned to each living unit during each shift to ensure proper supervision of the residents.

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

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

A review of the 2023 HRC Video Surveillance and Staffing Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on January 25, 2023. The Video Surveillance and Staffing Plan is also reviewed and approved by the Facilities Manager and Agency PREA Coordinator annually.

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

A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard. Unannounced Rounds are conducted by the Facility Director and Assistant Directors of Programs at HRC. The Facility Director and an Assistant Director of Programs who complete Unannounced Rounds were both interviewed, and they were able to discuss how they complete the rounds, assure minimum ratios are being met, and their inspections of the facility are completed. They both stated they obtain a radio from the Central Control Center, review video surveillance footage, and verbally notify the officers working in the Central Control Center not to notify any staff to ensure staff are not alerting each other that Unannounced Rounds are being conducted when Unannounced Rounds begin in the facility. In addition, both stated they also monitor radio

transmissions and notify staff in the living units they visit not to notify other staff in the facility that Unannounced Rounds are being conducted. They both discussed how they make sure the rounds are random by selecting different times of the day/night and days of the week. This auditor was able to review Unannounced Rounds Logs from April 2022 to March 2023 with the Facility Director and an Assistant Director of Programs to confirm Unannounced Rounds are being completed a minimum of twice per month (once during waking hours and once during sleeping hours) during the past 12 months.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
3. HRC Staffing Schedules
4. HRC Resident Roster
5. 2023 HRC Video Surveillance and Staffing Plan
6. Unannounced Rounds Logs (April 2022 to March 2023)
7. Locations of Video Surveillance Cameras (inside and outside of the facility)
8. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Interview with Facility PREA Compliance Manager
3. Interviews with Administrative Staff who complete Unannounced Rounds
4. Random Staff Interviews

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.18 - Contraband, Inspections, and Searches prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. This policy states "Except in emergency situations, personal searches must be conducted by staff of the same gender as the youth being searched. Transgender youth may request staff of their identifying gender to conduct a strip or pat search. Whenever possible, this request must be accommodated, considering staffing and safety needs."</p> <p>Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at HRC. During interviews, all staff could describe what an exigent circumstance would be. During the past 12</p>

months, there have been no cross-gender strip searches or cross-gender pat searches of residents performed by medical staff or non-medical staff at HRC.

(b) OCFS Policy 3247.18 - Contraband, Inspections, and Searches states "Except in emergency situations, personal searches must be conducted by staff of the same gender as the youth being searched. Transgender youth may request staff of their identifying gender to conduct a strip or pat search. Whenever possible, this request must be accommodated, considering staffing and safety needs."

Interviews with the Facility Director, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at HRC. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.

(c) OCFS Policy 3247.18 - Contraband, Inspections, and Searches states "All strip searches, radiological searches, body cavity searches, and non-routine pat searches must be entered in the unit and facility log. The record must include: justification for the search; name of the person authorizing the search; type of search; date and time of search; location of the search; name of each youth searched; name of the staff conducting the search; an itemization of any contraband found during the search; the disposition of any article(s) confiscated in the search; and any other significant information related to the search, including requests of gender-specific staff to conduct search of transgender youth."

Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would notify the Administrator on Duty, document the search on an Activity Report (20-79 Form), and place a note in the logbook detailing the search performed on the resident. Staff and residents interviewed confirmed there have been no cross-gender pat searches conducted at HRC during the past 12 months.

(d) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Opposite gender viewing of youth under circumstances when breasts, buttocks or genitalia would normally be exposed (shower/hygiene time, performing bodily functions, and changing clothes) is prohibited. Each facility director must develop local operating procedures designed to prevent such viewing; such procedures must require that staff of the opposite gender announce their presence when entering the housing unit and any area where youth are likely to be showering, performing bodily functions, or changing clothing."

All residents and staff interviewed confirmed this policy is followed as only male staff are permitted to supervise showers/bathroom call. All residents shower in bathrooms with a privacy door. There are no cameras in the resident's bedrooms or bathrooms. Female staff announce their presence upon entering the living units by stating "female on the unit" loud enough for the residents to hear and placing a note in the logbook noting they were in the living unit. Signs are posted outside of the door of each living unit informing opposite gender staff to announce their presence upon entering the living unit. Interviews with staff and residents confirmed that female staff announce their presence upon entering the living unit as required

by announcing “female on the unit” loud enough for residents to hear.

(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth’s genital status is prohibited.”

Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident. There were no transgender residents admitted into this facility during the past 12 months.

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 interviews with the Facility Director, Facility PREA Compliance Manager, staff, and residents during the on-site portion of this audit.

(f) The staff training curriculums “Conducting Comprehensive Searches” and “Guidance on Cross Gender and Transgender Pat Searches” includes the searching of residents, including completing cross gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. Staff interviewed were able to describe this training to this auditor during interviews. In addition, training logs were forwarded to this auditor to confirm all staff at HRC completed the above-mentioned trainings. Staff at the facility who have contact with residents are required to complete these trainings annually.

Reviewed documentation to confirm compliance:

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

Interviews:

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

<p>115.316</p>	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “OCFS is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse, assault, and harassment”. In addition, this policy states “all education and information shall be made available in formats accessible to all youth (Limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills).”</p> <p>This auditor interviewed three cognitively disabled residents during the on-site portion of this audit. Residents interviewed confirmed their needs are met and an intake staff took the time to explain the material and answer any questions they had, and anytime they do not comprehend something, they know they can seek assistance from a staff, and they will take the time to review the material they do not understand to ensure they are able to comprehend that material. During an interview with the Facility PREA Compliance Manager, she noted any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse. It was noted while reviewing the resident roster and resident files with the Facility PREA Compliance Manager that there were 16 residents residing at the facility during the on-site portion of this audit had a cognitive disability (this included residents who were deemed Special Education for having a learning disability).</p> <p>(b) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All education and information must be made available in formats accessible to all youth (limited English, deaf, visually impaired, or otherwise disabled, as well as limited reading skills).”</p> <p>The OCFS PREA Youth Brochure “Checking in for Your Safety” is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor prior to the on-site portion of this audit. PREA posters are posted in the living units, all common areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.</p> <p>In addition, Limited English Proficient (LEP) interpreters are also available through the Office of Communications. An LEP liaison can be reached at (518) 402-3130. This auditor was provided with a comprehensive list of LEP liaisons that are available to residents at HRC.</p> <p>There was one limited English proficient resident residing at HRC during the on-site portion of this audit. This resident was interviewed by this auditor, and he stated that he can understand English, but his primary language is Spanish. Therefore, he</p>
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stated that there have been times he has used the interpreters available through the Office of Communications during his stay at this facility. This resident was able to participate in the interview with this auditor without the assistance of an interpreter. He stated that he is aware of the interpreters that are available to him when he does not comprehend something and needs assistance. This resident also stated that he also receives assistance from bilingual staff at the facility when they are on shift. During the interview, this resident showed this auditor the posters hanging on the wall in Spanish and stated all the PREA information he received was in Spanish.

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

Interviews with staff confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews the Facility Director, Facility PREA Compliance Manager, and staff that there have been no circumstances during the past 12 months at HRC where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters and resources available for the residents through the Office of Communications. During the tour of the facility, this auditor noted the telephone number to the Office of Communications is located in the Central Control Center.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Office of Communications - Language Assistance Resources
3. OCFS - 4902 Youth Admission Handout "What you should know about Sexual Abuse" (English)
4. OCFS - 4902 Youth Admission Handout "What you should know about Sexual Abuse" (Spanish)
5. PREA Youth Brochure "Checking in for: Your Safety at OCFS DJJOY" (English)
6. PREA Youth Brochure "Checking in for: Your Safety at OCFS DJJOY" (Spanish)
7. Tour of Facility

Interviews:

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

	<p>4. Interviews with Cognitively Disabled Residents</p> <p>5. Interview with Limited English Proficient Resident</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a - b) OCFS Policy 2026.03 - Criminal History Screening - Employees/Candidates and OCFS Policy 2021.04 - Employee Screening for Child Abuse and Maltreatment provides guidelines for background checks and hiring and promotional practices. This policy states "OCFS is required by Section 424-a of the Social Services Law to use the New York Statewide Register of Child Abuse and Maltreatment to screen prospective employees, service providers, contractors and their employees for indicated reports of child abuse and maltreatment."</p> <p>The practice of conducting background checks for all prospective employees prior to employment was confirmed during an interview with a representative from the Personnel Office as well as reviewing ten randomly selected employee files. All ten employee files had the necessary background checks completed as required in this standard.</p> <p>(c) The Justice Center of New York is the lead agency in conducting background checks. The Justice Center of New York maintains a Staff Exclusion List (SEL) that logs all individuals in the state of New York who have been found responsible for serious or repeated acts of abuse or neglect. If a prospective employee is listed on the SEL, he or she is no longer given further consideration for employment. If a person is not on the SEL, OCFS requests a criminal background check and a check of the statewide Center Register of Child Abuse and Maltreatment. The Justice Center of New York will then notify the agency if the person has successfully completed the background check. Previous employment references are then contacted.</p> <p>During the past 12 months, there were 50 employees hired at HRC who may have contact with residents. This auditor reviewed ten randomly selected staff files and all ten staff files contained the above-mentioned background information. This was also confirmed during an interview with a representative from the Personnel Office. In addition, the Agency PREA Coordinator was able to describe the agency's hiring and promotion process in detail to this auditor.</p> <p>(d) OCFS Policy 2026.03 - Criminal History Screening Employees/Candidates/ Volunteers/Contractors states "Candidates who are contractors will be required to undergo criminal history screening through the use of a background check company selected by OCFS. Contractors will be required to authorize OCFS to seek criminal history information from the contractor and authorize the contractor to provide the</p>

information to OCFS's Bureau of Personnel." In addition, "The associate director of human resources will require contractors to undergo a criminal history background check every five years if the screening contractor does not use the equivalent of a 'search and retain' process."

During the past 12 months, there were three contracted staff approved to enter HRC to have contact with the residents. This auditor requested and was provided background checks for all three contracted staff approved to enter the facility to confirm compliance with this standard.

(e) OCFS Policy 2026.03 - Criminal History Screening-Employees/Candidates/Volunteers/Contractors states "To provide the safety and well-being of youth in New York State Office of Children and Family Services (OCFS) care, to safeguard state assets and to maintain the public trust, OCFS will review the criminal histories of all candidates for employment and prospective volunteers and contractors who have the potential for regular and substantial unsupervised or unrestricted contact with youth, before such persons are permitted unrestricted contact with youth. Employees promoted, transferred within OCFS or receiving a lateral transfer from other agencies to OCFS will be screened for criminal history background as a condition of employment for appointment to any vacancies in OCFS. Screening must be completed before any candidate can be hired or in the case of contractors and volunteers, permitted to work."

During interviews with a representative from the Personnel Office and the Agency PREA Coordinator, it was noted that when a person is hired in OCFS, their name is registered in a national database that tracks any contacts with law enforcement agencies. If an OCFS employee is arrested anywhere in the United States, a notification is immediately sent to the Justice Center of New York. The Justice Center of New York then sends a notification to the facility. This system captures arrest records for all employees. OCFS checks the statewide Central Register of Child Abuse and Maltreatment every two years for current employees and any employee eligible for a promotion. This auditor was able to review ten randomly selected staff files to confirm the above-mentioned practice has been implemented and is being adhered to.

(f) OCFS Policy 2026.03 - Criminal History Screening-Employees/Candidates/Volunteers/Contractors notes applicants are required to report on their application for employment any arrests that may impact their ability to work with youth. Applicants are asked if they have a felony conviction of a sex offense at any time; a felony conviction within the past 10 years involving violence; a conviction pursuant to Penal Law sections 260.00, 260.25, 260.32, or 260.34; or any similar offense in any other jurisdiction outside of New York State.

