

# PREA Facility Audit Report: Final

**Name of Facility:** Shuman Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 07/27/2017

**Date Final Report Submitted:** 10/28/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Maureen G. Raquet	<b>Date of Signature:</b> 10/28/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Raquet, Maureen
<b>Address:</b>	
<b>Email:</b>	Mraqet1764@comcast.net
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	06/12/2017
<b>End Date of On-Site Audit:</b>	06/13/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Shuman Juvenile Detention Center
<b>Facility physical address:</b>	7150 Highland Drive, Pittsburgh, Pennsylvania - 15206
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Cheyenne Patterson	<b>Title:</b>	Acting PREA Coordinator/Residential Services Manager
<b>Email Address:</b>	Cheyenne.Patterson@alleghenycounty.us	<b>Telephone Number:</b>	412-665-4185

Warden/Superintendent			
<b>Name:</b>	Rich Gordon	<b>Title:</b>	Director
<b>Email Address:</b>	Rich.Gordon@AlleghenyCOunty.us	<b>Telephone Number:</b>	412-665-4117

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	

Facility Health Service Administrator			
<b>Name:</b>	Regina Cobbs	<b>Title:</b>	Health Services Manager
<b>Email Address:</b>	regine.cobbs@alleghenycounty.us	<b>Telephone Number:</b>	412-665-4143

Facility Characteristics	
<b>Designed facility capacity:</b>	120
<b>Current population of facility:</b>	60
<b>Age range of population:</b>	11-21
<b>Facility security level:</b>	Secure
<b>Resident custody level:</b>	Secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	110

AGENCY INFORMATION	
<b>Name of agency:</b>	Shuman Juvenile Detention Center
<b>Governing authority or parent agency (if applicable):</b>	Allegheny County
<b>Physical Address:</b>	7150 Highland Drive, Pittsburgh, Pennsylvania - 15206
<b>Mailing Address:</b>	
<b>Telephone number:</b>	412-661-6806

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Cheyenne Patterson	<b>Email Address:</b>	Cheyenne.Patterson@allegHENYcounty.us
--------------	-----------------------	-----------------------	---------------------------------------

## AUDIT FINDINGS

### **Narrative:**

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

The Prison Rape Elimination Act (PREA) Audit of Shuman Center was conducted on June 12, 13, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in January of 2015 and was found to be in full compliance on March 9, 2015. This Audit, conducted on June 12, 13, 2017 is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on 5-1-17, and I received an email with pictures of the posting in the living units and common areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on June 12, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On April 2, 2017, I received notification that the Pre-Audit Questionnaire and important documentation had been completed on the PREA online Audit system. During this six week period, through emails and phone calls with the PREA Coordinator, the uploaded information and important documentation was discussed, clarified and amendments were made to the PREA policy. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 5-25-17 and a follow up conference call was conducted on 6-8-17. The onsite portion of the Audit commenced with a brief entrance interview with the Director, PREA Coordinator, Deputy Director of Operations, Security Manager, and PREA Assistant, followed by a tour of all areas of the facility that the children have access to. During the tour, I saw postings for the upcoming Audit in the front lobby area, in every living unit and every common area. In addition, there were posters in both Spanish and English in all areas, including the visiting area describing PREA, describing Sexual Abuse, providing reporting information for PAAR, Pittsburgh Action Against Rape, and providing residents, visitors and staff with reminders of the Zero Tolerance Policy. The themed basketball posters caught the eye and are highly effective for educating teenage residents. During the tour, an announcement came over the intercom advising all in the building that the Center is PREA compliant and adheres to a Zero Tolerance Policy. It also states how anyone can report. This announcement is made twice a day, before Court and during evening visiting.

While on the tour, I observed the "Hotline" to PAAR that is located in every living unit. Above the phone are posted numbers for Child Line, the FBI and PAAR. I asked a boy on one of the living units to show me how this procedure worked. He did so but it failed to work as described. The young man stated that the number to the FBI does work, because he tried it last week. I tried the phone to PAAR and it did not work. The phone number was re-programmed prior to the end of the onsite and the programmed number did go to PAAR when I called it. During the pre-Audit time period, I contacted PAAR, Pittsburgh Action Against Rape, ( a member of the Pennsylvania Coalition Against Rape (PCAR) director, who confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She stated that there have been some issues at Shuman and that the communication with them has been an issue. Due to this communication, I also contacted the Pa. Department of Human Services Western Regional Director who stated that in the last 12 months there had only been one unfounded allegation of sexual abuse at Shuman. In addition to the Hotline, there are PREA dropboxes on each unit, a grievance procedure, visiting with

parents and guardians and phone calls to parents and guardians.

During the tour, I spoke to a maintenance employee, a school clerical staff, the school Principal, a school data entry staff and security staff. All but the security staff were contracted employees and only the school clerical staff could tell me that she had received PREA education. I spoke to Detention staff who received training and they told me that Administration conducts unannounced rounds on a regular basis. While onsite, I viewed a video recording of a random unannounced round that was conducted on 6-8-17, at 9:25 AM by an Administrator. Recording capability is for approximately 30 days.

I observed the Medical Suite, and saw where a resident could be seen privately by Medical staff and where Medical Records are kept securely. While in the suite, I spoke to two nurses, the contracted psychiatrist, and the Director of Adolescent Medicine for Pittsburgh's Children's Hospital, who conducts physicals for the residents. They could all tell me that they received PREA education and specialized education and that they were mandated reporters. There were several girls in the Medical Suite waiting area and I asked them about reporting and education and they could spontaneously answer these questions.

On the living units, I spoke to two girls and I also spoke to two boys. I asked them to show me their rooms and to tell me about reporting which they could.

During the tour, all residents were on their living units and in Court. Education, conducted by the Allegheny County Intermediate Unit, had finished for the school year the week before and summer school had not yet started. I had the opportunity to see the residents supervised in group settings in the living units and also during a lunch period while on the tour and during a lunch period on June 13. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations. On the units, I heard "knock and announce" practiced when male staff entered the all female shelter unit and when female staff entered the male unit. There were postings next to each living unit door, directing the opposite gender staff to announce themselves.

I observed the Intake Area during the tour. There is an Intake counter with PREA brochures and postings, where the Intake education takes place. There are holding rooms and there is a shower search room with an area for changing clothes and the search and a curtained shower. There are no cameras in the shower search area. The shower search procedure was demonstrated for me.

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

The Director

PREA Coordinator

Deputy Director who Monitors Retaliation

Deputy Director of Human Resources

The Health Services Manager who is a RN

Mental Health Caseworker, who administers the Vulnerability Assessment and does MH assessments,

Three staff who conduct Intakes and provide education at Intake,

Security Manager who participates on the Incident review team,

Volunteer who is a college Intern

An Art teacher who is a contracted employee

Ten Random Residents

Ten Random Staff

Subsequent to the onsite Audit several additional interviews were conducted by telephone as part of the plan of correction. This included the following:

PREA Coordinator

Mental Health Caseworker who conducts the VAI

4 Intake staff

3 Contracted employees

5 random residents

Direct care or Line Staff are full time and work permanent shifts. There are 76 Direct care staff and total of 133 employees. Several staff were off and many staff were working doubles. I was provided with staffing schedules and randomly chose staff from all units and all shifts to interview, including third shift. I interviewed 10 line staff which represents 13% of all direct care staff. There are six separate unions representing various employees at the Center. The Nurses are County employees, but the Doctor, Dentist, and Psychiatrist are contracted. The Master's Level Mental Health Therapist is a full time Center employee who conducts the Vulnerability Assessment and the follow up Mental Health Assessments. There are also contracted Crisis Mental Health Therapists through CACTIS, a mobile mental health service. Education is provided through the Allegheny County Intermediate Unit.

There were 56 residents, 45 males and 11 females on the first day of the Audit. I interviewed 10 residents: 4 girls and 6 boys; this represents 17% of the total population I was provided with a resident census by living unit. There were seven units in use: two girls' and five boys' units. I met with the Mental Health Caseworker so that we could identify any residents in the current population that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non English speaking. Of the 56 total residents, there were no Transgender or Intersex residents. There were 5 residents who identified as gay or bisexual and I interviewed three. There were no residents who reported a sexual abuse. There were no physically disabled or non-English proficient residents. Two of the residents had IQs lower than 70 and I interviewed both of them. There were no residents who had disclosed prior sexual abuse.

I reviewed the files of 11 staff for required documentation including three hired within the past 12 months. I reviewed the file of a volunteer and a contractor. I reviewed the files of 14 residents, 11 active and three discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were those of the residents that I interviewed and one resident who was identified as sexually aggressive. I also reviewed a file of a previous resident who identified as transgender.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including a hotline to PAAR and the PREA dropboxes. There is also the grievance procedure, family visiting two times a week and phone calls 5 times a week, visits by attorneys, probation officers, and caseworkers. Both residents and staff who were interviewed knew that they could report in writing, verbally, anonymously and through third parties. Staff knew and understood their mandated reporter responsibilities. Pennsylvania Child Line, by phone or computer, is a mandated reporting requirement for staff, but is also a phone resource for residents as well.

