

# PREA Facility Audit Report: Final

**Name of Facility:** Edmund L. Thomas Adolescent Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 01/11/2021

**Date Final Report Submitted:** 03/11/2021

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> Matthew A. Burns	<b>Date of Signature:</b> 03/11/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Burns, Matthew
<b>Email:</b>	preaauditor2015@gmail.com
<b>Start Date of On-Site Audit:</b>	11/30/2020
<b>End Date of On-Site Audit:</b>	12/01/2020

FACILITY INFORMATION	
<b>Facility name:</b>	Edmund L. Thomas Adolescent Center
<b>Facility physical address:</b>	4728 Lake Pleasant Rd, Bldg 2 Detention, Erie, Pennsylvania - 16509
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	4728 Lake Pleasant Rd, Bldg 2 Detention, Erie, Pennsylvania - 16509

<b>Primary Contact</b>	
<b>Name:</b>	Julian Blanks
<b>Email Address:</b>	jblanks@eriecountypa.gov
<b>Telephone Number:</b>	8144516191

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Gerald Battle
<b>Email Address:</b>	gbattle@eriecountypa.gov
<b>Telephone Number:</b>	8144516191

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	20
<b>Current population of facility:</b>	8
<b>Average daily population for the past 12 months:</b>	7
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	11-20
<b>Facility security levels/resident custody levels:</b>	secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	36
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	10
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	20

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Erie County Department of Human Services, Office of Children and Youth
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	154 West Ninth Street, Erie, Pennsylvania - 16501
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Julian Blanks	<b>Email Address:</b>	jblanks@eriecountypa.gov

## AUDIT FINDINGS

### **Narrative:**

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

The on-site portion of the PREA Audit at the Edmund L. Thomas Adolescent Center (ELTAC) took place on November 30, 2020 and December 1, 2020 and covered the audit period of November 30, 2019 to November 30, 2020. ELTAC was last audited during the second PREA cycle on June 1 – 2, 2017, and was found to be in full compliance on September 5, 2017. Prior to the on-site visit, this auditor used the PREA Online Audit System (OAS) to review the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 43 PREA Juvenile Standards. On November 1, 2020, this auditor received notification of an online Pre-Audit Questionnaire being completed. Each standard contained uploaded ELTAC policies, protocols, and documentation which were relevant to that particular standard. After the pre-audit review of the Pre-Audit Questionnaire and supporting documentation, this auditor sent questions generated from those documents to the Agency PREA Coordinator. These questions were answered to the satisfaction of this auditor. The Agency PREA Coordinator was also courteous and provided additional information in an expeditious manner. The agenda for the on-site portion of this audit was reviewed with the Agency PREA Coordinator and agreed upon on November 23, 2020.

Notifications of the on-site portion of this audit were posted throughout the facility and accessible to staff, residents, and visitors on October 12, 2020. These notifications were in both English and Spanish. Photographs were taken of the various sites where the notifications had been posted and the photographs were emailed to this auditor noting their locations. Email correspondence between this auditor and the agency PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process and schedule, and to request any additional information that was needed to review.

Upon arriving at the facility on November 30, 2020, at approximately 8:00am, this auditor met with the administrative team at ELTAC, to discuss the audit schedule and review any questions or concerns anyone may have had about the on-site portion of the audit. The following officials were present:

1. Facility Superintendent
2. Agency PREA Coordinator

This meeting was followed by a detailed tour of the facility which took approximately one hour and thirty minutes. During the tour, this auditor noticed numerous PREA audit notices, an ample amount of video surveillance cameras (both inside and outside of the facility), and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the living units, programming areas, intake area, and visitation areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.

Following the tour, this auditor met with the administrative team to review the resident and staff rosters and the video surveillance system at the facility. This auditor then proceeded to interview the

Superintendent, staff on shift, specialty staff on shift, and residents at the facility the rest of the day. Staff from second shift (3:00pm to 11:00pm) were interviewed.