(g) OCFS Policy 2026.03 - Criminal History Screening-Employees/Candidates/Volunteers/Contractors states "If the Justice Center, DCJS or a background check contractor notifies OCFS that a candidate has a criminal history and if the candidate has responded 'no' to any criminal history question on the application and the response is not consistent with the application or screening information received, or

	<p>there is information concerning an arrest or conviction after the date of the application, or another concern related to criminal history, the Associate Director of Human Resources will send the candidate a letter inviting the candidate to provide further information supporting his/her candidacy within 20 calendar days of the date of the letter. Should the applicant fail to respond within the 20 calendar days, the application will be automatically denied.”</p> <p>This screening process noted above was confirmed during an interview with a representative from the Personnel Office as well as reviewing ten randomly selected employees background checks. The OCFS employment application allows prospective employees to disclose their criminal history prior to a background check being completed.</p> <p>(h) A representative from the Personnel Office noted that when requested, OCFS does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Employee Screening for Child Abuse and Maltreatment Policy (PPM 2021.04) 2. Criminal History Screening-Employees/Candidates/Volunteers/Contractors Policy (PPM 2026.03) 3. Justice Center’s Frequently Asked Questions – Criminal Background Checks 4. Justice Center’s Staff Exclusion List Checks for Prospective Staff Hired 5. Review of Randomly Selected Staff Background Checks 6. Review of Contracted Staff Background Checks <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Personnel Office Representative 2. Interview with Agency PREA Coordinator
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>(a) HRC develops a Video Surveillance and Staffing Plan on an annual basis (reviewed on January 25, 2023, by the Facility Director). Any expansion or modifications at HRC is noted on this Video Surveillance and Staffing Plan. The 2023 Video Surveillance and Staffing Plan was reviewed by this auditor prior to the on-site portion of this audit and was reviewed with the Facility Director during an interview during the on-site portion of this audit. There have been no modification projects</p>

	<p>completed at HRC since the last PREA Audit in September 2020.</p> <p>Through interviews with the Agency Head designee, Agency PREA Coordinator, and Facility Director, it was confirmed that if there are any additional plans for expansion or modifications at HRC, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p>(b) The 2023 HRC Video Surveillance and Staffing Plan noted the video surveillance system was installed on June 1, 2010. Interviews with the Agency Head designee, Agency PREA Coordinator, and the Facility Director confirmed the video surveillance system is inspected on an annual basis. There are currently 332 video surveillance cameras at HRC (281 indoor video surveillance cameras and 51 outdoor video surveillance cameras). There have been no upgrades to the video surveillance system since the last PREA Audit in September 2020. The last upgrade to the video surveillance system occurred on January 1, 2014, and is noted on the 2023 HRC Video Surveillance and Staffing Plan.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. 2023 HRC Video Surveillance and Staffing Plan 2. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Agency PREA Coordinator 3. Interview with Facility Director
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The Justice Center of New York conducts sexual harassment and sexual abuse administrative and criminal investigations. All alleged incidents of sexual harassment and sexual abuse which may be criminal in nature are also reported to other appropriate authorities as required (including the New York State Police). The OCFS Deputy Commissioner formally asked the Justice Center of New York Executive Director to comply with all PREA investigative standards in a letter dated June 8, 2021. A representative from the Justice Center of New York was contacted and stated that all agents who conduct investigations at OCFS facilities have been trained in a uniform evidence protocol by the National Institute of Corrections (NIC). He also stated they complete all criminal and sexual abuse/PREA investigations for</p>

allegations at all New York OCFS facilities (including HRC).

(b) HRC does not have internal administrative investigators nor does the agency. HRC is not responsible for completing any form of criminal or administrative sexual abuse investigations. All sexual abuse investigations are completed by the Justice Center of New York. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from the Justice Center of New York.

(c) The Facility Director, Facility PREA Compliance Manager, and medical staff stated during their interviews that Vassar Brothers Medical Center is where a resident would be transported for a forensic examination by a SANE/SAFE. HRC has a Memorandum of Agreement with Vassar Brothers Medical Center that confirms Vassar Brothers Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner or a similarly credentialed examiner with the patient's consent. This examiner will collect and maintain the integrity of evidence collected during the examination for law enforcement. Vassar Brothers Medical Center will also contact Family Services' Center for Victim Safety and Support to send an advocate to the hospital to provide rape crisis counseling and advocacy services to the victim.

A representative from Vassar Brothers Medical Center was contacted by this auditor and was able to confirm the details of the Memorandum of Agreement and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to their hospital.

OCFS Policy 3243.16 - Payment for Health Services states "The New York State Office of Children and Family Services (OCFS) is responsible for payment of health care services provided to youth who are in a Division of Juvenile Justice and Opportunities for Youth (DJJOY) residential facilities."

In reviewing documentation, there were no incidents of sexual abuse at HRC during the past 12 months that involved penetration and required a resident to be transported to Vassar Brothers Medical Center for a forensic examination by a SANE/SAFE.

(d) The Agency PREA Coordinator provided this auditor with a Memorandum of Understanding with Family Services' Center for Victim Safety and Support that states a Family Services' Center for Victim Safety and Support advocate would be dispatched to the hospital to provide rape crisis counseling and advocacy services to the victim.

A representative from Family Services' Center for Victim Safety and Support was interviewed by this auditor and confirmed an advocate would respond to Vassar Brothers Medical Center to provide rape crisis counseling, emotional support, and advocacy services to any victim of sexual abuse.

(e) HRC has a Memorandum of Understanding with Family Services' Center for Victim Safety and Support which states an advocate would be contacted to

accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This auditor was provided a copy of the Memorandum of Understanding with Family Services' Center for Victim Safety and Support to review. In addition, this auditor was able to interview a representative from Family Services' Center for Victim Safety and Support to confirm the services listed in the Memorandum of Understanding are available to any resident victim of sexual abuse at HRC.

(f) The Justice Center of New York conducts sexual harassment and sexual abuse administrative and criminal investigations. All alleged incidents of sexual harassment and sexual abuse which may be criminal in nature are also reported to other appropriate authorities as required (including the New York State Police). The OCFS Deputy Commissioner formally asked the Justice Center of New York Executive Director to comply with all PREA investigative standards in a letter dated June 8, 2021. This auditor was provided a copy of the letter to the Justice Center of New York to confirm compliance with this standard. An interview with a representative from the Justice Center of New York confirmed his agency complies with all PREA investigative standards when completing an investigation at HRC.

Reviewed documentation to determine compliance:

1. Payment for Health Services Policy (PPM 3243.16)
2. Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021)
3. Memorandum of Agreement with Vassar Brothers Medical Center
4. Memorandum of Understanding with Family Services' Center for Victim Safety and Support

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Facility PREA Compliance Manager
4. Interview with Representative from Justice Center of New York
5. Interview with Representative from Vassar Brothers Medical Center
6. Interview with Representative from Family Services' Center for Victim Safety and Support

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “OCFS requires that an investigation be conducted and documented whenever a violation of this policy is alleged. The Justice Center has responsibility for investigation of all PREA related allegations and incidents.”

There were three allegations of staff-on-resident sexual harassment and two allegations of staff-on-resident sexual abuse at HRC during the past 12 months. These allegations were immediately reported to the Justice Center of New York for investigation on the day the alleged incidents were reported and are in the process of being investigated. Interviews with the Facility Director and a representative from the Justice Center of New York confirmed the referral process for any allegations of sexual harassment or sexual abuse. The Facility Director reported any allegations are documented on a Facility Reportable Incident Report and immediately referred to the Justice Center of New York for investigation.

(b) As noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, all allegations of sexual harassment and sexual abuse are referred to the Justice Center of New York for investigation. During an interview with the Facility Director, she confirmed that during an open investigation, communication is maintained between HRC and the Justice Center of New York through telephone calls, emails, and on-site visits. An interview with a representative from the Justice Center of New York also confirmed these statements.

Information regarding the referral of allegations of sexual harassment and sexual abuse for investigation and other PREA related information is posted on the agency website. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas. These posters were observed by this auditor during the tour of the facility.

All allegations of sexual harassment and sexual abuse are referred to the Justice Center of New York within 24 hours and are documented on a Facility Reportable Incident Report. There were three allegations of sexual harassment and two allegations of sexual abuse during the past 12 months at HRC. These allegations were documented in a Facility Reportable Incident Report and were reported to the Justice Center of New York on the day the allegations were reported. This auditor was provided with the Facility Reportable Incident Report that documented the incidents. All the allegations were reported on the same date and are against one staff member. The allegations are currently under investigation by the Justice Center of New York and determinations have not been made at the time of this report.

(c) The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA standards. The letter was dated June 8, 2021, and a copy was provided to this auditor for review. This formal letter notes the responsibilities for OCFS facilities and the Justice Center of New York.

A representative from the Justice Center of New York was contacted and stated his

	<p>agency completes thorough investigations on each incident and sends a detailed report to the Agency PREA Coordinator noting their findings, determinations, and recommendations at the completion of each investigation. The Facility Director noted that following the facility receiving an investigative report from the Justice Center of New York indicating an Unsubstantiated or Substantiated determination regarding a sexual abuse investigation, a PREA Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Facility Compliance Manger.</p> <p>During the past 12 months, there were three allegations of sexual harassment and two allegations of sexual abuse at HRC that are being currently investigated by the Justice Center of New York. Following the completion of any investigation, a detailed investigative report and a determination letter is sent to the Agency PREA Coordinator noting the determination of the investigation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021) 3. Facility Reportable Incident Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Interview with Representative from Justice Center of New York
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states “All employees must receive training that is specific to juveniles and the gender of the population they are working with. Employees must sign an acknowledgement verifying that they understand the training they receive. Staff must be retrained when they transfer to a facility with a different gender population. Current employees must receive this training and receive refresher training annually. The training must include the following:</p>

1. OCFS' zero tolerance policy on sexual abuse and sexual harassment;
2. Staff responsibilities under OCFS' sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
3. Youth's rights to be free from sexual abuse and harassment;
4. Rights of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. Common reactions of juvenile victims of sexual abuse and harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth;
8. How to avoid inappropriate relationships with youth;
9. Effective and professional communication with youth including those who identify as lesbian, gay, bisexual, transgender, intersex and/or gender nonconforming;
10. Compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent for OCFS youth."

All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training at the Training Academy upon hire. Current employees who received this training, receive refresher trainings annually (OCFS – PREA Policy Review).

All staff interviewed reported receiving the above-mentioned training/refreshers regarding PREA on an annual basis. In addition, staff interviewed discussed receiving additional PREA refreshers during staff meetings to review any policy changes or PREA-related issues that may be observed in the facility. Training logs from 2022 and 2023 were provided and reviewed by this auditor, and indicated all staff who may have contact with residents at HRC completed the training/refreshers on an annual basis.

(b) PREA training is provided specific to the facility annually. HRC only houses male residents; therefore, the training is tailored to that population. If a staff is reassigned to another OCFS facility which houses female residents, as per OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment, that staff would receive training tailored to the female population. This auditor reviewed the training specific to those staff working with male residents at HRC. After reviewing this training, it was confirmed the training is tailored to male residents.

In addition to the above-mentioned trainings, OCFS Policy 3442.00 – Lesbian, Gay, Bisexual, Transgender, and Questioning Youth states all OCFS staff are required to attend LGBT training on an annual basis. This training raises awareness and capacity for staff to respond to gender identity, sexual orientation, and gender expression issues in residential settings.

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.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states "Current employees must receive the initial PREA training and receive refresher trainings annually."

This auditor reviewed staff training records from 2022 and 2023 and confirmed all staff completed the annual PREA training/refreshers on an annual basis. Interviews with staff also confirmed they receive the training/refreshers on an annual basis and understood the material that was covered in the training/refreshers they received.

(d) All staff who successfully complete the annual PREA training must sign a PREA Training Roster following the training. The PREA Training Roster contains the staff's last name, first name, position/job title, and a box to note if they understood the training they received (the staff prints yes or no in the box). The PREA Training Roster is then signed by the instructor and dated. This auditor was able to review the 2022 and 2023 PREA Training Rosters and confirmed they had the appropriate staff signatures and noted if they understood the training they received.

Interviews with randomly selected staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, the zero-tolerance policy, and the residents and staff's right to be free from retaliation for reporting allegations of sexual harassment and sexual abuse during interviews. In addition, staff are provided "PREA Cards" which outlines procedures and proper protocol for protecting residents from imminent sexual abuse and their role as a first responder. 11 out of 12 staff interviewed were carrying their "PREA Card" on their person and displayed it to this auditor when requested. Staff were also able to note the appropriate steps they would take to protect residents of imminent sexual abuse as well as their role as a first responder.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment Policy (PPM 3247.01)
2. Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy (PPM 3442.00)
3. PREA Training Curriculums
4. 2022 Staff Training Logs
5. 2023 Staff Training Logs
6. PREA Cards

Interviews:

1. Random Staff Interviews

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "All volunteers and contractors who have intended contact with youth must be trained on their responsibilities under this policy. The level and type of training must be based on the services they provide and the level of contact they have with youth. Regardless of level of contact, all volunteers and contractors who have contact with youth must be notified in writing of OCFS' zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The facility must maintain documentation confirming that contractors and volunteers have understood the training that they have received."</p> <p>HRC reported that there are three contracted staff and eight volunteers currently approved to enter the facility. During the past 12 months, there have been three contracted staff and eight volunteers approved to enter the facility. All volunteers approved to enter this facility have been trained on PREA and they have received the Sexual Misconduct Brochure which highlights the agency zero tolerance policy, maintaining appropriate relationships with the residents, and their duty to report/ how to report sexual harassment and/or sexual abuse.</p> <p>During an interview with the Facility Director, it was noted that prior to entering the facility, all volunteers and contracted staff are given of Sexual Misconduct Brochure and Volunteer/Contractor Training and Acknowledgement Form to review and sign off indicating they have received the training and understood it.</p> <p>(b) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes all volunteers and contracted staff who have contact with residents will receive training regarding their responsibilities and obligations under this policy. Prior to entering the facility, all volunteers and contracted staff are to receive a Sexual Misconduct Brochure and Volunteer/Contractor Training and Acknowledgement Form to review and sign off noting they understand the material in the brochure.</p> <p>(c) HRC maintains training records for volunteers and contracted staff who have been approved to enter the facility and have contact with residents. All volunteer/ contracted staff training records are kept on a database at the facility and maintained by the Facility Director. The Facility Director was able to explain the process of educating a volunteer/contracted staff prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the importance of appropriate interactions with the residents.</p> <p>There have been three contracted staff and eight volunteers approved to enter HRC during the past 12 months. This auditor requested and received signed Volunteer/ Contractor Training and Acknowledgement Forms for all of the contracted staff and volunteers approved to enter this facility during the past 12 months to confirm they</p>