There are MOUs with Pittsburgh Children's Hospital for Forensic Examinations and an MOU with the Allegheny County Police who conduct Criminal Investigations. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months there has been one allegation of resident on resident sexual harassment that is still under investigation and in 2015 a staff on resident sexual harassment that resulted in criminal charges, termination of the staff and an ultimately a guilty plea. All reports were provided to me and all policy and procedure were followed. There have been no reports from other facilities of abuse at the Center and the Center received one report of sexual abuse at another facility. These reports were provided to me and all policy and procedure was followed in a timely fashion.

Upon completion of the two days onsite, an Exit interview was conducted with the Director, Deputy Director, PREA Coordinator, PREA Assistant, Security Manager, and Mental Health Caseworker to discuss the preliminary findings and to discuss a plan of correction.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Shuman Juvenile Detention Center, serving Allegheny County and the City of Pittsburgh Pa., opened in 1974. The program consists of a 120 bed Detention center. There are two wings of five 12 bed units each; the East Wing and the West Wing. There were 56 residents in-house during the dates of the audit, 11 females and 45 males housed in 7 of the ten units and one boy in the Infirmary. Two units were closed for repairs and one unit has been completely closed and dedicated as an Art room. During 2016, there were 2,038 Detention admissions, 1,587 male and 451 female, ranging in age from 10-20 with an average length of stay of around 11 days.

The facility is run by the Director, Rich Gordon, and he reports to the Allegheny County Manager. There are 133 full time employees, as well as contracted employees in Behavioral Health (CACTIS), and Educational Units (Allegheny County Intermediate Unit) The direct care or line staff are full time and work permanent shifts. Both male and female units are staffed by male and female Youth Care Workers.

There are six separate Unions representing various categories of employees in the Detention Center. The Detention Center is a short term holding facility for delinquent and alleged delinquent boys and girls between the ages of 10 and 21. They are admitted to the Center by the Juvenile Probation Department or by order of the Court. Residents are placed here for the protection of the community and to await the court process. While in Detention they undergo Court ordered evaluations to assist the Court in disposition. They attend school year round and this includes a stellar art program that has won several awards.

The 121,000 square foot 43 year old building sits on 18.5 wooded acres in the city of Pittsburgh, Pa. Even though within the city limits, it feels rural and shares a large campus with a Veteran's facility. It is served by public transportation that comes right to its door. It is of brick construction on the outside and is one floor. It is surrounded by very large fenced playing fields on one side. The front entrance is utilized by both employees and the public and consists of a reception area monitored by security officers, a metal detector and xray machine. Parents and those attending court hearings also enter here.

There are two wings of five 12 bed units each; all are single rooms. In each unit, there is a very large open area, with a window wall at one end and a glass enclosed staff office and shower /bathroom area at the other. The bedrooms that contain built in bunks and desks open onto the common area. The bathroom/shower area situated behind the staff area contain both showers with curtains and toilets with doors. All living units are physically the same. The Infirmary is used to house children who are too sick or injured to be in the general population until medically cleared. The living wings, as well as the gymnasium are at the back of the building, and the school is in the middle with the rotunda, used for visiting in the front. The rotunda has several tables for visiting and murals made by the children in art class. There is an abundance of student art work throughout the rotunda. The administration wing, cafeteria, staff lounge, medical unit and Intake/Admissions Area are off the two story open glass walled rotunda. A courtroom and probation offices are in a separate wing off the rotunda. Detention Hearings are conducted here 5 days a week, by a Master. The cafeteria is covered in one giant mural and the posts are covered in mosaics. The children eat one unit at a time and are served by the kitchen staff. The 12 classrooms are staffed year round by 19 teachers from the Allegheny County Intermediate Unit and Title I teachers for summer school. There are several courtyards available for the residents, with gardens. There is a

separate Medical Suite with private examining rooms, an office area and securely kept Medical files. There is also a separate infirmary wing, with two rooms with beds, a living area, and a bathroom/shower room.

A self-contained Intake Area with a drive-in fenced yard is connected to the rotunda. The Intake Area has two showers and four separate changing/search rooms. There is a basement laundry area that the children do not have access to, therefore it was not toured. Both exterior and interior doors are buzzed open by security. There is a key override.

There are cameras throughout the facility which are monitored by the "security staff". The Security staff are not Shuman Center employees, but are part of the Allegheny County Police Department.

The inner program spaces reflect the ideology of rehabilitation. The Youth Center is licensed by the Pennsylvania Department of Human Services, however they currently are operating under a provisional license.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	0

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that there has been significant drift from policy procedure and practice. The Facility Leadership and the Staff have undergone significant staff turnover and change in leadership, including the Director and PREA Coordinator. The PREA Coordinator was hired only two weeks prior to the onsite visit and had not yet been trained in the agency's policy nor had he reviewed the PREA Standards. The previous PREA Coordinator was filling two roles as the Residential Services Supervisor and the PREA Coordinator. Prior to the 45 day Interim report, on July 26, 2017, I re-interviewed the PREA Coordinator by phone. I conducted the interview using both the PREA Coordinator and PREA Manager questionnaires. He has reviewed the PREA standards and has been trained by the previous PREA Coordinator in his PREA related duties at the facility. He was able to demonstrate his understanding of his role and responsibilities.

The Director stated during his interview that in the past year, 13 staff had been terminated and staff coverage had been accomplished by using both voluntary and mandatory overtime. He stated that in the past two months, 8 direct care staff had been hired and 6 more were set to be hired in the next month. He is also discussing the use of part time staff to fill in staff vacancies when there are call outs. There have been deviations from ratio, but a log of these deviations has not been kept. In 2015, Pa. BHSL did cite the Center for being out of ratio, which is required to be 1:6. 1:12 because it is a secure juvenile detention center.

There is an ongoing relationship and an MOU with PAAR, Pittsburgh Action Against Rape that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Pittsburgh Childrens' Hospital for Forensic Medical Examinations for residents where there is a SAFE/SANE, and there is an MOU with the Allegheny County Police to conduct criminal investigations. This information is posted on the website.

The Medical and Contracted Mental Health staff follow policy and demonstrate a best practice in regard to Medical and Mental Health Assessments. All residents are seen by a Nurse upon admission and then receive a physical within 72 hours by the Director of Adolescent Medicine from Pittsburgh Childrens' Hospital. She uses Shuman residents to teach her medical residents about at risk children. Due to this partnership the residents receive excellent care. There is also a contract with CACTIS, Mobile mental health services. A psychiatrist works hand in hand with the Medical team to provide needed care. All residents are assessed by a Master's Level Mental Health Therapist within 72 hours of Intake. There are

also Crisis therapists that see residents if referred by Medical.

The residents receive education at Intake and again within 10 days of admission. Intake staff conduct education and a Mental Health Caseworker conducts the Vulnerability Assessment. The Intake education consists of reporting information and sign offs where the residents initial key points. The resident also receives a PREA pamphlet with phone numbers and addresses for services and reporting. The residents stated during interviews that they do not receive the pamphlet, in fact of the 10 residents interviewed only 2 had seen the pamphlet. The 10 day education was not being conducted at all. There are large bi-lingual posters throughout the facility that serve as ongoing education for residents, staff and visitors. The Vulnerability Assessments are completed by the Mental Health Caseworker, who is also a new employee. Of the 11 resident files that I reviewed, three new admissions did not have timely risk assessments.

During the tour, I saw the rooms and units that are used to house residents who are identified as sexually aggressive or vulnerable . I reviewed a file of a resident identified as sexually aggressive due to his charges and saw specific risk based housing instructions. I also reviewed the file of a previous resident who identified as a transgender girl. She was housed on a girl's unit and was searched by a female staff. All policy and procedure were followed in this case and documented. Specific units are used for younger smaller boys and a separate unit for larger more aggressive boys. They also identify residents by "neighborhood" and place them in units to avoid conflicts. This is done for the females as well and is a concern that has to be monitored during visiting.

Documentation of Employee training was not complete and all employees were overdue for a refresher. As mentioned in the above narrative, during the tour, three contracted employees when candidly questioned stated they had not received PREA training. Prior to the 45 day Interim Report, I received documentation of PREA refresher training for all staff.

During the first Audit, one area that required a plan of correction was Cross Gender Searches. Female staff were routinely performing pat down searches of male residents. Although residents told me they had never been subject to a cross gender pat down search and 10 random direct care staff stated they do not perform them, two female Admissions' staff state they do perform pat down searches of male residents. Prior to the 45 day Interim Report, I received a memo to staff prohibiting cross-gender pat down searches. On 7-27-17, I conducted phone interviews of 4 female Admissions' staff. They state they received the memo prohibiting cross gender pat down searches and no longer conduct any cross-gender pat down searches.

One standard as noted below has been exceeded. Four standards as noted below do not apply. Four standards require corrective action. The remaining Standards have been met. All policy and procedure meet the Standards.

The following standard has been exceeded:

#### Standard #381 Medical and Mental Health Screenings

The Medical and Contracted Mental Health staff follow policy and demonstrate a best practice in regard to Medical and Mental Health Assessments. All residents are seen by a Nurse upon admission and then receive a physical within 72 hours by the Director of Adolescent Medicine from Pittsburgh Childrens' Hospital. She uses Shuman residents to teach her medical residents about at risk children. Due to this partnership the residents receive excellent care. There is also a contract with CACTIS, Mobile mental health services. A psychiatrist works hand in hand with the Medical team to provide needed care. All residents are assessed by a Master's Level Mental Health Therapist within 72 hours of Intake. There are also Crisis therapists that see residents if referred by Medical.

The following standards requires corrective action:

#### Standard #313 Monitoring and Supervision

Random unannounced rounds are conducted on all three shifts by on duty Supervisors and upper and mid level management. These rounds are required by policy and are documented. They were provided to me. However, upper level management are not conducting midnight shift rounds on a consistent basis. In order to be in compliance with this standard, 90 additional days of random unannounced rounds at all hours of all three shifts need to be conducted and documented by upper and mid level supervisors in order to be in compliance.

These logs will be submitted to and reviewed by the Auditor.

There have been deviations to ratio, however a log is not kept so the full extent of the deviations are not known. Ninety days of documentation of deviations from ratio need to be kept. Why and when they are occurring needs to be recorded to aid administration in assessing and correcting this issue.

Documentation as required by the plan of correction was submitted and reviewed. This standard has been met.

#### Standard #332 Volunteer and Contractor Training

During the tour three contracted employees stated they had not received PREA education. There were no logs of Volunteer and Contractor education. Prior to the 45 day report, I received documentation that these three staff received education and all Title I summer school teachers received education.

##### Corrective Action:

All volunteers and contractors must receive PREA education. Logs/ Documentation of PREA education for all volunteers/contractors in the facility must be submitted to the Auditor in order to be compliant with this standard. A training for the contracted teachers from the Allegheny County Intermediate unit will be conducted in August 2017 as an in-service. Documentation of this training will be provided to the Auditor. Documentation of the in- service training was supplied to the Auditor. The Auditor interviewed 3 random contractors by telephone to ensure compliance. The documentation and the interviews satisfies the plan of correction. This standard has been met.

#### Standard #333 Resident Education

All residents must receive the required education at Intake which includes the PREA pamphlet that describes reporting. All residents must receive 10 day education which includes viewing the PREA Education video. This needs to be documented that it is occurring and in a timely fashion. Logs of Resident education need to be submitted and interviews with random residents need to occur to ensure adequate education.

A roster of 469 admissions from July 12, 2017 through and including October 12, 2017 was provided to the Auditor. Two random residents from each month were selected and their individual education acknowledgements were provided. On 10-26-17, a roster of the 47 current residents was provided to the Auditor, who randomly selected 5 residents from different units who had been there for different lengths of time and interviewed them by telephone. Documentation of the education for these 5 random residents was provided. The interviews and the documentation demonstrates compliance with the standard. This standard has been met.

#### Standard #341 Obtaining Information from Residents:

A ninety day log of admissions with timely Risk Assessments need to be submitted to the Auditor to ensure compliance with this standard.

A roster of the 469 admissions from July 12, 2017 through and including October 12, 2107 was provided to the Auditor. This log included the date of admission and the date of the vulnerability assessment for each admission. Two random residents from each month were selected and the entire risk assessment was sent to the Auditor. These 8 randomly selected residents received their risk assessment within 72 hours of admission. This plan of correction has been satisfied. This standard has been met.

The following standards do not apply:

Standard #312 Contracting with other entities for confinement of residents:

Shuman Center does not contract with any other entities for the confinement of their residents.

Standard #318 Upgrades to Facilities and Technologies:

There have been no upgrades to facilities or technologies since the previous Audit.

Standard #334 Specialized Training; Investigations:

The Shuman staff do not conduct Investigations. This is done by the Allegheny County Police and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody:

The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Shuman.

The Auditor worked closely with the PREA Coordinator during the Corrective Action period. He has met with an Administrative team to discuss why procedures were not being followed and he has implemented changes to policy and procedure to ensure that all Standards are being followed. He personally conducts PREA orientation training for new employees. He has changed the education that is being provided to the residents and he personally conducts the 10 day education. He has implemented procedures to ensure that both the education and the Risk Assessment are done on a timely basis by appointing back up staff to conduct them when needed. He is keeping data on all new admissions. There is policy and procedure in place that will allow for continuity in meeting the standards when staff leave or are promoted. All documentation that was required to meet the standards was submitted during the corrective action period. Four Intake staff, three contractors, 5 random residents, the PREA Coordinator and the Mental Health Caseworker were all interviewed as part of the plan of correction to ensure compliance with the above standards.

As of October 28, 2017, all standards have been met and this facility is fully PREA compliant.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:  Shuman Center PREA Zero Tolerance Policy  Shuman Center Organizational Chart (amended)</p> <p>Interviews Conducted:  PREA Coordinator</p> <p>There is a PREA Zero Tolerance Policy for preventing, detecting reporting and responding to incidents of sexual abuse and harassment. The policy defines what is sexual abuse and harassment and contains definitions of the above. It details training and education for staff and residents. The Policy describes how the above will be implemented.</p> <p>The review of the policy, the amended organizational chart, and the interviews of the PREA Coordinator show that he has both sufficient time and the authority to coordinate the facility's PREA compliance efforts. He will be responsible for monitoring retaliation once he has been trained. He is new to this position, but has the prior PREA Coordinator available for guidance and consultation. He was hired two weeks prior to the Audit from outside of the facility and had not yet been thoroughly trained. He was not familiar enough with the PREA Standards and the facility Policy and procedure to enable him to adequately answer the PREA Coordinator and PREA Manager questionnaires. Prior to the 45 day Interim report, on July 26, 2017, I re-interviewed the PREA Coordinator by phone. I conducted the interview using both the PREA Coordinator and PREA Manager questionnaires. He has reviewed the PREA standards and has been trained by the previous PREA Coordinator in his PREA related duties at the facility. He was able to demonstrate his understanding of his role and responsibilities.</p> <p>This standard has been met. There is no need for corrective action.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations  Pa. Bureau of Human Services Licensing and Inspection Summary  Posted Staff Schedules  PREA Zero Tolerance Policy  Logs of Unannounced Rounds  Form used to Document Unannounced Rounds  Video of an unannounced round conducted on 6-8-2017 at 9:35 AM by an Administrator.  Annual staffing review conducted by the PREA Coordinator  Log of Deviations from Ratio  Additional 90 days of Deviation logs  Additional 90 days of Random Unannounced rounds</p> <p>Interviews:</p> <p>PREA Coordinator  Facility Director  Detention Staff and Residents during tour</p> <p>The review of the Zero Tolerance Policy, Shuman policies and the above documentation shows non-compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard but there have been 58 instances of not meeting ratio and this is confirmed by interview of the Director. The facility is short staffed and relies on voluntary and mandatory overtime when someone calls out. The Director and Assistant Director sometimes work the floor to ensure ratio. But there are many times when they do not, however this is not documented in a deviation log as required by the standard. The Director states they have hired 8 new line staff in the past two months and are hiring six more line staff in the next few months. They will also hire part time staff to fill in when there are call outs. The Bureau of Human Services Licensing has not cited the facility for being out of ratio in the past 12 months, however they did in 2015.</p> <p>The PREA Coordinator has not reviewed and documented staffing including these deviations as required by the Standard. Prior to the 45 day interim report, I received the Annual staffing review conducted by the PREA Coordinator and it included staffing deviations.</p> <p>The Director states that staffing is reviewed daily to ensure one on one supervision and other resident needs are met. I saw staff schedules posted in the staff office. I was provided current staff schedules with more than the required ratio.</p> <p>Video surveillance is also used to supplement the supervision of the residents. There are 150 cameras and they are monitored in the security office by security staff. However, their primary function is to review incidents that have occurred. The cameras have an approximately 30 day recording capability.</p> <p>During the tour, I saw a residents supervised on the unit as well as in the cafeteria and ratio was met or exceeded. The ratio that is required by the 3800 Child Care Regulations for Secure Detention is 1:6 and 1:12.</p> <p>Administrative staff were conducting rounds as evidenced by the video of an unannounced</p>

round and several months of logs provided prior to and during the onsite. The policy requires them and they are being conducted but more consistent and documented rounds of specifically third shift at all hours must be submitted to the Auditor for compliance with this standard.