	<p>received the required training prior to entering the facility and having contact with residents.</p> <p>There were no contracted staff or volunteers at the facility during the on-site portion of the audit for this auditor to interview.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Volunteer/Contractor Training and Acknowledgement Form Template 3. Signed Volunteer/Contractor Training and Acknowledgement Forms 4. Sexual Misconduct Brochure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3402.00 - Limited Secure and Non-Secure Facilities Admission and Orientation states “upon admission to any OCFS limited secure/non-secure facility, youth must be informed of the OCFS zero tolerance policy on excessive use of force, sexual abuse, and sexual harassment.” In addition, OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Upon admission, and no later than 72 hours, youth must be provided information, in an age-appropriate manner, either in person or video, about their rights to be free from sexual abuse and sexual harassment, and free from retaliation for reporting allegations of sexual abuse and sexual harassment. Youth must be provided with and sign for receipt of OCFS 4902 What You Should Know About Sexual Abuse within first 72 hours of admission. Youth must be provided information concerning prevention, intervention, self-protection, reporting of sexual abuse and the agency’s zero tolerance policy.”</p> <p>This auditor was able to review a copy of the OCFS PREA pamphlet “Checking in for Your Safety at OCFS DJJOY.” All residents receive a copy of this pamphlet upon admission to HRC. This pamphlet is available in both English and Spanish. Upon receiving the pamphlet “Checking in for Your Safety at OCFS DJJOY” at intake, each resident signs an acknowledgement form noting they received this pamphlet. This auditor was able to review ten randomly selected resident’s files to confirm each resident received the PREA education pamphlet at intake and signed an</p>

acknowledgement form noting they received the pamphlet. Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received a copy of the OCFS PREA pamphlet "Checking in for Your Safety at OCFS DDJOY" during their intake.

(b) HRC delivers comprehensive PREA education to each resident following the intake process (during their first day at the facility). During the comprehensive PREA education, each resident receives a copy of the PREA pamphlet titled "What you should know about Sexual Abuse/Harassment" and reviews this pamphlet with a therapist. This education includes each resident's right to be free from both sexual harassment and sexual abuse and retaliation for reporting such incidents.

HRC reports there were 129 residents admitted into the facility whose stay was 10 days or longer during the past 12 months and all 129 of the residents received comprehensive PREA education following their intake into the facility. This auditor reviewed ten randomly selected resident's files and confirmed all ten of the resident's files noted these residents received the comprehensive PREA education within 10 days of being admitted into the facility. All residents interviewed confirmed they received comprehensive PREA Education and each resident's file had a signed acknowledgement form noting their received the comprehensive PREA education.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "youth who are transferred to another facility must receive this information again to the extent that the information from the previous facility differs from their new facility."

Intake staff interviewed reported each resident admitted into HRC receives a copy of the OCFS PREA pamphlet "Checking in for Your Safety at OCFS DJJOY" during the intake process. They were able to describe reviewing the agency zero tolerance policy and reviewing and providing each resident with the OCFS PREA pamphlet "Checking in for: Your Safety at OCFS DJJOY". In addition to providing each resident with this pamphlet during intake, a therapist completes a comprehensive PREA education session following the intake process by providing each resident with a PREA pamphlet titled "What you should know about Sexual Abuse/Harassment". The therapist then reviews this pamphlet with the resident and answers any questions they may have prior to the resident signing the acknowledgement form noting they received the education. This auditor reviewed ten randomly selected resident's files during the on-site portion of this audit and all ten resident's files reviewed contained a signed copy of the acknowledgement form noting the resident received the comprehensive PREA education per OCFS policies noted above.

All residents interviewed confirmed they received comprehensive PREA education following their intake into the facility. They also acknowledged reviewing and receiving a copy of the OCFS PREA pamphlet "Checking in for: Your Safety at OCFS DJJOY" upon intake and receiving and reviewing a copy of the PREA pamphlet titled "What you should know about Sexual Abuse/Harassment" following the intake

process with a therapist. In addition, residents interviewed stated they receive PREA Education groups in their living units on a regular basis. Staff interviewed also noted these PREA Education groups are facilitated on a regular basis in the living units to re-educate the residents on the importance of PREA and its role in the facility.

(d) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "The required information must be communicated orally and in writing, in a language clearly understood by the youth during the admission process. Language assistance resources are available through the OCFS Public Information Office. Facilities must not rely upon youth interpreters, youth readers or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could jeopardize a youth's safety, the performance of first responder duties subject to section 115.364 of the PREA Juvenile Standards, or the investigation of the youth's allegations. All education and information must be made available in formats accessible to all youth (limited English, deaf, visually impaired, or otherwise disabled, as well as limited reading skills)."

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

This auditor interviewed three cognitively disabled residents residing at HRC during the on-site portion of this audit. These residents confirmed all PREA educational materials were explained to them in a language they understood. There was one limited English proficient resident residing at the facility during the on-site portion of this audit. This resident was interviewed and stated that his primary language is Spanish, and his secondary language is English. This resident stated that he was aware of the services available to him through the Office of Communications. He stated that there have been times he has used the interpreters available through the Office of Communications during his stay at this facility to assist him with understanding material that is being presented to him.

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

All resident comprehensive PREA education is documented on an acknowledgement form. This acknowledgement form is signed and dated by the resident upon receiving the comprehensive PREA education information and is also signed and

dated by the staff who delivered the education. In addition, each resident receives a copy of OCFS' PREA education pamphlet "Checking in for: Your Safety at OCFS DJJOY" upon intake into the facility. Each resident signs an acknowledgement form noting they received this pamphlet. These acknowledgement forms are kept in the resident's files. This auditor was able to review ten resident's files and each file contained the above-mentioned documentation confirming the resident received the PREA pamphlet "Checking in for: Your Safety at OCFS DJJOY" during the intake process and comprehensive PREA education following the intake process.

(f) At intake, all residents receive the OCFS PREA pamphlet titled "Checking in for: Your Safety at OCFS DJJOY". This pamphlet includes information about the agency's zero-tolerance policy and reporting information noting ways to report an allegation of sexual harassment or sexual abuse. Following the intake process, each resident receives comprehensive PREA education by receiving and reviewing a copy of the PREA pamphlet titled "What you should know about Sexual Abuse/Harassment" with a therapist. In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA. Each resident interviewed was knowledgeable of the PREA standards and their role in the facility.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01)
2. Limited Secure and Non-Secure Facilities Admission and Orientation (PPM 3402.00)
3. PREA Youth Brochure "Checking in for: Your Safety at OCFS DJJOY"
4. OCFS - 4902 Youth Admission Handout "What you should know about Sexual Abuse/Harassment"
5. Resident Files
6. Signed Resident Acknowledgement Forms
7. PREA Posters
8. Tour of Facility

Interviews:

1. Interviews with Intake Staff
2. Random Resident Interviews
3. Interviews with Cognitively Disabled Residents
4. Interview with Limited English Proficient Resident

115.334	Specialized training: Investigations
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

(a) The Justice Center of New York is the state entity outside of the agency responsible for the investigation of all allegations of sexual harassment and sexual abuse in all OCFS facilities. OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, states “OCFS requires that an investigation be conducted and documented whenever a violation of this policy is alleged. The Justice Center has responsibility for investigation of all PREA related allegations and incidents.”

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

(b) The Justice Center of New York is responsible for the investigation of all allegations of sexual harassment and sexual abuse in all OCFS facilities. A representative from the Justice Center of New York was interviewed and confirmed all investigators complete the National Institute of Corrections training “Investigating Sexual Abuse in a Confinement Setting”. This training covers the topics of interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c) The Justice Center of New York is responsible for the investigation of all allegations of sexual harassment and sexual abuse in all OCFS facilities. The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance with the PREA standards. This letter was dated June 8, 2021, and a copy was provided to this auditor for review.

(d) A representative from the Justice Center of New York was interviewed by this auditor and confirmed the Justice Center of New York ensures all agents conducting investigations of sexual harassment and sexual abuse have completed the above-mentioned training offered by the National Institute of Corrections as well as other trainings specific to sexual abuse/sexual harassment in a confinement facility.

In addition, the Agency PREA Coordinator and Facility Director were able to confirm all allegations of sexual harassment and sexual abuse are referred to the Justice Center of New York for investigation. There were three allegations of sexual harassment and two allegations of sexual abuse at HRC during the past 12 months. A determination has not been made regarding these investigations at the time of this report as all of the allegations were reported on the same date and are still open while being investigated by the Justice Center of New York.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) 2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within the PREA standards (letter dated June 8, 2021) 3. Facility Reportable Incident Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Representative from the Justice Center of New York
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Medical staff and mental health clinicians must receive specialized training (in addition to the training provided to all employees) in the following: detecting and assessing signs of sexual abuse and harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”</p> <p>There are currently seven medical staff and five mental health staff (12 specialized staff in total) employed at HRC. Training records reviewed by this auditor confirmed all medical staff and mental health staff at the facility completed the specialized trainings. Medical and mental health staff completed the specialized training titled “PREA: Specialized Training for Medical and Mental Health Staff.” Medical and mental health staff are required to complete this training on an annual basis. Interviews with two medical staff and two mental health staff confirmed they received the trainings and understood the material specific to their job title.</p> <p>(b) Medical staff at HRC do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Vassar Brothers Medical Center by a SANE/SAFE. A Memorandum of Agreement is in place with Vassar Brothers Medical Center that confirms Vassar Brothers will provide a forensic rape examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed examiner. This auditor was provided with a copy of the Memorandum of Agreement with Vassar Brothers Medical Center to confirm compliance.</p>

	<p>(c) This auditor received and reviewed medical and mental health staff training records and sign off/acknowledgement forms at HRC. In addition, interviews with medical and mental health staff confirmed they had received and understood the specialized trainings they received specific to their job title.</p> <p>(d) As noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, medical staff and mental health staff also receive the PREA training that all staff at the facility are required to complete on an annual basis. Medical and mental health staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual harassment and sexual abuse prevention, detection, and response at HRC. This auditor was able to review medical and mental health staff training records to confirm they received and successfully completed the annual PREA training that all staff at HRC are required to complete. This was also confirmed during interviews with mental health staff and medical staff at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) 2. Mental Health Staff/Medical Staff Specialized Training Records 3. PREA Training Curriculums 4. Memorandum of Agreement with Vassar Brothers Medical Center <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical Staff 2. Interviews with Mental Health Staff 3. Interview with Representative from Vassar Brothers Medical Center
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment addresses the use of the Facility Classification Form. This policy states “Youth are to be screened for potential vulnerabilities to victimization and propensity to victimize others with sexually aggressive behavior upon arrival/ intake at an OCFS facility. This screening will be documented using OCFS 4928 Facility Classification Form and entered into JJIS within 72 hours of admission. Living unit and room assignments must be made accordingly. This form must be reviewed every 30 days and the review must be documented in JJIS.”</p>

This auditor discussed the Facility Classification Form with staff who complete the form and the Facility PREA Compliance Manager. The Facility Classification Form is completed by a therapist upon intake. Residents are reassessed every 30 days after the initial screening by therapists during monthly Support Team Meetings with the resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at HRC.

During the past 12 months, there were 140 residents admitted to HRC whose length of stay in the facility was 72 hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents upon intake by being administered the Facility Classification form by a therapist. This auditor was able to confirm the Facility Classification Form is completed upon intake by interviewing staff who complete the assessment and by reviewing the database that logs the Facility Classification Forms with the Facility Director.

Interviews with residents confirmed the Facility Classification Form is completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at HRC. Ten current resident files were reviewed for documentation verifying the risk assessments were being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening (Facility Classification Form) completed within 72 hours of intake and every 30 days following their intake.

(b) This auditor reviewed the Facility Classification Form with the Agency PREA Coordinator, Facility Director, and Facility Compliance Manager. Upon review, it was determined that the Facility Classification Form is not an objective screening assessment as a staff determines if the resident is sexually vulnerability or sexually aggressive. During conversations with the Agency PREA Coordinator, it was confirmed the agency is in the process of implementing an objective risk assessment. This objective risk assessment is titled "Vulnerability Assessment Instrument". Following the on-site portion of this audit, HRC was able to reassess each resident at the facility using the Vulnerability Assessment Instrument. This objective risk assessment was implemented at the facility during the week of May 15 - 19, 2023. It is expected that all residents admitted into HRC during the Corrective Action Period will be administered the Vulnerability Assessment Instrument within 72 hours of intake.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "At a minimum, the facility must attempt to ascertain information about: prior sexual victimization or abusiveness; any gender non-conforming appearance or manner of identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth's own perception of vulnerability; and any other specific information about the individual youth that may indicate needs

for heightened supervision, additional safety precautions, or separation from certain other youth.”