**Corrective Action:**

Ninety days of logs of deviations from ratio need to be submitted. Ninety days of random, unannounced rounds on all three shifts at all hours by upper and mid-level supervisors must be conducted and submitted.

On 9-11-17, I received logs of 90 days of documentation of deviations from ratio. There were no deviations, but this practice is now in place to capture this information when it occurs.

On 9-11-17, I received logs of 90 days of documentation of random unannounced rounds conducted on all three shifts by upper and mid level supervisors. This documentation evidences compliance with the plan of correction.

After review of the additional documentation, I have determined that the plan of correction has been satisfied and this standard has been met.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman Center PREA Zero Tolerance Policy  Search Policy  Shower Policy  Gender Variant Search Preference Form  Staff Training Curriculum  Staff Training Logs  File of a former resident who identified as Transgender  Memo Prohibiting staff from cross gender pat down searches except in exigent circumstances  Interviews:  10 Random  10 residents  3 Intake staff  Telephone interviews of 4 female Admissions' staff on 7-27-17</p> <p>The Shuman Center Zero Tolerance Policy contains the necessary requirements for this standard. It along with the Shuman policy prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident to determine that resident's genital status. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. They were able to describe for me the procedure and the use of the Gender Variant Search Form. A Gender Variant Search form is completed for every resident at the time of Admission. There was one prior resident who identified as Transgender, I saw that resident's Gender Variant Search Form and she was placed on a female unit and searched by female staff.</p> <p>Random staff state that they do not perform cross gender pat down searches and most said that they probably would not in an emergency. Random residents state they have not been subject to cross gender pat down searches. However, my interview of three Intake staff show that female staff are conducting pat down searches of male residents on occasion. There is no documentation of this practice, so the extent of it is not known. Subsequent to the onsite portion of the Audit, I received a copy of a memo sent to all staff that prohibited any kind of cross-gender search except in an emergency or exigent circumstance. The staff received training as to what constituted an exigent circumstance. On 7-27-17, I conducted phone interviews of 4 female Admissions' staff who work all shifts. They all stated they had received the memo, and understood what an exigent circumstance was. They state in the event of an emergency, such a search would be documented. They all stated they no longer perform any cross gender pat down searches. The PREA Coordinator stated that a new supervisor will be monitoring and supervising the Intake workers and will monitor this practice.</p> <p>Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the door of every unit and I saw "knock and announce" practiced during the tour.</p> <p>Residents state that they shower one at a time. All residents are locked down during shower</p>

time and showers are conducted by same sex staff. Transgender or Intersex residents would shower alone according to policy and interviews and would shower either before or after everyone else.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents.

There are no cameras in the resident rooms or in the bathrooms.

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

115.316	Residents with disabilities and residents who are limited English proficient
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>Shuman Zero Tolerance Policy</li> <li>Resident PREA Brochure in Spanish and English</li> <li>Resident Educational Curriculum</li> <li>Contract for Translators and for Residents with Disabilities, Deaf and Blind</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>Director</li> <li>Ten Random Staff</li> </ul> <p>During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There are two contracts for translation services through Allegheny County DHS that were provided to me. There is also a contract for services for residents who are deaf/hearing impaired and blind.</p> <p>Staff stated that the use of a resident as a translator for reporting sexual abuse or sexual harassment is prohibited by policy and does not occur.</p> <p>The Director stated that all reasonable accommodations would be made for a resident with a disability. He stated that recently there was a resident who was deaf and the agency provided TTY services for the phone. There is the capacity through the Educational program, the Allegheny County Intermediate Unit, for all residents to receive PREA Education.</p> <p>The PREA policy requires these accommodations.</p> <p>This standard has been met. There is no need for corrective action</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:  Pa. Department of Human Services 3800 Child Care Regulations  Pa. Bureau of Human Services Licensing and Inspection Summary  Pa. Child Protective Services Law  Shuman Zero Tolerance Policy  Affirmative duty to disclose form  Files of 11 staff including three who had been recently hired  File of one Contractor  Interviews:  HR Deputy Director</p> <p>The Shuman Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The policies require a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews. There is a separate form entitled "interview Guide" that asks the Criminal History question of all employees that is completed by the interviewer. There is Zero Tolerance for this behavior when seeking a promotion within Allegheny County departments.</p> <p>The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as those of contractors and volunteers. A percentage of random employee files are inspected by Pa. Department of Human Services as well. There have been no citations for non-compliance in this area.</p> <p>I checked the files of 11 staff, including three who had most recently been hired and one contractor and all had the required clearances. There have been 24 new hires in the past 12 months.</p> <p>The HR Deputy Director states that all clearances of all employees will be conducted every five years by the employee and submitted to the facility. This policy went into effect in 2015, when Shuman became PREA compliant, so employees hired prior to this date have had rechecks conducted. I saw the required rechecks in 8 of the files I checked. The policy stated re-checks every 3 years, but it has been changed to every 5 years to reflect the change in the Pa. CPSL Law. The policy was updated to reflect this change.</p> <p>This standard has been met. There is no need for corrective action.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply



115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman Zero Tolerance Policy  MOU with Pittsburgh Children's Hospital  MOU with PAAR (Pittsburgh Action Against Rape) a member of the Pennsylvania Coalition Against Rape  MOU with Allegheny County Police</p> <p>Interviews:  Director  PREA Coordinator  Shuman Center Health Services Manager (a RN)  10 Random Staff  Phone Interview with Director of PAAR (a PCAR) prior to onsite</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Pittsburgh Children's Hospital, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the Allegheny County Police and their responsibilities are outlined in the MOU. Pittsburgh Action Against Rape, a PCAR, provides a victim advocate to provide crisis intervention, emotional support, information and referrals.</p> <p>I spoke to the Director of PAAR prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU.</p> <p>All MOUs are in place for the necessary services to be offered for a resident outside of the Center.</p> <p>The Nurse confirmed SAFE/SANEs at Pittsburgh's Childrens' Hospital</p> <p>There were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Zero Tolerance Policy  Policies to Ensure Referrals for Reporting Allegations  Reporting to the Allegheny County Police Policy  Pennsylvania Child Protective Services Law  Shuman Juvenile Detention Center Website  MOU with the Allegheny County Police  Reports of a 2015 Staff on Resident sexual Harassment and a resident on resident sexual harassment still under investigation</p> <p>Interviews:  Director  PREA Coordinator  Facility Director</p> <p>I interviewed the Director and the PREA Coordinator and reviewed the PREA Policy and the MOU with the Allegheny County Police. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. These policies were amended subsequent to the onsite Audit. The Director states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Allegheny County Police Department, Pa. Child Line, and that Shuman does not investigate any allegation but reports all of them. The contact information for the Allegheny County Police, Pa. Child Line and Shuman is on the website.</p> <p>I was provided with documentation of a resident on resident sexual harassment that occurred within the past 12 months and a 2015 staff on resident sexual harassment. All reporting protocols were followed. The current resident on resident incident is still under investigation. This standard has been met. There is no need for corrective action.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Shuman PREA Policy</p> <p>Shuman PREA Curriculum for Employees</p> <p>Pre and Post training tests</p> <p>Pa. Dept. of Human Services 3800 Child Care Regulations</p> <p>Logs of employee training</p> <p>Logs of 2017 employee refresher training</p> <p>Documentation of PREA orientation training for new hires</p> <p>Eleven Random employee files</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Deputy Director of Operations</p> <p>Ten Random Staff</p> <p>I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2015 and any staff who were hired after that date receive this training during orientation. There is a specific LGBTI curriculum and individual sign offs for this training. Although the policy says there are pre and post tests to demonstrate understanding of the training, I did not see them in the employee files or training logs. I saw the sign in sheets for the initial training but the new employees whose files I reviewed only had sign offs for the LGBTI training. I interviewed 10 random staff and all stated that they receive refresher training on a regular basis, however there was no documentation of this. The staff in general could answer most of the questions regarding their training, but they needed a refresher regarding evidence protocol and their first responder duties. All staff could discuss the Transgender and Intersex search policy and the related training.</p> <p>The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The ten random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner with all residents, including those who may identify as LGBTI.</p> <p>All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities.</p> <p>The training contains all provisions and the review of files showed all staff received it initially, but are overdue for the two year refresher. The documentation of the ongoing training has not been maintained adequately.</p> <p>The three new staff that I interviewed were able to answer all questions regarding the training, so it was obvious that they had received it and understood it, but the only documentation as noted above as for the LGBTI training.</p> <p>On July 27, 2017, prior to the 45 day Interim report, I received documentation of refresher</p>

training for all Direct Care staff for 2017. I also received documentation of PREA orientation training for 6 new staff that were hired.