This auditor was able to review the Facility Classification Form that was used to screen residents at HRC and confirmed this form captures the information required in this standard. Although the Facility Classification Form captures the information required in this standard, it is not an objective screening assessment and was replaced with the Vulnerability Assessment Instrument during the week of May 15 – 19, 2023. It is expected that HRC will continue to implement the Vulnerability Assessment Instrument during the Corrective Action Period.

(d) Interviews with staff that administer the risk assessment revealed that therapists interview each resident face to face upon admission. It was noted the risk assessment is completed during the resident’s intake on their first day at the facility (no later than 72 hours after their admission). During interview with staff that administer the risk assessment, it was confirmed that they use case history notes and behavioral records when completing the initial risk assessment Form during intake.

(e) All completed risk assessments are securely kept on a database and the only staff with access are Youth Counselors, therapists, and Administrative Staff at HRC. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident’s detriment by staff or other residents. During interviews with the Facility Director and Facility PREA Compliance Manager, this auditor was able to view the database to confirm confidentiality of the documents. In addition, interviews with staff confirmed all pertinent information and/or Individual Intervention Plans are kept in a binder in the Central Control Center and the Administrator on Duty’s office to ensure all staff are aware of any precautions implemented to protect the resident(s) at the facility.

Corrective Action:

HRC will continue to implement the Vulnerability Assessment Instrument (an objective screening assessment) to screen all residents within their first 72 hours at the facility and periodically throughout their stay at the facility (residents will be reassessed every six months). This risk assessment will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

In addition, all residents admitted into the facility moving forward will be assessed using the Vulnerability Assessment Instrument. HRC will be expected to provide completed risk assessments to this auditor during periodic check-ins for 90 days after the initial implementation date of the assessment to confirm compliance.

Resolution:

Since the on-site portion of this audit and during the Corrective Action period, HRC was able to fully transition from the Facility Classification Form to the Vulnerability

Assessment Instrument. The Vulnerability Assessment Instrument is an objective risk assessment that is used to screen all residents within 72 hours of intake and periodically throughout their stay at the facility to obtain and use information about each resident's history and behaviors to reduce the risk of sexual abuse by or upon a resident. All residents who were residing at HRC prior to the implementation of the Vulnerability Assessment Instrument were reassessed using this objective risk assessment. The Facility PREA Compliance Manager and Agency PREA Coordinator were able to forward this auditor completed Vulnerability Assessment Instruments for randomly selected residents who were admitted into this facility since the on-site portion of this audit during regular check ins throughout the Corrective Action period.

The Agency PREA Coordinator was able to discuss the transition process with this auditor during the Corrective Action period and confirmed the facility had fully transitioned to the Vulnerability Assessment Instrument to assess and reassess each resident at HRC in June 2023. Prior to the Corrective Action period, the facility was reassessing residents using the Facility Classification Form every 30 days. Residents are now reassessed every six months using the Vulnerability Assessment Instrument. The Agency PREA Coordinator also reported that therapists who administer the Vulnerability Assessment Instrument have been trained on how to administer the objective risk assessment.

The following is a breakdown of information regarding intakes and Vulnerability Assessments conducted that this auditor received from the facility during the Corrective Action period to confirm compliance with this standard:

Month	Residents Admitted	Vulnerability Assessment Instruments Completed	Vulnerability Assessment Instruments Reviewed
June 2023	9	9	4
July 2023	9	9	5
August 2023	7	7	5
TOTALS	25	25	14

During the Corrective Action period, there were 25 residents admitted to HRC. The facility reported that all 25 residents were assessed for risk of sexual vulnerability or sexual aggressiveness using the Vulnerability Assessment within 72 hours of intake. This auditor requested and received 14 randomly selected Vulnerability Assessment Instruments that were completed during the Corrective Action period to confirm compliance with this standard (56% of all completed Vulnerability Assessments were reviewed by this auditor).

HRC is now in compliance with this standard.

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Facility Classification Form (OCFS - 4928) 3. Vulnerability Assessment Instrument 4. Completed Facility Classification Forms 5. Completed Vulnerability Assessment Instruments 6. Review of Residents Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Interviews with Staff That Performs Screening for Risk of Victimization and Abusiveness 4. Random Resident Interviews
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Youth are to be screened for potential vulnerabilities to victimization and propensity to victimize others with sexually aggressive behavior upon arrival/intake at an OCFS facility. This screening will be documented using OCFS 4928 Facility Classification Form and entered into JJIS within 72 hours of admission. Living unit and room assignments must be made accordingly.”</p> <p>Interviews with the Facility Director and Facility PREA Compliance Manager noted the Facility Classification Form was completed by a therapist within 72 hours of intake and living unit and bedroom assignments were made accordingly to keep all residents at HRC free from sexual harassment and sexual abuse. However, a review of the Facility Classification Form confirmed this risk assessment was not an objective screening assessment. Therefore, there were no residents at the facility who were determined to be sexually vulnerable or sexually aggressive by using an objective screening assessment to determine this status. Since the on-site portion of this audit, the facility replaced the Facility Classification Form with the Vulnerability Assessment Instrument (Vulnerability Assessment Instrument was implemented in this facility during the week of May 15 - 19, 2023). HRC will be expected to continue to implement the Vulnerability Assessment Instrument and use the information gathered from this assessment to make living unit and bedroom assignments during</p>

the Corrective Action Period.

(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Youth may be isolated from other youth only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then, only until an alternative means of keeping all youth safe can be arranged. During any period of isolation youth must receive large muscle exercise, educational programming, daily visits from medical or mental health staff, and access to other programs to the extent possible. If a youth is isolated, the facility must clearly document the basis for the facility’s concern for the youth’s safety and the reason why no other alternative means of separation can be arranged. Every 30 days, the facility must afford a youth isolated as described above a review of the circumstances to determine whether there is a need for continued separation from the general population.”

It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at HRC. Interviews with the Facility Director and the Facility PREA Compliance Manager confirmed HRC has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment and OCFS Policy 3442.00 – Lesbian, Gay, Transgender, or Questioning Youth both state “Lesbian, gay, transgender, bisexual, or intersex youth must not be placed in particular housing, bed, or other assignments solely on the basis of such identification, or status, or their perceived or actual sexual orientation, nor must the facility consider lesbian, gay, transgender, bisexual or intersex identification or status as an indicator of likelihood of being sexually abusive.”

There were no residents residing at HRC who identified as LGBTI during the time of the on-site portion of this audit. In addition, there were no residents who identified as LGBTI admitted into this facility during the past 12 months. Therefore, there were no residents for this auditor to interview.

An interview with the Facility Director confirmed that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. The Facility PREA Compliance Manager stated residents are placed in appropriate living units and bedrooms by using the results from the Facility Classification Form to ensure safety.

(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “In deciding whether to assign a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, OCFS must consider on a case by case basis whether the placement would promote the youth’s health and safety, and whether the placement would present management and/or security problems.”

There have been no transgender or intersex residents admitted to HRC during the

past 12 months. Therefore, there was no documentation for this auditor to review.

Interviews with the Facility Director and Facility PREA Compliance Manager confirmed a decision to place the transgender residents at HRC is made at the agency level and in the best interest of the resident's safety. These statements were also confirmed during interviews with the Agency Head designee and the Agency PREA Coordinator. The Agency Head Designee and Agency PREA Coordinator stated the Bureau of Behavioral Health Services heads a committee that decides whether to place a transgender or intersex resident at a male or female OCFS facility.

(e) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Placement and programming for transgender and intersex youth must be reassessed at least twice a year or sooner if a complaint has been made, to review any threat to safety experienced by the youth."

There have been no transgender or intersex residents admitted to HRC during the past 12 months. Therefore, there was no documentation for this auditor to review. Interviews with the Facility Director and Facility PREA Compliance Manager noted transgender or intersex residents' treatment plans and placement would be reviewed monthly during Support Team Meetings with the resident. All members of the resident's treatment team attend these monthly Support Team Meetings.

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

There have been no transgender or intersex residents admitted to HRC during the past 12 months. Interviews with the Facility Director and Facility PREA Compliance Manager confirmed the facility ensures any transgender or intersex resident's views are given serious consideration as staff are educated on how to interact professionally with these residents during an annual LGBTI Awareness training that all staff at the facility are required to complete.

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

There have been no transgender or intersex residents admitted to HRC during the past 12 months. Therefore, there were no residents for this auditor to interview. Interviews with the Facility Director, Facility PREA Compliance Manager, and staff confirmed transgender and intersex residents are given the opportunity to shower separately from the other residents. They stated all residents in the facility shower separately as only one resident is permitted to use the restroom at time to shower.

(h) OCFS Policy 3247.15 - Room Confinement states "Room confinement shall be used only when a youth constitutes a serious and evident danger to him/herself or others. Room confinement shall be used only to provide for the immediate safety of the youth and/or others when no less restrictive intervention has been, or is likely to be, effective in averting danger. It is not to be considered, in and of itself, as a

method or technique of treatment but rather as an interim measure to control and contain dangerous behavior.”

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

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

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

Corrective Action:

HRC will continue to implement the Vulnerability Assessment Instrument to screen all residents within their first 72 hours at the facility and periodically throughout their stay at the facility. The facility will use the information gathered from this risk assessment to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

HRC will be expected to provide completed risk assessments to this auditor periodic check-ins for 90 days after the initial implementation date of the Vulnerability Assessment Instrument. Completed risk assessments will include documentation noting these assessments were used to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Resolution:

Since the on-site portion of this audit and during the Corrective Action period, HRC was able to transition from the Facility Classification Form to the Vulnerability Assessment Instrument. The Vulnerability Assessment Instrument is an objective risk assessment that is now used at this facility to screen all residents within 72 hours of intake and periodically throughout their stay at the facility (residents are now reassessed every six months). The Facility PREA Compliance Manager and Agency PREA Coordinator were able to forward this auditor completed Vulnerability Assessment Instruments for randomly selected residents who were admitted into this facility and who were assessed using the Vulnerability Assessment Instrument since the on-site portion of this audit during regular check ins throughout the Corrective Action period. Once the Vulnerability Assessments were completed, residents were assigned a living unit and bedroom according to the results that were noted on the assessments. The Facility PREA Compliance Manager then signed

off on each completed Vulnerability Assessment Instrument and living unit/bedroom assignment. Any precautions for residents who score “sexually vulnerable” or “sexually vulnerable” are noted on the Vulnerability Assessment and communicated to all staff at HRC to ensure the safety of all residents.

The Agency PREA Coordinator was able to discuss how the Vulnerability Assessment Instrument is administered to residents at the facility within 72 hours of intake and periodically throughout their stay at the facility. He also noted that the results of each resident’s Vulnerability Assessment Instrument are used to place residents in appropriate bedrooms, programming groups, and work groups at HRC.

This auditor reviewed randomly selected completed Vulnerability Assessment Instruments during regular check ins with the Agency PREA Coordinator to confirm the Vulnerability Assessment Instruments were administered to residents and used to place residents in appropriate bedrooms, programming groups, and work groups at HRC. It was confirmed precautions and reasons for residents being placed in specific bedrooms, programming groups, and work groups were noted on each completed Vulnerability Assessment Instrument.

HRC is now in compliance with this standard.

Reviewed documentation to determine compliance:

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

Interviews:

1. Interview with Agency Head Designee
2. Interview with Agency PREA Coordinator
3. Interview with Facility Director
4. Interview with Facility PREA Compliance Manager
5. Random Staff Interviews
6. Interviews with Staff That Performs Screening for Risk of Victimization and Abusiveness

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Youth who believe they have been subjected to conduct prohibited by this policy have the option to report the incident to a designated staff member other than an immediate point-of-contact line staff member. That includes, but is not limited to, the unit/office supervisor, counselor, mental health clinician, medical personnel, or any facility administrator.”

Reporting information is delivered to the residents through the intake process, comprehensive PREA education, PREA education groups, Resident Handbook, pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual harassment and sexual abuse.

Interviews with residents confirmed they were educated on how to report allegations of sexual harassment, sexual abuse, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations to facility staff, administrative staff, the Justice Center of New York, and the Office of the Ombudsman.

(b) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Youth also have the option of reporting allegations to the Office of the Ombudsman (OTO) and/or the Special Investigations Unit (SIU) via their respective toll-free numbers posted on all living units. Additionally, youth, their families, and the public have the ability to report allegations outside OCFS via the toll-free number for the Vulnerable Persons Central Register Hotline (VPCR), which is part of the NYS Justice Center for the Protection of People with Special Needs (Justice Center).”

Reporting information is delivered to the residents through the intake process, comprehensive PREA education, PREA education groups, Resident Handbook, pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual harassment and sexual abuse.

In addition, the pamphlets “What you should know about Sexual Abuse/ Harassment” and “Checking in for: Your Safety at OCFS DJJOY” were reviewed by this auditor and they contained telephone numbers and addresses for residents to report allegations of sexual harassment and sexual abuse to agencies outside of OCFS. In this case, the pamphlets contained the toll-free telephone numbers and addresses to the Office of the Ombudsman, Justice Center of New York, and the toll-free number for the Vulnerable Persons Central Register Hotline.

All residents interviewed were aware of their right to contact outside agencies including the Office of the Ombudsman and the Justice Center of New York. Residents interviewed also confirmed they received this information through posters

in their living units and around the facility, pamphlets, PREA education received at intake, comprehensive PREA education, and PREA education groups in the living units.

There are no residents placed at HRC (or any OCFS facility) solely for civil immigration purposes. However, during interviews with agency management, it was determined they would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual harassment and/or sexual abuse.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "Facility staff must accept reports, including reports made regarding other OCFS or non-OCFS facilities that are made verbally, in writing, anonymously, and from third parties. Verbal reports must be promptly documented."

Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual harassment, sexual abuse, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Activity Report (20-79 Form), notify the Administrator on Duty, and contact the Justice Center of New York immediately to report the allegation.

(d) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "The necessary materials to submit written reports will be provided to all youth. Youth also have the option of reporting allegations to the Office of the Ombudsman and/or the Special Investigations Unit (SIU) via their respective toll-free numbers posted on all living units. Additionally, youth, their families, and the public have the ability to report allegations outside OCFS via the toll-free number for the Vulnerable Persons Central Register Hotline (VPCR), which is part of the NYS Justice Center for the Protection of People with Special Needs (Justice Center)."

Interviews with residents confirmed they are educated on ways to report allegations of sexual harassment or sexual abuse upon intake into the facility, comprehensive PREA education, and through PREA education groups in the living units. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the Office of the Ombudsman or Justice Center of New York either in writing or by calling the toll-free telephone numbers listed in their Resident Handbook, pamphlets, and on posters posted throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.

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

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual harassment and sexual abuse. All staff interviewed stated they could report the allegation to an administrative staff at the facility or by

	<p>reporting the allegation directly to the Justice Center of New York via the toll-free hotline.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00) 3. OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment” 4. Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY” 5. Posters in Living Units <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Random Resident Interviews
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a - h) OCFS does not consider the grievance process as a formal mechanism to report sexual harassment or sexual abuse. However, if the facility would receive a grievance alleging sexual harassment or sexual abuse, it would be treated as an Emergency Report. In the event of an Emergency Report being filed using the grievance process, a final decision would be issued by the agency within five days of receiving the Emergency Report. OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment confirmed the grievance process is not a formal mechanism to report sexual harassment or sexual abuse. A review of grievance records and an interview with the Facility Director revealed there were no grievances filed related to sexual harassment, sexual abuse, or retaliation during the past 12 months.</p> <p>OCFS pamphlets “What you should know about Sexual Abuse/Harassment” and “Checking in for: Your Safety at OCFS DJJOY” describe various ways a resident can report sexual harassment and sexual abuse. Each resident receives a copy of these pamphlets at intake and during the comprehensive PREA education sessions, and a therapist reviews these pamphlets during the intake process and the comprehensive PREA education session with each resident. The grievance process is not listed as a formal mechanism to report sexual harassment or sexual abuse in either of these pamphlets.</p>

	<p>All residents interviewed were aware of the grievance procedure. All the resident's files reviewed contained notification of the grievance process. In addition, all staff interviewed could describe the steps they would take to protect a resident from imminent sexual abuse. These steps included separating the resident from the threat, increasing supervision, contacting the Administrator on Duty, and documenting the threats in writing on an Activity Report (20-79 form).</p> <p>There were no grievances filed by third parties alleging sexual harassment, sexual abuse, or retaliation at HRC during the past 12 months. This was confirmed by reviewing Facility Reportable Incident Reports and grievance records with the Facility Director during the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00) 3. OCFS - 4902 Youth Admission Handout "What you should know about Sexual Abuse/Harassment" 4. Resident Handbook - "Checking in for: Your Safety at OCFS DJJOY" 5. Review of Residents Files 6. Review of Facility Grievance Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff 3. Random Resident Interviews
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Staff must attempt to make available a victim advocate from a rape crisis center and must document effort to provide rape crisis services."</p> <p>OCFS pamphlets "What you should know about Sexual Abuse/Harassment" and "Checking in for: Your Safety at OCFS DJJOY" discuss the residents right to contact victim advocates from a rape crisis center. All residents receive a copy of these</p>

pamphlets at intake. In addition to residents receiving a copy of the above-mentioned pamphlets, there are numerous posters posted around the facility with telephone numbers and addresses to Family Services' Center for Victim Safety and Support. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility. HRC also has a Memorandum of Understanding with Family Services' Center for Victim Safety and Support. This Memorandum of Understanding states Family Services' Center for Victim Safety and Support will provide any victim of sexual abuse a victim advocate.

Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual abuse at HRC.

(b) Most of the residents interviewed were aware of the services available to them from Family Services' Center for Victim Safety and Support in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with Family Services' Center for Victim Safety and Support is confidential and private. In addition, the residents understood the responsibility of the victim advocate to report new information of sexual abuse to the authorities as they are mandated to report that information. Residents noted during interviews this information is provided to them during their intake, is noted on posters throughout the facility, and reviewed during PREA Education groups.

There were two allegations of sexual abuse at HRC during the past 12 months. This auditor interviewed one resident who made an allegation of sexual abuse and he stated that he was offered the opportunity to contact an advocate from Family Services' Center for Victim Safety and Support and he refused. This auditor was unable to interview the other resident who made an allegation of sexual abuse because he was released from the facility prior to the on-site portion of this audit.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Facilities must make efforts to establish a Memorandum of Agreement (MOA) with the medical facility. These efforts must be documented and part of the local operating procedure."

A Memorandum of Understanding is in place with Family Services' Center for Victim Safety and Support in accordance with this standard. This Memorandum of Understanding confirms each party's responsibilities regarding this standard. The Agency PREA Coordinator described this Memorandum of Understanding and the services that are provided by Family Services' Center for Victim Safety and Support (to provide advocacy services to any victims of sexual abuse at HRC). This auditor contacted a representative from Family Services' Center for Victim Safety and Support, and she confirmed the services available to resident victims of sexual abuse that are noted in the Memorandum of Understanding.

(d) Visitation and contact with legal representation and family members is outlined in OCFS Policy 3422.00 - Resident Mail and OCFS Policy 3455.00 - Visits to Youth at DJJOY Facilities. HRC provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these

	<p>visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to family members on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits (if the family can visit).</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Resident Mail Policy (PPM 3422.00) 3. Visits to Youth at DJJOY Facilities Policy (PPM 3455.00) 4. OCFS - 4902 Youth Admission Handout "What you should know about Sexual Abuse/Harassment" 5. Resident Handbook - "Checking in for: Your Safety at OCFS DJJOY" 6. Memorandum of Understanding with Family Services' Center for Victim Safety and Support 7. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Facility PREA Compliance Manager 4. Interview with Representative from Family Services' Center for Victim Safety and Support 5. Interviews with Randomly Selected Staff 6. Random Resident Interviews 7. Interview with Resident Who Made an Allegation of Sexual Abuse
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes multiple methods used to receive third party reports of sexual harassment or sexual abuse and is posted on the agency's website to inform the public about reporting resident sexual harassment and sexual abuse on behalf of residents. Third party reports can also be made to any staff, the Facility Director, the OCFS Ombudsman's Office, Justice Center of New York, law enforcement, or the Department of Social Services.</p>

	<p>This auditor was able to review the agency’s website and confirmed multiple methods to file a third-party report are posted on the website. The agency website noting methods to file a third-party report is https://ocfs.ny.gov/main/rehab/prea.asp. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the visiting area of the facility and were observed by this auditor during the tour of the facility.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual harassment or sexual abuse on their behalf. All staff interviewed acknowledged that they would accept a third-party report of sexual harassment or sexual abuse and respond in the same manner as if they had witnessed the incident themselves. Staff interviewed noted they would document the allegation on an Activity Report (20-79 Form) and report the allegation to the Justice Center of New York for investigation.</p> <p>There were no allegations of sexual harassment or sexual abuse filed by a third party at HRC during the past 12 months.</p> <ol style="list-style-type: none"> 1. Reviewed documentation to determine compliance: 2. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 3. Agency Website 4. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Random Resident Interviews
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “All OCFS employees, contractors, and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the on-call administrator (AOC) or the facility/program director. They also have the ability to privately report sexual abuse and sexual harassment of youths to the Justice Center. OCFS employees are mandated reporters and as such, must report incidents of sexual abuse and sexual harassment to the Justice Center. Failure to report may result in administrative, criminal or disciplinary sanctions appropriate to individual’s status.”</p>

All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Justice Center of New York for investigation as they are Mandated Reporters in the state of New York. All staff interviewed were aware that they must immediately contact the Administrator on Duty to report any information related to sexual harassment or sexual abuse and report the allegation to the Justice Center of New York. Staff also reported they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting an administrative staff and/or the Justice Center of New York.

(b) OCFS Policy 3456.00 – Reporting Familial Child Abuse and Maltreatment Pursuant to Article 19G of the Executive Law states “all OCFS employees and volunteers providing services to residents are mandated reporters. These persons are required to report to the Justice Center of New York whenever they have cause to suspect child abuse or maltreatment of a youth in a residential facility. The mandated reporter hotline is 1-800-635-1522. This policy also notes individuals making a report do not need to be certain a resident has been abused or maltreated, only a ‘reasonable cause to suspect’ abuse or maltreatment is necessary. When in doubt as to whether an incident could constitute child abuse or maltreatment, an employee must contact the Justice Center of New York. The Justice Center of New York will determine if the information meets the requirements to register a report for investigation.”

All staff interviewed were aware of their responsibility to report any allegations of sexual harassment or sexual abuse. The staff were able to describe their role as Mandated Reporters to this auditor during interviews and were aware of the Justice Center of New York hotline to report allegations of sexual harassment and sexual abuse.

(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment contains distinct prohibitions against sharing any information related to a sexual abuse report to anyone other than their direct supervisor, the Administrator on Duty, or the Justice Center of New York. The only acceptable disclosures are relative to investigative, treatment, and security decisions. In addition, this auditor was provided a copy of the Justice Center’s Code of Conduct for Custodians of People with Special Needs. This Code of Conduct reinforces prohibitions against sharing any information regarding residents to anyone besides their direct supervisor and the Justice Center of New York.

Interviews with staff (including mental health staff and medical staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse.

(d) OCFS Policy 3456.00 – Reporting Familial Child Abuse and Maltreatment Pursuant to Article 19G of the Executive Law states “all OCFS employees and volunteers providing services to residents are mandated reporters.”

Mental health and medical staff interviewed indicated that disclosure is provided to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services. In addition, these staff stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual harassment or sexual abuse to their direct supervisor or Administrator on Duty immediately upon learning of the allegation. This information is also reported to the Justice Center of New York for investigation. Staff interviewed also discussed completing Mandated Reporter trainings on an annual basis and were able to discuss their role as mandated reporters during interviews.

(e) OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “All OCFS employees, contractors, and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the on-call administrator (AOC) or the facility/program director.” The Justice Center’s Code of Conduct for Custodians of People with Special Needs reinforces the staff’s responsibility to report any allegations of sexual harassment or sexual abuse to their direct supervisor as well as the Justice Center of New York.

All staff interviewed also stated that in addition to reporting the allegation to their direct supervisor and/or the Administrator on Duty, they are also required to report the allegation to the Justice Center of New York and document the allegation/ incident on an Activity Report (20-79 form).