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

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman Zero Tolerance Policy  PREA Brochure for Volunteers and Contractors  PREA Volunteer and Contractor Acknowledgement Form  File of a Volunteer  File of a Contracted Employee  Signed Acknowledgements of training for all contracted Title 1 teachers  Signed Acknowledgements for the three contracted staff who had not received training</p> <p>Interviews:  Contracted Employee ( Art Teacher)  Three Contracted Employees by phone -post Audit  Volunteer- Intern</p> <p>I interviewed a Volunteer (Student Intern) and a Contracted Employee ( Art teacher). Both were able to tell me that they received training and the extent of the training. The Teacher is a mandated reporter and has received that training in the past. She was trained in the PREA policy at Shuman.</p> <p>The volunteer, is a student intern from a local university. Both described their training and I saw signed acknowledgements of the receipt and understanding of the training.</p> <p>Both were able to tell me that they would report to their immediate supervisor and/or Director. They would also call Child Line. The teacher is a mandated reporter and is aware of her responsibilities.</p> <p>There were no logs of contractor or volunteer training. During the tour of the facility, I candidly questioned several employees about their training. Three contracted employees, the school principal, the school data entry staff and a janitorial staff stated they had not received PREA training.</p> <p>Subsequent to the onsite portion of the Audit and prior to the 45 day Interim report, I received signed acknowledgement of training for those contracted employees that I spoke to during the tour. I also received signed acknowledgements of all contracted Title 1 Teachers' training as well as their pre and post PREA tests.</p> <p>This standard has not been met. There is a need for corrective action.</p> <p>Corrective Action:  All contractors and volunteers need to be trained according to the Shuman PREA Policy. Logs of Volunteer and Contractor training need to be kept and submitted to the Auditor. When the contracted Allegheny County Intermediate Unit teachers return in late August, an in-service PREA training will be conducted and documentation of that training will be provided to the Auditor to demonstrate compliance with the Standard.</p> <p>On 9-12-13, I received a roster of all contractors, from that list I selected three names and interviewed the contracted employees on 10-13-17 by phone. They all stated they received PREA education at inception in 2014 and a full training again during the end of August 2017. They could all describe for me what the training entailed, including the pre and post assessment. These teachers are mandated reporters and have received that training as part of their employment with the Allegheny Intermediate Unit.</p>

The documentation and the subsequent interviews demonstrate compliance with the Standard. The plan of correction has been satisfied and this standard has been met.

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Shuman PREA Zero Tolerance Policy  Resident PREA Intake Brochures in Spanish and English  Resident PREA Orientation Acknowledgement Forms  Posters for Reporting and Education in Spanish and English  PREA Orientation Checklist  PREA Power Point 10 day Education  12 Resident Files  Spreadsheet of all education conducted from July 12 through and including October 26, 2017  Five Individual education sign offs of those interviewed  Documentation of education for 8 random residents from the spread sheet</p> <p>Interviews:</p> <p>Three Staff persons who perform Intakes  10 residents.  4 Telephone re-interviews of Admission staff  5 telephone re-interviews of random residents</p> <p>The Shuman Center conducts initial education at Intake. There are specific staff who perform Intakes and I interviewed three staff persons who state that as part of the admission process, the resident while in the Intake area, is given a brochure and then the staff person verbally goes over a PREA Orientation checklist that both the staff and the resident initial. There are also reporting and zero tolerance posters in the Intake area where this education is being conducted. This signed orientation checklist is placed in the resident's file. The PREA Zero tolerance policy requires this timely education. Two of the staff persons stated they review the information with the resident and will read it to them if they cannot read. I saw signed PREA Intake education for each of the 12 residents whose files I reviewed. However during interviews, only two of the ten residents state they are receiving the PREA brochure which is part of the education. One resident told me that she has been admitted to Shuman many times. She states that she received the PREA brochure during her first admission, but did not receive it upon her most recent admission. On 7-27-17, I interviewed, by phone, 4 Admissions' staff and they all stated that they provide the resident with the pamphlet and now have the resident sign off on a pamphlet that they have received it and this is part of the admission process. Upon receiving 90 days of admissions, I will request random documentation of these pamphlet sign offs.</p> <p>Within 10 days, but usually within 72 hours, the Social Services Caseworker conducts individual education with the resident that includes a video and a verbal question and answer. The video is age appropriate and is a commonly used PREA Orientation Video. However 10 day education is not being conducted, because the caseworker responsible for that education has not been hired.</p> <p>Throughout the facility there are posters for reporting, zero tolerance, staff boundaries, what is sexual harassment, that are age and gender appropriate. There are themed posters with basketball players and teenage children.</p> <p>I reviewed the files of 12 residents, 10 active and 2 discharges and all had the Intake but not</p>

the ten day education acknowledgement in their files.

I interviewed ten random residents and all stated they received education when they first got here and that education advised them they had a right to be free from sexual abuse and harassment, how to report, and that they could not be punished for reporting sexual abuse and harassment. One resident stated he had received education several times, because of placement in several facilities. Only three out of the ten residents could tell me about services offered through PAAR and they told me they learned of this from the posters throughout the Center and one girl said she was advised by her Judge of these services. Spanish and English posters and brochures are available as is a translation service. The contract with the Translation service can also provide assistance for those that are blind and deaf. The Intermediate Unit teachers can provide assistance to those residents with learning difficulties.

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

The policy requiring education at Intake includes the resident receiving the brochure. Documentation that the brochure is being distributed to each Intake needs to be submitted to the Auditor. Ten day education as required by the PREA standard and the Shuman PREA policy needs to occur and needs to be documented for all residents. Ninety days of education logs for all admissions demonstrating compliance with the Shuman education policy (distribution of the pamphlet) and 10 day education for all residents needs to be submitted to the Auditor.

Corrective Action Taken:

Since July 12, 2017, the PREA Coordinator stated that the educational procedure for Intakes has been revamped to include education at Intake and sign offs of the pamphlet itself and instead of a video, there is a PREA Power Point that the PREA Coordinator reviews individually with the resident prior to 10 days. If he is not available, there is a back up plan in place. On 10-13-17, I received 90 days of documentation of all 469 admissions on a spread sheet which included Date of Admission, Date of Education, both at Intake and 10 day and date of Vulnerability Assessment. I chose 8 residents, two each from July, August, September and October. I saw timely signed acknowledgement of both Intake and 10 day education. On 9-26-17, I received a census of 47 current residents, with Admission and Education dates. I chose two girls and three boys from different housing units who had been at Shuman different lengths of time. I interviewed them by telephone. They could all tell me they received education and how they could report. One girl stated that she did not cooperate during the most recent PREA 10 day education, because she has been there several times in the past 3 months and receives it every time she comes. Two of the three boys could tell me that they received education and that it consisted of the above and one boy told me he did not remember receiving any education, yet I saw his sign offs and he could answer my questions. One girl stated it was her first time at Shuman and that she received all education as described.

After review of additional documentation and re-interviews of both staff and residents, I believe the plan of correction has been met and this standard has been met.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	this standard does not apply

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed  Shuman PREA Policy (Amended)  Shuman Employee Training Curriculum  Employee Training Logs  Certificates of Completion of NIC Medical Training  File of Nurse  Interviews:  Health Services Manager  Master’s Level mental Health Therapist</p> <p>This facility does not perform any forensic medical examinations. These are conducted at the Pittsburgh's Childrens' Hospital by SAFE/SANEs and there is an MOU with the Hospital. I interviewed a full time Nurse who is the Health Services Manager and I also interviewed a Mental Health Therapist. Both have completed PREA Training and the online NIC training. Both state that the facility does not conduct forensic examinations and that they both have received training regarding the sexual abuse of juvenile victims. They Nurse received training on the protection of forensic evidence; the MH Caseworker stated she did not. The Mental Health Therapist states that she has received 40 hours of training to be a Domestic Violence Advocate and her Education is in Trauma Based Therapy. Both the Nurse and the MH Therapist are mandated reporters and would report to their supervisor at Shuman and to Child Line. They would both document any reports they received.</p> <p>I saw certificates of completion for the NIC PREA online course for the Medical Employees.. The policy was amended to include all necessary verbiage.  This standard has been met. There is no need for corrective action.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Zero Tolerance Policy  Vulnerability Assessment Instrument  Health and Safety Supplementary Screening Tool  Health and Safety Assessment  Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)  Two Completed Re- Assessments done for the Six month residents.  Documentation of timely Assessments for 8 residents as part of the PoC</p> <p>Interviews:  PREA Coordinator  MH Caseworker who completes Vulnerability Assessment  10 residents</p> <p>The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. There is also a Health Assessment that is used in conjunction with the VAI at Intake. There are specific Intake staff who conduct admissions and the Nurse conducts the Health and Safety Assessment as part of the Intake process.</p> <p>The Mental Health Caseworker is the only staff person who administers the VAI . She uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions.</p> <p>She does not take into account conversations with parents, POs and other documentation. She stated that she would not override or change the score if she received information from either a parent or from child records.</p> <p>All competed VAIs are kept in the resident files. Health, Mental Health and Administrative staff have access to these files.</p> <p>I reviewed the files of 12 residents (10 active and 2 discharged) that I chose randomly from those admitted during the past 12 months. All but three had timely administration of the VAI. Those three were admitted while the MH Caseworker was on vacation and there was no backup staff who completed them.</p> <p>I interviewed 10 residents and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse while at Shuman or if they identified as LGBTI.</p> <p>The Shuman policy requires a re-assessment at six months. The length of stay is around 30 days, but there are several residents who are awaiting either certification hearings or hearings in Adult Court. Three of these residents were in Shuman for six months or more and had not received a reassessment. Prior to the 45 day interim report, I received re-assessments for two of the residents and a third had been discharged.</p> <p>On 7-26-17, I conducted a telephone interview of the Mental Health Caseworker who is responsible for administering the Vulnerability Assessment. She has since been trained by the Director of Residential Services as to how to properly administer the VAI. The training also</p>