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

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

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

There were three allegations of staff-on-resident sexual harassment and two allegations of staff-on-resident sexual abuse made during the past 12 months at HRC. These allegations were all made against the same staff by five different residents and were immediately reported to the Justice Center of New York by the Administrator on Duty. The allegations were also documented on a Facility Reportable Incident Report.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Reporting Familial Child Abuse and Maltreatment Policy (PPM 3456.00) 3. Justice Center’s Code of Conduct for Custodians of People with Special Needs 4. Facility Reportable Incident Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Interviews with Medical Staff 4. Interviews with Mental Health Staff 5. Interviews with Randomly Selected Staff
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes when a resident is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility must take immediate action to protect the resident by ensuring there is no contact between the alleged abuser and the alleged victim. In addition, such residents must be monitored, counseled, and provided appropriate treatment. The Justice Center’s Code of Conduct for Custodians of People with Special Needs reinforces this policy.</p> <p>The Agency Head designee was interviewed regarding the protective action the agency takes when learning that a resident to subject to substantial risk of imminent sexual abuse. The Agency Head designee reported the agency would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another OCFS facility or making a living unit change if the potential abuser is a staff working at the facility. The staff could also be removed from the living unit or placed on Administrative Leave pending an investigation. The Agency Head designee stressed the safety of the resident is the agency’s upmost priority.</p> <p>Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to their direct supervisor or the Administrator on Duty. Their direct supervisor or Administrator on Duty would then determine the best course of action to ensure the safety of the resident. In addition, staff interviewed stated they would also document the incident on an Activity Report</p>

	<p>(20-79 Form).</p> <p>An interview with the Facility Director confirmed staff would be expected to act immediately to separate the resident at risk from the potential abuser. In addition, she reported a Safety Plan would be developed and implemented by the Administrator on Duty to ensure the safety of the resident at risk. This Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a living unit and/or bedroom change if necessary.</p> <p>There was one incident at this facility where it was determined the residents may have been subject to substantial risk of sexual abuse during the past 12 months. Upon learning of an allegation regarding a staff and several residents at the facility, the staff was moved out of the living unit and is not permitted to have any contact with any residents at the facility. It was confirmed by this auditor that the staff in question has been placed in a non-contact position at HRC to ensure the staff does not have any contact with any residents until an investigation is completed by the Justice Center of New York. This auditor also reviewed a No Contact Status List noting the staff in question is not to have any contact with any residents at the facility until an investigation is completed by the Justice Center of New York.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Justice Center’s Code of Conduct for Custodians of People with Special Needs 3. Safety Plan - No Contact Status List <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Facility Director 3. Interviews with Randomly Selected Staff
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Upon receiving an allegation that a youth was sexually abused while confined at another facility, the facility director of the facility that received the allegation must notify the facility director of the other facility or appropriate office of the agency (if not an OCFS operated facility) where the alleged abuse occurred and must also notify the appropriate investigative agency. Such</p>

notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification must be documented, and a Reportable Incident Report generated.”

An interview with the Facility Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual harassment or sexual abuse occurring to a resident while in another facility. This auditor also reviewed Facility Reportable Incident Reports to confirm there were not any reports in the past 12 months of any allegations of sexual harassment or sexual abuse occurring to a resident while in another facility.

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

An interview with the Facility Director confirmed she understood the timeframe to notify the agency/facility where the alleged abuse occurred. After reviewing Facility Reportable Incident Reports, it was confirmed that HRC did not receive any allegations that a resident was abused while residing in another facility.

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

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

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

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

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Facility Reportable Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
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115.364	Staff first responder duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Upon learning of an allegation a resident was sexually abused, the first staff member to respond to the scene shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the victim and alleged abuser. 2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence. 3. Request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating. 4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." <p>There were two allegations of sexual abuse at HRC during the past 12 months. These incidents did not require staff to act as first responders.</p> <p>All staff at HRC (and all OCFS facilities) are provided "PREA cards" which outlines procedures and proper protocol for responding to the scene of an alleged sexual assault. Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with OCFS policy. 11 of the 12 staff interviewed were carrying their "PREA cards" on their person.</p> <p>(b) OCFS Policy 3247.00 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes first responder duties for non-security staff are the same as security staff. Non-security staff have been trained appropriately in the above-mentioned duties as a first responder. In addition, all non-security staff are</p>

	<p>also provided “PREA cards” which outlines procedures and proper protocol for responding to the scene of an alleged sexual abuse.</p> <p>Non-security staff interviewed were educated in their role as first responders and were able to articulate exactly what they would be expected to do in the event they were the first responder to an incident of sexual abuse. They stated they would immediately call for assistance so security staff would be able to report to the area of the incident and assist with securing the scene. All non-security staff are also provided “PREA Cards” and were carrying these “PREA cards” on their person during interviews with this auditor as they were able to display the card when prompted.</p> <p>“PREA cards” which are given to all staff (security and non-security) instruct the staff to follow the following steps:</p> <ol style="list-style-type: none"> 1. Call for assistance 2. Separate the victim from the abuser 3. Secure the scene 4. Report the incident to your supervisor 5. Document the incident 6. Contact Medical Staff <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Facility Reportable Incident Reports 3. PREA Cards <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) As required by OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, HRC has developed its own operating procedures to respond to incidents of sexual abuse. This plan is titled HRC Local Operating Procedure and describes the roles of responders (direct care staff, medical staff, mental health practitioners, and administrators) in response to incidents of sexual abuse. This auditor was able to review the HRC’s Local Operating</p>

	<p>Practice and it is aligned with OCFS Policy 3247.01 and all mandated reporting requirements.</p> <p>This auditor was able to review the HRC Local Operating Procedure to confirm this document described the role of administrative staff, direct care staff, medical staff, and mental health staff. The plan is detailed and notes the roles of all staff at HRC. In addition, interviews with administrative staff, direct care staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. HRC Local Operating Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Medical Staff 3. Interviews with Mental Health Staff 4. Interviews with Randomly Selected Staff
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a - b) Collective bargaining agreements do not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline. An interview with the Agency Head designee confirmed that any time there is an allegation, an Individual Intervention Plan for the specific resident(s) is put in place that includes removing the staff from contact with the resident(s) or by placing the staff on Administrative Leave until an investigation can be completed by the Justice Center of New York.</p> <p>This auditor reviewed the New York State Public Employees Federation contract which covers Youth Counselors and the CSEA Local 1000 contract which covers Youth Support Specialists to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p>

	<ol style="list-style-type: none"> 1. New York State Public Employees Federation Union Contract 2. CSEA Local 1000 Union Contract 3. Safety Plan - No Contact Status List <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a - e) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “any employee or resident is prohibited from retaliating against other employees or residents for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action. All OCFS facilities are to act promptly to remedy any form of retaliation.”</p> <p>The Assistant Director of Treatment is the staff charged with monitoring retaliation at HRC. She also serves as the Facility PREA Compliance Manager and monitors staff and residents who make an allegation of sexual harassment or sexual abuse at the facility.</p> <p>It was noted that HRC employs multiple measures, such as housing unit changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual harassment or sexual abuse or for cooperating with investigations. Monitoring at the facility continues for at least 90 days following an allegation of sexual harassment or sexual abuse. Items that are monitored include resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. It was also noted, the facility’s obligation to monitor must terminate should the Justice Center of New York deem the allegation Unfounded following an investigation. There were three allegations of sexual harassment and two allegations of sexual abuse at HRC during the past 12 months. This auditor requested and was provided with Retaliation Monitoring forms that documented retaliation monitoring is being completed by the Assistant Director of Treatment. All allegations occurred on the same date during the past 90 days. As a result, retaliation monitoring was still ongoing during the on-site portion of this audit.</p> <p>An interview with the Assistant Director of Treatment indicated she serves as a retaliation monitor at HRC. She was educated on the signs of retaliation when</p>

	<p>interviewed and seemed sincere about monitoring retaliation at the facility. The Assistant Director of Treatment stated the agency expects actions to be taken immediately to ensure the resident is safe. It is the expectation of the agency that any resident who reports an allegation of sexual harassment or sexual abuse is monitored for at least 90 days or until the allegation is investigated by the Justice Center of New York and determined to be Unfounded. The Assistant Director of Treatment stated she monitors residents by completing status checks for at least 90 days per policy. These status checks are made on a weekly basis during check ins with the resident and/or by reviewing documentation such as resident disciplinary reports, housing or programming changes, and discipline reports. The Assistant Director of Treatment stated if the need would arise, she would continue to complete status checks on the resident for the length of the resident’s stay at the facility, which may exceed the 90-day requirement noted in OCFS Policy 3247.01. Documentation of retaliation monitoring is kept on a Retaliation Monitoring form. This auditor was able to review Retaliation Monitoring forms that are being used to track retaliation monitoring with the Assistant Director of Treatment to confirm compliance with this standard. Due to the allegations being made during the past 90 days, the retaliation monitoring was in progress during the on-site portion of this audit. It was also noted that two of the residents who made allegations had been released from the facility while the retaliation monitoring was on-going.</p> <p>There have been no incidents of retaliation, known or suspected, during the past 12 months at HRC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Retaliation Monitoring Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Person Responsible for Monitoring Retaliation
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.15 – Room Confinement states “segregated housing of residents to keep them safe from sexual misconduct is not used and is prohibited in all OCFS facilities.”</p> <p>Interviews with the Facility Director and Facility PREA Compliance Manager</p>

	<p>confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Room Confinement Policy (PPM 3247.15) 2. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Random Resident Interviews
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "OCFS requires that an investigation be conducted and documented whenever a violation of this policy is alleged. The Justice Center has responsibility for investigation of all PREA related allegations and incidents."</p> <p>Interviews with the Facility Director and Facility PREA Compliance Manger confirmed all PREA related allegations are immediately referred to the Justice Center of New York for investigation. There were three allegations of staff-on-resident sexual harassment and two allegations of staff-on-resident sexual abuse reported to the Justice Center of New York for investigation during the past 12 months at HRC. This auditor was able to review the Facility Reportable Incident Reports and confirmed the allegations were immediately reported to the Justice Center of New York for investigation. These allegations were reported to the Justice Center of New York by the Administrator on Duty the same day the allegations were reported. These allegations involved one staff member and a group of five residents. These allegations were reported to the Justice Center of New York prior to the on-site portion of this audit and remain open as they are still under investigation by the Justice Center of New York.</p> <p>(b) As noted in OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, OCFS facilities (including HRC) do not complete investigations for allegations of sexual harassment or sexual abuse. These investigations are completed by the Justice Center or New York.</p>

An interview with a representative from the Justice Center of New York confirmed all agents at the Justice Center of New York who complete investigations of sexual harassment and sexual abuse allegations at OCFS facilities receive training specific to juvenile sexual abuse victims. He was able to describe the training in detail to this auditor during my interview with him.

(c) An interview with a representative from the Justice Center of New York noted all evidence gathered during the course of an investigation is kept within the investigative file and local law enforcement authorities are contacted as necessary. The representative from the Justice Center of New York stated investigators gather and preserve direct and circumstantial evidence, interview alleged victims, suspected predators, and witnesses during the course of an investigation. In addition, all Activity Reports and video footage of the allegation is also reviewed by investigators from the Justice Center of New York during an open investigation.

(d) An interview with a representative from the Justice Center of New York confirmed investigations are not terminated because the source of the allegation recants the allegation. He stated the investigation would continue until a determination is made.

(e) An interview with a representative from the Justice Center of New York confirmed whenever evidence supports criminal prosecution, the Justice Center of New York coordinates interviews with local law enforcement authorities to avoid obstacles to subsequent criminal prosecution.

(f) An interview with a representative from the Justice Center of New York noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff. The representative from the Justice Center of New York stated all investigations are conducted in the same manner; investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.

(g) All investigative reports are completed by the Justice Center of New York. Investigative reports note whether staff actions or failures to act contributed to the alleged abuse. Each investigative report is sent to the Agency PREA Coordinator at the conclusion of an investigation and clearly notes if the allegation is Substantiated, Unsubstantiated, or Unfounded. Due to the allegations of sexual harassment and sexual abuse still being under investigation at the time of this report, there were no investigative reports for this auditor to review.

(h) During an interview with a representative from the Justice Center of New York, he stated each report prepared by an investigator is detailed, documents the allegation, notes the determination of the allegation, and includes recommendations.

(i) All substantiated allegations of sexual abuse are referred to local law enforcement authorities for prosecution. This was confirmed during an interview with a representative from the Justice Center of New York.

During the past 12 months, there were no allegations of sexual abuse referred to local law enforcement authorities for prosecution.

(j) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes all files are kept as long as the alleged abuser is incarcerated or employed by the agency plus five years. This was confirmed during an interview with the Agency PREA Coordinator and a representative from the Personnel Office.

(k) A representative from the Justice Center of New York noted the departure of an alleged abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation. He stated the investigation would continue until a determination is made.

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

(m) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "the facility will cooperate with outside investigators and will remain informed of the investigation process."

The Facility Director noted she and the Assistant Directors at HRC maintain contact with the Justice Center of New York during an open investigation via telephone calls, emails, and on-site visits.

There were three allegations of staff-on-resident sexual harassment and two allegations of staff-on-resident sexual abuse (five allegations total) reported in the past 12 months at HRC. These allegations involved one staff member and a group of five residents and were reported to the Justice Center of New York by Administrator on Duty during the shift the allegations were reported. These allegations are still under investigation by the Justice Center of New York and remain open as a determination has not been made in any of the cases. Upon the completion of any investigation, the Justice Center of New York provides a detailed investigative report to the Agency PREA Coordinator noting its findings.