included how to ask the questions, why the questions are asked and where to get other information to help ascertain risk. She states that she takes into consideration conversations with the parents, OCY caseworkers, and probation officers as well as any written information that may accompany the child.

She states that she conducts the VAI within 24 hours of Intake and that if she is not available there are now back ups in place, the Deputy Director and the Director of Residential Services. I received a copy of the memo outlining this procedure. She also conducts re-assessments every 6 months, if any resident is in the facility for that length of time.

This re-interview demonstrates her understanding of this protocol.

**Corrective Action:**

All admissions need to have the VAI completed within 72 hours. A log of admissions and the timely administration of the VAI needs to be submitted to the Auditor covering a period of 90 days.

On 10-13-17, I received a log of 469 admissions covering 90 days, July 12 through and including October 12, 2017. From this log, I randomly selected 8 residents, two from each month. Their entire VAI was sent to me. All 8 of these residents had the risk assessment administered within 72 hours of admission. This documentation satisfies the plan of correction. This standard has been met.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Zero Tolerance Policy  Pa. Department of Human Services 3800 Child Care Regulations  Shuman Shower Policy  Vulnerability Assessments of 12 residents (10 active, 2 discharges)  Documentation of Risk Based Housing for an Aggressive Resident and a Transgender resident</p> <p>Interviews:  PREA Coordinator  Caseworker who Administers the Vulnerability Assessment  Director</p> <p>One Resident identified as Bi-sexual, one resident identified as a Lesbian.</p> <p>Isolation is not practiced and is prohibited by both Shuman Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.</p> <p>I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I saw the rooms that are closer to the staff office and are within both eye and ear shot of staff. I also observed designated units for younger and older boys. The risk based housing decision is noted on the Vulnerability Assessment. There was one resident in the current population who required this housing, and I saw documentation of this. Although identified as aggressive because of his score, he was housed on a unit to protect him from other residents due to threats.</p> <p>I observed the bathrooms that have three shower stalls with curtains and toilets with partial doors on all units. Shuman policy calls for residents to shower one at a time. All residents are in their rooms during shower time.</p> <p>The PREA Coordinator states that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The resident's own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status.</p> <p>I interviewed one resident who identified as a Bi-sexual and she states that she showers alone and is not discriminated against in any way. I interviewed one resident who identifies as a lesbian and she states that she is not discriminated against in any way. I interviewed one resident who had previously identified as Gay, but he stated he was straight.</p> <p>I reviewed the files of 12 residents (10 active and 2 discharges). All risk based housing recommendations are recorded on the instrument itself. The units are designated by letter and are used to house the older bigger boys and the younger boys or those who are vulnerable. Housing is also assigned based on "neighborhood" of the admission. There are neighborhood rivalries throughout the city of Pittsburgh. Of the 10 active resident files that I reviewed only one was identified as sexually Aggressive as described below. No one was identified as vulnerable.</p>

I reviewed the file of a former Transgender resident. He identified at Intake and as per policy the PREA Coordinator reviewed the housing assignment and after interviewing that resident, she was placed on a female unit. The housing policy was followed and it was documented. The policy contains all necessary verbiage and according to the interviews and the reviews of resident files show it is practiced. This standard has been met and no corrective action is necessary.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed;</p> <p>PREA Zero Tolerance Policy</p> <p>Grievance Policy</p> <p>Telephone Policy</p> <p>Visiting Policy</p> <p>Pa.Child Protective Services Law</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations</p> <p>PREA Intake Pamphlet</p> <p>Resident Rights' Form</p> <p>MOU with PAAR, Pittsburgh Action Against Rape</p> <p>Posters</p> <p>Interviews:</p> <p>PREA Compliance Coordinator</p> <p>Director of PAAR, a PCAR (by phone, prior to Audit)</p> <p>Ten Random Staff</p> <p>Ten Residents</p> <p>I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. The policy was amended to include this verbiage. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made.</p> <p>The primary reporting mechanism is to an outside agency, PAAR, Pittsburgh Action Against Rape. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. Prior to the onsite, I did a telephone interview with the Director of PAAR and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is the phone all residents use outside of the staff office and it is a free direct dial to PAAR. The PAAR phone number, a number for Pa. Child Line, and the FBI are posted above the phone. A resident called it while I was on the tour and it did not connect with PAAR. It did connect with the FBI and Child Line. I called the number myself and it did not work. Prior to the end of the onsite, the phone was re-programmed and when I tried it, it did go to PAAR. I advised the PREA Coordinator that the phone should be tested regularly to ensure that it works as described. When I re-interviewed the PREA Coordinator prior to the 45 day Interim report, he stated that he is testing the phone on a regular basis and it is working as described. Logs were provided to me of three months of phone tests in different units.</p> <p>The residents can also call Child Line and the staff are required to call Child Line as mandated reporters.</p> <p>The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL.</p>

There are PREA boxes on the wall of each living unit that a grievance or report can be placed in and they are checked by the PREA Coordinator.

Residents can also call home every day and residents can receive visits from parents and grandparents on a daily basis. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

There are tools, such as pencils and paper throughout the living units and in the classrooms for the residents to write letters, grievances or to report.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues.

This standard has been met. No corrective action is needed.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Grievance Policy</p> <p>Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summary</p> <p>Resident PREA Orientation Forms</p> <p>Resident Intake PREA Pamphlet</p> <p>Grievance Form</p> <p>Files of 12 residents (10 Active, 2 discharges)</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Director</p> <p>There were no grievances used to report incidents of sexual abuse, sexual harassment or retaliation in the past 12 months. No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy, amended during the Audit, requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are 7 days according to the policy and within 48 hours if it is an emergency grievance. There are separate forms and timelines for emergency grievances. Residents cannot be disciplined for filing a grievance.</p> <p>The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL, during their annual licensing inspection, reviews resident files for this signed acknowledgement by both parent and resident. I reviewed 12 resident files and all contained notification of the grievance process. Additionally, the most recent Licensing and Inspection Summary did not contain any citations for not notifying of the grievance process.</p> <p>The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but there are grievance forms and documentation of notification in the child's file.</p> <p>This standard has been met and does not require any corrective action</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:          PREA Policy          Visiting Policy          Telephone Policy          Resident PREA Orientation Form          Resident PREA Pamphlet          Spanish and English Posters          MOU with PAAR, Pittsburgh Action Against Rape</p> <p>Interviews:          PREA Coordinator          Director          Ten Random residents          PAAR Director (by phone prior to onsite)</p> <p>The PREA Policy outlines that the Youth Center will provide residents with access to confidential emotional support services through PAAR. Posters in both Spanish and English, are posted throughout the facility, with the name, phone number and address for this service. The Resident PREA Pamphlets and the education that they receive within 10 days also includes what services are offered and how to contact this agency to access these services. The Director described the MOU with PAAR, a PCAR, Pennsylvania Coalition Against Rape, and the services that they offer. The MOU was reviewed and I spoke to the PAAR Director by telephone prior to the Audit to confirm the services offered in the MOU.</p> <p>The residents who were interviewed state that they can make and receive phone calls. All stated that they can make a phone call to parents or guardians every day if they have an account on the phone, if not they can call once a week. Visiting by parents/grandparents/guardians is every day.</p> <p>Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. Several of the residents that were interviewed state that they usually see the Public Defender before Court.</p> <p>Some residents were able to tell me about the counseling services offered through PAAR, because they "read it on the posters, saw it on TV, or their Judge told them about it". Six out of ten residents could not tell me about these services.</p> <p>This standard has been met and requires no corrective action</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Shuman website  Detention Hearing announcement</p> <p>The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by the Center via the website, which was verified and it is also posted in the visiting area in both Spanish and English. The lobby area has PREA posters with reporting information and also PREA brochures. There is a public announcement over the PA system twice a day, once during AM Detention Hearings and once during PM visiting describing the Zero Tolerance Policy and giving information on how to report. This announcement is geared toward parents, guardians and visitors.</p> <p>This standard has been met and requires no corrective action.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Pa. Child Protective Services Law</p> <p>Training Logs</p> <p>Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Reporting Child Abuse Directive</p> <p>Resident on Resident Sexual Harassment Incident File</p> <p>Interviews:</p> <p>Director</p> <p>PREA Coordinator</p> <p>Ten Random Staff</p> <p>Nurse</p> <p>Masters' Level Mental Health Therapist</p> <p>There have been no incidents or reports of sexual abuse and one resident on resident report of sexual harassment. This allegation is still under investigation by Law Enforcement. The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line, their supervisor, and also the Shuman Supervisor on Duty. The Director states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Director states that if there is an attorney of record they would also be notified and if there was a court order prohibiting a parent from notification they would contact a guardian. The resident on resident sexual harassment was reported by a resident to staff. Law Enforcement and Child Line were notified. A HCSIS report documenting reports to parents and guardians and Probation was filed and provided to the Auditor. The supervisor and PREA Coordinator were notified and staff documented the incident. All reports were provided to the Auditor. A review of the reports show that policy and procedure was followed. This standard has been met and there is no need for corrective action</p>