Reviewed documentation to determine compliance:

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

Interviews:

	<ol style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Agency PREA Coordinator 3. Interview with Facility Director 4. Interview with Facility PREA Compliance Manager 5. Interview with Representative from Justice Center of New York
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes that the agency investigating shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Additionally, the Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter dated June 8, 2021.</p> <p>An interview with a representative from the Justice Center of New York confirmed the Justice Center of New York uses no standard higher than a preponderance of the evidence for determining whether allegations of sexual harassment or sexual abuse are substantiated. The representative from the Justice Center of New York stated that a detailed report is compiled and sent to the Agency PREA Coordinator detailing its investigation, determinations, and recommendations upon completion of each investigation.</p> <p>There were no determinations made by the Justice Center of New York during the past 12 months. The allegations that were referred to the Justice Center of New York prior to the on-site portion of this audit remain open as they are still under investigation and a determination has not been made in any of the cases.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 8, 2021) 3. New York State Law 4. Facility Reportable Incident Report <p>Interviews:</p>

	1. Interview with Representative from Justice Center of New York
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Following an investigation into a youth's allegation of sexual abuse occurring in an OCFS facility, OCFS must inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."</p> <p>All investigations of sexual abuse are completed by the Justice Center of New York. Upon completion of the investigation, the Agency PREA Coordinator receives a Determination Letter from the Justice Center of New York noting the determination of the investigation. Each resident is then formally notified of the determination of the investigation as this is documented on a "Determination of Notification to Youth" form. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from the Justice Center of New York.</p> <p>(b) During the past 12 months, there were three allegations of sexual harassment and two allegations of sexual abuse (five allegations total) referred to the Justice Center of New York for investigation. All these allegations remain open as they are currently under investigation by the Justice Center of New York.</p> <p>Upon completion of any investigation, the Agency PREA Coordinator receives a Determination Letter from the Justice Center of New York noting the determination of the investigation and the resident is formally notified of the determination. This notification is documented on a "Determination of Notification to Youth" form. This auditor was able to review a "Determination of Notification to Youth" form that notes the resident who makes an allegation is notified of the determination upon completion of the investigation. The resident signs the form to document he was notified the determination from the Justice Center of New York upon learning of the determination. The signed form is then placed in the resident's file.</p> <p>(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "Following a youth's allegation that a staff member has committed sexual abuse against the youth, OCFS must subsequently inform the youth (unless OCFS has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the youth's unit; The staff member is no longer employed at the facility; OCFS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or OCFS learns that the staff member has been indicted or convicted on a charge related to sexual</p>

abuse within the facility.”

During the past 12 months, there were two allegations of sexual abuse against staff at HRC. Interviews with the Facility Director and Facility PREA Compliance Manager confirmed a Safety Plan was immediately implemented to keep the residents safe. In addition, the staff the allegation was made against was removed from the resident’s living unit and is not permitted to have any contact with any residents at the facility until the allegations are investigated by the Justice Center of New York and determinations are made.

Interviews with residents who made the allegations confirmed the residents were notified that the staff who the allegations were made against was removed from the living unit and placed on a post where the staff is not permitted to have contact with any residents until the allegations are investigated by the Justice Center of New York and determinations are made.

(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Following a youth's allegation that they have been sexually abused by another youth, OCFS must subsequently inform the alleged victim whenever: OCFS learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or OCFS learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

There were no allegations of resident-on-resident sexual abuse at HRC during the past 12 months. Therefore, there was no documentation to review. However, the Facility Director and Facility PREA Compliance Manager stated during interviews that the resident who made the allegation would be informed of any developments regarding the alleged perpetrator as noted in OCFS Policy 3247.01.

(e) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All such notifications or attempted notifications must be documented. DJJOY's obligation to report under this standard must terminate if the youth is released from OCFS custody.”

Interviews with the Facility Director and Facility PREA Compliance Manager indicated that residents are notified of the results of an investigation in writing. Both stated the resident is given a “Determination of Notification to Youth” form to sign noting they have received the outcome of the investigation. The process described by the Facility Director and Facility PREA Compliance Manager was consistent with OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment.

There were three allegations of sexual harassment and two allegations of sexual abuse at HRC during the past 12 months. All five of the allegations were made at the same time and against one staff member at the facility. These allegations were made prior to the on-site port of this auditor and are still being investigated by the Justice Center of New York. Upon completion of the investigations, the residents who made the allegations will be notified of the determinations in writing. All notifications are documented on a “Determination of Notification to Youth” form.

	<p>This form documents the outcome of the investigation and is signed by the resident to document he was notified of the determination. This auditor was provided with a template of the “Determination of Notification to Youth” form to confirm a resident who makes an allegation is notified of the determination upon completion of the investigation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Determination of Notification to Youth Form Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Facility PREA Compliance Manager 4. Interview with Representative from Justice Center of New York 5. Interviews with Residents who made an Allegation of Sexual Abuse
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states the following regarding staff disciplinary sanctions:</p> <ol style="list-style-type: none"> 1. “Staff may be subject to disciplinary sanctions as determined by OCFS and consistent with collect bargaining agreements up to and including termination for violating sexual abuse or sexual harassment policies. 2. Termination must be the presumptive disciplinary sanction for staff that have been substantiated for sexual abuse. 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 4. All dismissals for violations of OCFS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies.”

There were no staff disciplined for violation of OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment during the past 12 months at HRC. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and Facility PREA Compliance Manager.

(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “the presumptive discipline for sexual abuse of a resident is termination”. There were no staff terminated (or resigned prior to termination) for violating OCFS Policy 3247.01 by sexually abusing a resident during the past 12 months at HRC. This was confirmed during interviews with the Facility Director and a representative from the Justice Center of New York.

(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “disciplinary sanctions for sexual harassment shall be commensurate with OCFS policy and the nature and circumstances of the act committed, the staff member’s disciplinary history, and sanctions imposed for comparable offenses committed by staff with similar histories.”

During the past 12 months, there have been no staff disciplined or terminated for violation of OCFS Policy 3247.01 regarding sexual harassment or sexual abuse. An interview with the Facility Director confirmed disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would 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.

(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “All dismissals for violations of OCFS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies.”

During interviews with the Agency PREA Coordinator and Facility Director, it was reported the Justice Center of New York will contact law enforcement if it is determined, during an investigation, the staff’s actions were criminal. This was also confirmed during an interview with a representative from the Justice Center of New York.

There were no staff reported to law enforcement for violation of OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment during the past 12 months at HRC. This was confirmed during an interview with a representative from the Justice Center of New York.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)

	<p>2. Randomly Selected Staff Files</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Facility PREA Compliance Manager 4. Interview with Representative from Justice Center of New York
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that any contracted staff or volunteer who engages in sexual harassment or sexual abuse shall be prohibited from contact with residents and reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>There were no contracted staff or volunteers reported to law enforcement for engaging in sexual harassment or sexual abuse of residents during the past 12 months at HRC. This was confirmed during interviews with the Facility Director and a representative from the Justice Center of New York.</p> <p>(b) The Facility Director stated in an interview that the facility would immediately remove the contracted staff or volunteer from the facility, contact the Justice Center of New York, and would not allow him/her to return until the completion of an investigation per OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment. There were no reported instances of sexual harassment or sexual abuse by any contracted staff or volunteers approved to enter the facility during the past 12 months at HRC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Representative from Justice Center of New York

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 501">(a) OCFS Policy 3443.00 – Youth Rules notes that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse. Disciplinary action must be administered in a fair, impartial, and expeditious manner.</p> <p data-bbox="280 542 1458 779">During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at HRC. This was confirmed during interviews with the Facility Director and a representative from the Justice Center of New York. In addition, this auditor reviewed Facility Reportable Incident Reports with the Facility Director during the on-site portion of this audit. It was noted that there were no allegations of resident-on-resident sexual abuse during the past 12 months at HRC.</p> <p data-bbox="280 819 1477 981">(b) OCFS Policy 3247.15 – Room Confinement notes segregated housing of residents to keep them safe from sexual abuse is not used and is prohibited in all OCFS facilities. As a result, there were no incidents of isolation during the past 12 months at HRC.</p> <p data-bbox="280 1021 1398 1182">There were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months. This auditor was able to interview the Facility Director, Facility PREA Compliance Manager, staff, and residents who all confirmed isolation is not used at HRC.</p> <p data-bbox="280 1223 1439 1384">(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “The disciplinary process must consider whether developmental disability or mental illness contributed to a youth’s behavior when determining what type of sanction, if any, should be imposed.”</p> <p data-bbox="280 1424 1465 1787">Interviews with the Facility Director, Facility PREA Compliance Manager, and mental health staff at HRC confirmed that a resident’s mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Facility Director stated the resident’s mental health diagnosis is reviewed and considered during all Sexual Abuse Incident Reviews following a Substantiated or Unsubstantiated finding to ensure appropriate discipline was imposed. It was noted disciplinary sanctions include loss of level, loss of privileges, and/or removal from the facility. If the allegations are criminal in nature, the Justice Center of New York would be responsible for filing charges.</p> <p data-bbox="280 1827 1477 2065">(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states “Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.”</p>

Interviews with two mental health staff were conducted by this auditor during the on-site portion of this audit. These interviews confirmed HRC does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. Mental health staff interviewed stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

There were no allegations of resident-on-resident sexual abuse that occurred at HRC during the past 12 months.

(e) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "The facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact."

This auditor interviewed the Facility Director and Facility PREA Compliance Manager who both confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse at HRC during the past 12 months.

(f) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred must not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

An interview with the Facility Director confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. In addition, during an interview with the Facility Director, she described the "False Allegation Alert" form that all residents sign upon admission into the facility. This form notes that residents will be held accountable for making allegations in bad faith. Consequences that are reviewed with the residents and noted on the "False Allegation Alert" form include:

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

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

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

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Youth Rules Policy (PPM 3443.00) 3. Room Confinement Policy (PPM 3247.15) 4. False Allegation Alert Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Interviews with Mental Health Staff 4. Interviews with Medical Staff 5. Interview with Representative from Justice Center of New York
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3243.18 - Initial Mental Health and Health Screening Interview for Facility Youth requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical staff or mental health staff within 14 days of the intake screening. These follow up meetings are documented in medical notes and in clinical case notes. The Assistant Director of Treatment is the person responsible for ensuring the resident is offered a follow up meeting with a medical staff and/or mental health staff.</p> <p>During the past 12 months, there were six residents who disclosed prior sexual victimization during their intake screenings. The residents were referred to medical and mental health staff for follow up meetings upon the completion of their initial Facility Classification Forms as all residents are seen by a medical staff and mental health staff during their first week at the facility. This auditor interviewed the Facility PREA Compliance Manager, medical staff, and mental health staff during the on-site portion of the audit, and they confirmed all residents meet with a medical staff and mental health staff during their first week at the facility. This auditor was also able to review files of the residents who disclosed prior sexual victimization. These resident files contained documentation noting a medical and mental health staff followed up with the resident within 14 days of the resident disclosing prior sexual victimization. In addition, this auditor interviewed three residents who reported prior sexual victimization during their intake screening. These residents stated they met with a medical and mental health staff during their first week at the facility.</p>

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

There were no residents admitted into HRC during the past 12 months who previously perpetrated sexual abuse. This auditor interviewed two mental health staff who were able to confirm the referral process whenever it is noted a resident previously perpetrated sexual abuse during the intake screening. Both stated any resident who previously perpetrated sexual abuse meets with a mental health staff during their first week at the facility for a follow up meeting. All consultations with a mental health staff are documented in the resident's mental health file.

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

Interviews with the Facility PREA Compliance Manager, medical staff, and mental health staff confirmed any information from the risk screenings is limited to medical staff, mental health staff, and administrative staff. It was noted that any information from the risk screening relayed to staff is done only for safety and security reasons and this information is documented in an Individual Intervention Plan to ensure the safety of the resident(s). This auditor was able to review communication with staff to confirm information from the risk screenings is for safety and security reasons only.

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

Reviewed documentation to determine compliance:

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

Interviews:

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

	<ol style="list-style-type: none"> 4. Interviews with Intake Staff 5. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness 6. Interviews with Residents who Disclosed Prior Victimization during Initial Screening
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115.382	Access to emergency medical and mental health services
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "For all allegations of sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately referred to the outside medical facility that was previously identified for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility's trained examiner will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. In the event that a youth refuses to be examined at the medical facility, such refusal must be properly documented on the appropriate form(s). Facilities must make efforts to establish a Memorandum of Agreement (MOA) with the medical facility. These efforts must be documented and part of the local operating procedure."</p> <p>HRC's Local Operating Practice - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) requires for all allegations of sexual abuse, the victim will be immediately referred to Vassar Brothers Medical Center to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE). The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.</p> <p>HRC has a Memorandum of Agreement in place with Vassar Brothers Medical Center to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE). In addition, the facility has a Memorandum of Understanding with Family Services' Center for Victim Safety and Support to provide emotional support and advocacy services. These services are provided at no cost to the victim. The Memorandum of Agreement with Vassar Brothers Medical Center and the Memorandum of Understanding with Family Services' Center for Victim Safety and Support was provided to this auditor for review. In addition, this auditor contacted a representative from Vassar Brothers Medical Center to confirm resident victims are referred to Vassar Brothers Medical Center and receive the services noted in the</p>
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Memorandum of Agreement.

There were no residents at HRC who reported sexual abuse involving penetration during the past 12 months. Therefore, there were no residents referred to Vassar Brothers Medical Center for a forensic examination.

(b) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "To preserve evidence, an allegation of rape or penetration requires that a youth not be allowed to engage in any activities such as hygiene, washing, bathing, showering, eating, drinking, brushing teeth, chewing gum, and eating or drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at a hospital or clinic for the gathering of such evidence."

All staff at HRC are provided "PREA Cards" which note their responsibilities to protect the victim and to preserve evidence. 11 of the 12 staff interviewed during the on-site portion of this audit were carrying their PREA Cards on their person, displayed these cards to this auditor when prompted, and were able to describe their responsibilities if they are a first responder to an incident of sexual abuse.

(c) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states "Victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

This auditor was able to interview two medical staff at HRC who both stated any resident victim of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted diseases while at Vassar Brothers Medical Center and during follow up appointments with medical staff at the facility.

There were no residents at HRC who reported sexual abuse involving penetration that were referred to Vassar Brothers Medical Center for a forensic examination during the past 12 months.

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

This auditor was able to interview the Facility Director, Facility PREA Compliance Manager, medical staff, and a representative from Vassar Brothers Medical Center. All interviewed confirmed that any victim of sexual abuse would be referred to Vassar Brothers Medical Center and receive medical and mental health treatment at no cost to the victim.

HRC has a Memorandum of Agreement with Vassar Brothers Medical Center which notes medical services would be provided at no cost to the victim. In addition, the facility has a Memorandum of Understanding with Family Services' Center for Victim

	<p>Safety and Support which notes sexual abuse victims receive rape crisis intervention services and follow-up services including accompaniment to law enforcement interviews and court.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. HRC's Local Operating Practice 3. Memorandum of Agreement with Vassar Brothers Medical Center 4. Memorandum of Understanding with Family Services' Center for Victim Safety and Support <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Interviews with Medical Staff 4. Interview with Representative from Vassar Brothers Medical Center 5. Interview with Representative from Family Services' Center for Victim Safety and Support
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) OCFS Policy 3243.33 - Behavioral Health Services and OCFS Policy 3243.01 - Principles of Health Services and OCFS Policy 3243.01 - Principles of Health Services both note all OCFS facilities offer medical and mental health evaluations to every resident who has been a victim of sexual abuse in a residential facility.</p> <p>Interviews with the Facility Director, Facility PREA Compliance Manager, medical staff, and mental health staff confirmed all residents residing at HRC are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.</p> <p>(b) Medical and Mental Health evaluations completed on each resident at the facility include a diagnosis and recommendation. All medical staff and mental health staff interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow up services would occur more frequently, and recommendations would include specific follow up services.</p>

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

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

N/A - HRC is an all-male facility.

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

N/A - HRC is an all-male facility.

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

Interviews with the Facility Director and Facility PREA Compliance Manager confirmed any resident who is a victim of sexual abuse at HRC would be offered timely follow-up for sexually transmitted diseases as part of the follow up with the Medical Department. This would occur if the victim is tested at Vassar Brothers Medical Center or not.

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

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

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

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or

	<p>Harassment Policy (PPM 3247.01)</p> <ol style="list-style-type: none"> 2. Behavior Health Services Policy (PPM 3243.33) 3. Principles of Health Services Policy (PPM 3243.01) 4. Review of Resident Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Facility PREA Compliance Manager 4. Interviews with Medical Staff 5. Interviews with Mental Health Staff
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Within 30 days of the conclusion/receipt of the investigation the facility must conduct a sexual abuse incident review of all allegations (substantiated and unsubstantiated), unless the allegation has been determined to be unfounded. Reviews must be conducted by a team of staff, grade 18 and above, and must include input from direct care staff, investigators, and medical and mental health practitioners.”</p> <p>(b) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes a Sexual Abuse Incident Review must be completed within 30 days of the conclusion/receipt of the investigation for all allegations which are Substantiated and Unsubstantiated, unless the allegation has been determined to be Unfounded.</p> <p>(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “Sexual Abuse Incident Reviews must be conducted by a team of staff, grade 18 and above, and must include input from direct care staff, investigators, and medical and mental health practitioners.”</p> <p>(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “The review team must: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by actual or perceived race, ethnicity, sex (e.g. intersex), gender identity (e.g. transgender identity), sexual orientation (e.g. gay, bisexual, lesbian), status, gang affiliation or was motivated by other group dynamics at the</p>

facility; examine the area in the facility where the incident allegedly occurred to assess whether physical layout may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.”

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

All OCFS facilities, including HRC, document Sexual Abuse Incident Reviews on “PREA Sexual Abuse Incident Review” forms. All requirements listed in this standard are reviewed and considered by the facility. Although there were two allegations of sexual abuse at HRC during the past 12 months, these allegations were still under investigation by the Justice Center of New York; as a result, there were no allegations of sexual abuse that were determined to be Substantiated or Unsubstantiated at the facility during the past 12 months. Therefore, there were no PREA Sexual Abuse Incident Reviews conducted during the past 12 months at HRC.

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

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

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

Reviewed documentation to determine compliance:

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

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility PREA Compliance Manager 3. Interviews with Incident Review Team Members
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes HRC, and all OCFS facilities, will collect uniform data for all allegations of sexual harassment and sexual abuse. This information must be entered into the agency PREA Database using standardized data fields and standardized definitions. The agency PREA Database is the central repository for all information regarding allegations of sexual harassment and sexual abuse. The Agency PREA Coordinator is responsible for ensuring all allegations of resident-on-resident sexual harassment/abuse and staff-on-resident sexual harassment/sexual abuse are entered into the agency PREA Database.</p> <p>This auditor was able to interview the Agency PREA Coordinator who confirmed he collects uniform data for all allegations of sexual harassment and sexual abuse and enters this data into the agency PREA Database. In addition, this auditor was able to review the agency PREA Database with the Facility Director and Facility PREA Compliance Manager to confirm compliance. There were three allegations of sexual harassment and two allegations of sexual abuse at HRC during the past 12 months. These allegations were noted in the PREA Database.</p> <p>(b) The Agency PREA Coordinator is responsible for gathering data on each reported incident of sexual harassment and sexual abuse to aggregate an annual report. This auditor was able to review the 2021 Annual PREA Report. This Annual PREA Report provided in-depth information regarding PREA implementation throughout the agency. The Annual PREA Report notes the PREA Audit results for OCFS facilities audited, allegation statistics, definitions, and a comparison of statistics from previous years. In addition to the 2021 Annual PREA Report, this auditor also noted agency Annual PREA Reports since 2013 were posted on the agency website. These Annual PREA Reports also were in-depth and well-written as they noted the PREA Audit results for OCFS facilities audited, allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p>(c) OCFS Policy 3247.00 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the agency Annual PREA Report will include at a minimum the data necessary to complete the United States Department of Justice</p>

	<p>Survey of Sexual Victimization. The 2021 Survey of Sexual Victimization was completed and submitted to the Department of Justice. All Surveys of Sexual Victimization since 2012 that were submitted to the Department of Justice are posted on the agency website and were reviewed by this auditor.</p> <p>(d) As noted in OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, HRC utilizes data collected from incident reports, reports, investigation files, and incident reviews.</p> <p>(e) This provision is not applicable to HRC as OCFS does not contract with private facilities for the confinement of its residents.</p> <p>(f) The Agency PREA Coordinator is responsible for providing all data to the Department of Justice from the previous calendar year upon request no later than June 30. The 2021 Survey of Sexual Victimization was submitted to the Department of Justice and is posted on the agency website. This was confirmed by this auditor while reviewing the agency website. In addition to the 2021 Survey of Sexual Victimization being submitted to the Department of Justice, Surveys of Sexual Victimization since 2012 were also completed, submitted to the Department of Justice, and are posted on the agency website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Facility Reportable Incident Report 3. OCFS PREA Database Report 4. 2021 OCFS Annual PREA Report 5. 2021 Department of Justice Survey of Sexual Victimization 6. Agency Website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the Agency PREA Coordinator will review data regarding sexual abuse at OCFS facilities in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies,

practices, and trainings. The Agency PREA Coordinator will also review data and identify if there are problem areas, recommend facility-specific or agency-wide action to augment current practices on an on-going basis, and use the data to prepare an annual report.

This auditor interviewed the Agency PREA Coordinator and he stated he reviews data collected and aggregated in order to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. He stated OCFS ensures the data collected is securely retained in the agency PREA Database as it is password protected and only authorized individuals are able to view it and input data.

(b) OCFS completes an Annual PREA Report which details statistics of reported allegations of sexual harassment and sexual abuse. This annual report includes a comparison of the current year's data and corrective actions with those from prior years. This auditor was able to review the 2021 OCFS Annual PREA Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions. This annual report, along with all agency annual reports since 2013, are posted on the agency website.

(c) The OCFS Annual PREA Reports are approved by the OCFS Deputy Commissioner and made available through the agency's website. This was confirmed during an interview with the Agency Head designee and by reviewing the agency website.

(d) OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states "specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted."

The 2021 Annual PREA Report is posted on the agency website and was reviewed by this auditor. It was confirmed that specific material/information has been redacted from this report.

The Agency Head designee and Agency PREA Coordinator were interviewed and both stated information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment.

Reviewed documentation to determine compliance:

1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
2. Agency Website
3. 2021 OCFS Annual PREA Report
4. OCFS PREA Database Report

Interviews:

	<ol style="list-style-type: none"> 1. Interview with Agency Head Designee 2. Interview with Agency PREA Coordinator
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCFS Policy 1900.00 – Telecommunications and Computer Use and OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment establishes procedures to direct all data is securely maintained. The Agency PREA Coordinator reviews data collected and aggregated to access and improve the effectiveness of the agency’s sexual abuse prevention, detection, and response polices. The agency PREA Database is the central repository for all information regarding allegations of sexual harassment and sexual abuse. Data must be entered into the PREA Database using standardized data fields and standardized definitions.</p> <p>An interview with the Agency PREA Coordinator confirmed the agency takes corrective action on an on-going basis utilizing the data collected. This corrective action has been noted in each Annual PREA Report that is prepared by the Agency PREA Coordinator and approved by the Deputy Commissioner on an annual basis.</p> <p>(b) OCFS makes all aggregated sexual abuse data from its facilities readily available to the public on the agency website. The agency’s Annual PREA Report is reviewed and approved by the Deputy Commissioner and made available to the public through the agency website. OCFS Annual PREA Reports since 2013 are posted on the agency website and were reviewed by this auditor to confirm compliance with this standard.</p> <p>(c) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes that all personal identifiers are to be removed prior to making aggregated sexual abuse data available to the public on the agency website. This auditor was able to review Annual PREA Reports posted on the agency website since 2013 and confirmed all personal identifiers were removed.</p> <p>(d) OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes data collected is retained via limited access through a secure server for at least ten years after the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the Agency PREA Database.</p> <p>Reviewed documentation to determine compliance:</p>

	<ol style="list-style-type: none"> 1. Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) 2. Telecommunications and Computer Use Policy (PPM 1900.00) 3. Agency Website 4. 2021 OCFS Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) HRC was audited during the first year of the 1st three-year PREA cycle (audited on July 22 - 24, 2014, and was found to be fully compliant on July 30, 2014), during the first year of the 2nd three-year PREA cycle (audited on July 13, 2017, and was found to be fully compliant on July 27, 2017), and during the second year of the 3rd three-year PREA cycle (audited on September 15 - 16, 2020, and was found to be fully compliant on October 29, 2020. These audit reports are posted on the agency website. This re-audit occurred during the first year of the 4th three-year PREA cycle on April 17 - 18, 2023.</p> <p>(b) OCFS has met this standard by having each of its facilities audited during the first, second, and third 3-year PREA cycles. One third of all OCFS facilities were audited during each one-year period of each 3-year PREA cycle.</p> <p>(h) This auditor had unimpeded access to all areas of HRC during the on-site portion of this audit. The administrative team at HRC accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documentation from the Agency PREA Coordinator and Facility PREA Compliance Manager in a timely fashion throughout the audit process.</p> <p>(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications in both English and Spanish were posted in all living units, visiting areas, and the facility lobby at least six weeks prior to the on-site portion of this audit (posted on February 16, 2023). In addition, the notifications were also posted on the Agency website. An address was provided on this notification for the residents to be able to send confidential correspondence to this</p>

	<p>auditor. Dated photographs were emailed to this auditor to confirm the notifications were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents, staff, contracted staff, or volunteers.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. HRC Pre-Audit Questionnaire 2. PREA Audit Notification 3. Photographs of PREA Audit Notification 4. Tour of Facility 5. Agency Website
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(f) This auditor confirmed that OCFS has published all Final PREA Audit Reports from the first, second, and third PREA cycles on its agency website.</p> <p>This audit report notes that the agency-wide policies and procedures comply with the relevant PREA standards. This audit report also describes the methodology, sampling sizes, and basis for this auditor’s conclusions regarding each standard. Any personally identifiable resident or staff information was redacted from this report.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Agency Website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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

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