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA Zero Tolerance policy</p> <p>Interviews:          Director          Ten Random staff</p> <p>There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.</p> <p>After reviewing the policy that was amended during the pre-audit time period and interviewing the 10 random staff and the Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. The facility has the capability to move either residents or staff to different units for resident protection.</p> <p>This standard has been met. There is no corrective action necessary</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy          Pa. Child Protective Services Law          Reports of an Incident that occurred at another facility</p> <p>Interview:          Director          PREA Coordinator</p> <p>There has been one report from a resident to Shuman staff that they had been sexually abused at another facility. The nurse who received the report documented it and the PREA Coordinator documented the call to the other agency. This was all done in a timely fashion and according to policy</p> <p>The policy clearly states that if a resident reports a sexual abuse at another facility to a Shuman staff person, it will be reported to Child Line and documented. The Director will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.</p> <p>If a report is made to Shuman from another facility, it will be reported to the Director, who will contact Child Line, the Allegheny County Police Department and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours and this will be documented as well.</p> <p>This standard has been met. There is no need for corrective action</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Shuman PREA Policy</p> <p>Interviews: Ten Random Staff</p> <p>There have been no incidents in the past twelve months that have required first responder actions.</p> <p>The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document and contact Medical Department. This is contained in the staff training curriculum. When interviewed, the ten random staff were able to discuss their first responder duties although they have not had to practice them. While interviewing an Administrator, I observed that he wears his first responder duties on a laminated card on a lanyard with his keys.</p> <p>The policy also contains the provision that if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff. This was added to the policy during the pre-audit time period and submitted.</p> <p>This standard has been met. There is no need for corrective action.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Shuman PREA policy</p> <p>Interviews: Director</p> <p>There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Director stated during his interview that although not utilized for a report of sexual abuse, it is and has been used for other types of incidents, demonstrating that the policy is in practice.</p> <p>This standard has been met. There is no need for corrective action</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Pa. Child Protective Services Law  Union Contract</p> <p>Interviews:  Director</p> <p>The Union representing the Shuman staff is Unit 202 Pennsylvania Social Services Union. The contract does not prohibit the facility from removing a staff from contact with the resident due to an allegation of Sexual Abuse or Sexual Harassment. The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation.</p> <p>An interview with the Director shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.</p> <p>This standard has been met. There is no corrective action that is needed</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Incident Reports for Sexual harassment allegations</p> <p>Interviews:  Director  PREA Coordinator  Deputy Director of Residential Services  Deputy Director of Operations</p> <p>There has been one incident that required monitoring for retaliation. A resident on resident sexual harassment was reported and still under active police investigation. Reports provided to the Auditor show that the alleged perpetrator was placed on a plan of safety which included being placed in a room with more staff supervision. The accompanying documentation stated that the perpetrator was alleged to be involved in a sexually aggressive incident and required heightened staff supervision. The victim was moved to a different housing unit to protect her from retaliation. All policy and procedure were followed and the documentation was provided to me.</p> <p>The Shuman PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Shuman is the PREA Coordinator. However, because the PREA Coordinator was just hired, I interviewed the Deputy Director of Operations who had been acting in this capacity. He would do a status check daily and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. He monitors behavioral changes in residents, and see if a resident was being treated unfavorably, such as not providing snacks. He monitors work records of staff, including tardiness, and absenteeism, among other variables.</p> <p>He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It always requires that a resident would be placed in a different unit than the perpetrator.</p> <p>I re-interviewed the PREA Coordinator subsequent to his training and prior to the 45 Day Interim report. He was able to discuss how he would monitor retaliation of both residents and staff.</p> <p>After reviewing policy, incident reports and interviewing the Deputy Director and PREA Coordinator, I believe this standard has been met. There is no need for corrective action</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Pa. 3800 Child Care Regulations</p> <p>Interviews:  Director</p> <p>This standard does not apply. There is no use of isolation</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Zero Tolerance Policy  MOU with the Allegheny County Police  Pa. Child Protective Services Law  Reports of two Sexual Harassment Allegations</p> <p>Interviews:  PREA Coordinator  Director</p> <p>There have been no sexual abuse reports within the past twelve months. There has been one allegation of resident on resident sexual harassment that is still being investigated. The reports of a 2015 staff on resident sexual harassment were also provided to me. In this incident charges were filed and the staff plead guilty. The documentation for both incidents was provided to me.</p> <p>The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Allegheny County Police, with whom the facility has an MOU. The facility has no investigators. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the Director state that they have a very cooperative relationship with the Allegheny County Police.</p> <p>The facility gathers enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Shuman Coordinated Response and would conduct an incident review after the investigation was completed.</p> <p>By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported.</p> <p>The policy meets the standard and no corrective action is needed</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Shuman PREA Policy</p> <p>The Standard of Proof is in the Shuman policy, however, this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.</p> <p>This standard has been met. There is no need for corrective action</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Pa. Department of Human Services 3800 Child Care Regulations  Files of two sexual harassment allegations</p> <p>Interviews:  Director</p> <p>The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident and their parents would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification. There was documentation that both sets of parents, perpetrator's and victim's, were notified of the unfounded sexual harassment and the actions taken. I feel that the policy, documentation and the interview confirm that the standard has been met.</p> <p>In both cases of sexual harassment the victims were discharged prior to the conclusion of the investigation. However in both these cases the residents who were victims were advised of the actions that the facility had taken immediately upon their report.</p> <p>This standard has been met. There is no corrective action needed.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Pa. Child Protective Services Law  2015 Incident Reports for Staff on Resident Sexual Harassment  Progressive Discipline Policy</p> <p>Interviews:  Director</p> <p>There has been no incident within the past twelve months that has required staff discipline for sexual harassment. However the facility provided a 2015 incident file of staff on resident sexual harassment. The facility terminated the employment of the staff person for violation of the agency's Zero Tolerance policy and referred the incident to the Allegheny County Police. The Police investigated the incident, charges were filed and the staff was placed on probation in 2017.</p> <p>The policy contains all provisions, including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have a indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed.</p> <p>This standard has been met and needs no corrective action</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Pa. Child Protective Services Law</p> <p>Interviews:  Director</p> <p>There have been no incidents of this nature in the past twelve months.</p> <p>Both the Shuman PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. The Director states he would also contact the contractor or volunteer's agency.</p> <p>The policy and the interview confirm that this standard is met. No corrective action is needed.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Pa. Child Protective Services Law  Pa. Department of Human Services 3800 Child Care regulations.  Incident reports of resident on resident sexual harassment  Shuman Resident Rules</p> <p>Interviews:  Director  Nurse  Mental Health Therapist</p> <p>Discipline of a resident is not permitted at Shuman. There was one incident of resident on resident sexual harassment. This was still being investigated at the time of the Audit. This resident on resident sexual harassment resulted in a plan of safety that was instituted as a result of the incident for both the victim and perpetrator. The plan of safety included changing the perpetrator's room for better supervision and a loss of level in the behavioral system, which restricts the resident so as to protect other residents.</p> <p>The victim's housing unit was changed to prevent retaliation against that child. Both residents have been discharged and the investigation is ongoing. There is no punishment that is permitted. The Shuman Policy prohibits residents from touching opposite sex residents. The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse.</p> <p>Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.</p> <p>The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.</p> <p>The Director states that the only sanctions for a violation of the policy are reduction in level and unit confinement. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.</p> <p>Both the Nurse and the Mental Health Therapist state that counseling is offered at Shuman through the mobile Crisis team called CACTIS and both the victim and perpetrator could be evaluated if they consented. The assessment is voluntary and a resident would not be prohibited from program or educational participation.</p> <p>The reports and outcome for this incident are needed. they have been requested.</p> <p>This standard has been met. There is no corrective action needed.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Vulnerability Assessment Instrument  Logs of all Admissions for 6-1-16 through 6-1-17  Secondary Medical Documentation  Files of 12 residents (10 active, 2 discharges)</p> <p>Interviews:  A staff who administers Risk Assessment  PREA Coordinator  Health Services Manger who is an RN  Master’s Level Mental Health Therapist who administers the Vulnerability Assessment and conducts the MH assessment</p> <p>The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse.</p> <p>All residents see a Nurse upon admission who performs a Health and Safety Assessment. She can make a referral at that point to CACTIS mobile crisis or the Psychiatrist who works hand in hand with the Medical Department. All residents receive a physical within 72 hours of admission conducted at the Youth Center by the Chief of Adolescent Medicine at Pittsburgh's Children Hospital. This doctor conducts a clinic at Shuman with her Medical Students in Residence as part of a teaching opportunity for treating at risk children. This Physical includes Pregnancy and STD testing and the necessary follow up.</p> <p>The Master’s Level Mental Health Caseworker conducts the Vulnerability Assessment on all resident within 72 hours of admission and conducts the Mental Health Assessment at that time if needed.</p> <p>During the tour of the Medical Suite, I met and spoke to the Doctor from PCH, the Psychiatrist and several Nurses. The Doctor stated that her Residents are educated about PREA. I reviewed the files of 12 residents and saw timely follow ups for those residents that required them.</p> <p>Due to the collaboration with Pittsburgh's Childrens' Hospital and CACTIS, mobile crisis unit all the residents at Shuman are receiving an excellent Medical Evaluation and there are several avenues for all children to receive Mental Health follow up.</p> <p>Interviews and documentation demonstrate that this standard has been exceeded. There is no corrective action needed</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Shuman PREA Policy</p> <p>Interviews: Health Services Manager who is a RN Master’s Level Mental Health Therapist Ten Random Staff</p> <p>There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Childrens' Hospital of Pittsburgh for a Forensic Medical Exam by a SAFE/SANE. As part of the response, staff would first protect the resident and then immediately notify medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement. This would be done immediately and would be free of charge to the resident. All residents are offered STD testing and follow up and all female residents are offered pregnancy testing and all lawful related pregnancy services required by law. Interviews with the Nurse and the MH Therapist confirmed the policy.</p> <p>Although there have been no incidents that have required emergency services, the policy is in place and the medical staff are an integral part of the coordinated response.</p> <p>There is an excellent and ongoing working relationship and an MOU with Childrens' Hospital of Pittsburgh.</p> <p>There is no need for corrective action. This standard has been met</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Shuman PREA Policy</p> <p>Interviews: Health Services Manager who is a RN Master's Level Mental Health Therapist</p> <p>There were no incidents in the past twelve months, so there were no residents to interview or any secondary documentation to review.</p> <p>The two Medical staff who were interviewed both stated that the level of care that the residents receive is comparable to community level of care. They coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.</p> <p>If a female becomes pregnant as a result of an assault, she is offered pregnancy testing, STD testing and all lawful pregnancy related services. This is free of charge to the resident whether she names the perpetrator or not.</p> <p>All residents are offered STD testing and all female residents are offered pregnancy testing. Any resident on resident offender will be assessed but the facility does not provide therapy. This is a short term detention facility. A recommendation would be made to the Court as part of the child's disposition. This assessment would be completed almost immediately although the policy states within 60 days of learning of such an abuse history.</p> <p>This standard has been met and there is no need for corrective action.</p>

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA Policy  Sexual Incident Review Form</p> <p>Interviews:  PREA Coordinator  Facility Director  Security Manager who is a member of the Sexual Incident Review Team</p> <p>There have been no incidents within the past twelve months that have required an incident review. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Director, PREA Coordinator, Security Manager, Medical and Mental Health staff with input from line staff. I interviewed the Security Manager who is a member of the incident review team. He is an employee of the Allegheny County Police and is assigned to Shuman Center to supervise the Security personnel that are also assigned there. He also coordinates the camera monitoring and the recording and review of any incident. Although he has not had to participate in a review, he responded accurately to the questions posed in the interview. The team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will make a recommendation and the PREA Coordinator will complete a report which the Director will approve and will be submitted to the County Executive. The recommendation would be followed or the reason for not doing so would be documented.</p> <p>Any time there is any incident this Security Manager reviews the recording of the incident with Shuman Administration.</p> <p>Although there have been no incidents to review, the Director and Security Manager, who were interviewed state that this policy would be followed.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA Policy          PREA Annual Report</p> <p>Interviews:          Director          PREA Coordinator</p> <p>The policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. It is collected using information from reports and any other resources.</p> <p>The DOJ has requested information in the past but the facility was unable to produce these documents.</p> <p>The annual report for the year 2015/2016 was prepared and submitted subsequent to the onsite portion of the Audit, but prior to the 45 day Interim report. The report was posted on the website prior to the 45 day report. The PREA Coordinator is responsible for compiling this information.</p> <p>This standard has been met. There is no need for corrective action</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA Policy          PREA Annual Report 2015/2016          Shuman website</p> <p>Interviews:          PREA Coordinator          Director</p> <p>There is an Annual PREA Report for 2015/2016 that was prepared by the current and former PREA Coordinator subsequent to the onsite portion of the Audit but prior to the 45 day Interim Report. The PREA Coordinator states he prepares the report and the Director approves it. The report compares data from year to year and discusses the facility's efforts at prevention, detection, and response to all incidents of sexual abuse and sexual harassment. Review of the data would occur after an incident and action would be taken to prevent future incidents. Aggregated data would also be reviewed on a regular basis to determine trends and other action that is needed.</p> <p>All personal identifiers would be removed and noted.</p> <p>On 7-7-17, prior to the 45 day Interim report, I received notification that the report had been posted on the Shuman website. I verified the posting.</p> <p>This standard has been met. No corrective action is needed.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Shuman PREA policy  Shuman Annual PREA Report 2015/2016  Shumanwebsite</p> <p>Interviews:  PREA Coordinator  Director</p> <p>There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The Shuman website contains an Annual PREA Report for 2015/2016. It contains the initial PREA Audit from 2015. It was posted on 7-7-17 and verified by the Auditor. The policy states that all records will be retained for ten years. The PREA Coordinator securely keeps all records and reports related to any PREA incident. This standard has been met. There is no need for corrective action.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Auditor toured the facility on June 12, 2017 with the PREA Coordinator, Security Manager and the Deputy Director of Operations. The Auditor had access to all areas of the facility. There are no electronic records, but the Auditor did see a recording of a random unannounced round conducted by the Deputy Director or Residential Services. I was provided with all records that I requested.</p> <p>Notification of the upcoming Audit was posted in all public areas and all living units on 5-1-17. A picture of the notification was sent to me by email on that date. The postings were still up during the tour on 6-12-17. There was no correspondence with the Auditor. All correspondence is confidential.</p> <p>I was provided with a list of the current residents in the population divided by housing unit. I randomly chose the ten residents that I interviewed from this census. I conducted my interviews in a private office with the door closed.</p> <p>This standard has been met.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The PREA Final Report dated 3-9-15 for the first PREA Audit is posted on the facility website.

## Appendix: Provision Findings

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

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

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

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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes

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

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

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

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

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

<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

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

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

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

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

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

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

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

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

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

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes

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

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

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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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

<b>115.331 (c)</b>	<b>Employee training</b>	
	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

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

<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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

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

<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	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?	no
	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?	no

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	no
	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

<b>115.333 (d)</b>	<b>Resident education</b>	
	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

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	no

<b>115.333 (f)</b>	<b>Resident education</b>	
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

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

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

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

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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

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

115.351 (c)	<b>Resident reporting</b>	
	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)	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

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

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

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

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

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

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

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

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

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

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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

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

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

<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

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

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

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

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

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

115.364 (a)	<b>Staff first responder duties</b>	
	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)	<b>Staff first responder duties</b>	
	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)	<b>Coordinated response</b>	
	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)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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)	<b>Agency protection against retaliation</b>	
	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)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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

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

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

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

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

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

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

115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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

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

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

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

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

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

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

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

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

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

<b>115.387 (a)</b>	<b>Data collection</b>	
	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

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

<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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

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

<b>115.387 (f)</b>	<b>Data collection</b>	
	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

<b>115.388 (a) Data review for corrective action</b>		
	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

<b>115.388 (b) Data review for corrective action</b>		
	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

<b>115.388 (c) Data review for corrective action</b>		
	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

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

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

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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

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

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

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

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

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

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

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