This auditor arrived at ELTAC at approximately 6:45am on the second day of the audit to interview three staff who work third shift (11:00pm to 7:00am). The rest of the day was spent interviewing specialty staff and staff from first shift (6:00am to 2:00pm). This auditor also interviewed the Agency PREA Coordinator, as he is the Detention Director and serves on the Incident Review Team, completes Unannounced Rounds, and monitors retaliation at ELTAC, the Agency Head, Human Resources Director, a medical staff, staff who administer Vulnerability Assessments, and intake staff. Due to the small size of the facility, several staff served multiple roles, including the Superintendent and Agency PREA Coordinator. After these interviews were completed, this auditor reviewed all 9 current resident files and 3 closed resident files for documentation verifying PREA education and risk assessments were completed as noted in the ELTAC Zero-Tolerance Policy. During the on-site portion of this audit, this auditor interviewed the agency Human Resources Director and reviewed staff files to confirm all staff had successfully completed the annual PREA trainings and had appropriate background checks completed. It also should be noted; there is one medical staff working at the facility and she completed the on-line specialty training specific to Medical Health Staff in a Confinement Setting. This training was offered by the National Institute of Corrections (NIC). An interview with this staff member confirmed she completed and understood the training. There are no mental health staff employed at ELTAC. The facility has a contract with Affinity Family Support Services to provide outpatient mental health therapy and evaluations/assessments when needed.

9 of the 9 residents (100% of the population was interviewed) residing at the facility were interviewed in a private and confidential area of the facility. This auditor also interviewed three residents who had a cognitive disability and two residents who disclosed prior victimization on the risk screening. There were no residents at the facility who had a physical disability, were Limited English proficient, identified as LGBTI, transgender/intersex residents, or any residents who made an allegation of sexual abuse during the past 12 months at the facility to interview during the on-site portion of this audit. Ages of the residents interviewed ranged from 12 years old to 18 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and were aware of the services which are available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at ELTAC. The residents also reported they feel PREA is taken seriously at the facility and that they have been educated about PREA during their intake into the facility and viewed an educational PREA video during a follow-up PREA education session with the Agency PREA Coordinator. Overall, interviewed residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting.

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

A total of 27 staff interviews took place (15 of the staff interviewed were Specialized Staff). These interviews included the following:

- Agency Head
- Agency PREA Coordinator
- Superintendent
- 1 Medical Staff
- 2 Staff who conduct Risk Assessments

- 2 Intake Staff
- 1 Staff who Completes Unannounced Rounds
- 1 Person who Monitors Retaliation
- 2 Members of the Incident Review Team
- 1 Human Resources Staff
- 2 Contractors

In addition, this auditor also interviewed representatives from the following facilities/agencies via telephone:

- Representative from the Mill Creek Police Department (Conducts investigations at ELTAC)
- Representative from Crime Victim Center of Erie County, Inc. (Provides advocacy services)
- Representative from UPMC Hamot (Conducts forensic examinations)

Randomly selected staff interviewed years of experience ranged from 9 months to 31 years. Five staff interviewed worked 1st shift (7am – 3pm), four staff interviewed worked 2nd shift (3 – 11pm), and three staff interviewed worked 3rd shift (11pm – 7am). All staff interviewed were knowledgeable of PREA, the Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. Staff interviewed were professional and enthusiastic about their work and PREA knowledge. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters and how to contact the Pennsylvania Department of Human Services Childline Hotline to report allegations of sexual harassment and sexual abuse.

Unannounced Rounds are completed on a regular basis by the Detention Director/Agency PREA Coordinator at the facility. Logs of these Unannounced Rounds were reviewed by this auditor and met the standard. Shower and restroom areas provided privacy during showers and when residents used the restrooms. Only one resident is permitted to use the restroom/shower at a time. Female staff supervise showers for female residents and male staff supervise showers for male residents to ensure only one resident enters the restroom/shower room at a time. Residents go to the shower area clothed and return to their bedrooms clothed. During interviews with residents and staff, it was confirmed that staff knock on the living unit door and wait for staff inside to announce it is “clear” for them to enter. Upon entering the living, the staff then announces their presence by stating “male on the unit” or “female on the unit”. Both male and female staff knock prior to entering a living unit and announce their presence upon entering a living unit because the facility is co-ed. “Knock and announce” signs are posted outside of each living unit instructing staff to knock prior to entering and announce their presence upon entering. This practice was observed by this auditor on numerous occasions both during the tour of the facility and throughout the duration of the on-site portion of this audit.

The PREA education program for residents begins at intake (the first hour the resident enters the facility) and is completed by staff. The staff completing the intake gives the resident a PREA Handbook and explains this handbook to the resident and answers any questions they may have. The PREA Handbook describes PREA in depth, including definitions of sexual abuse and sexual harassment, ways to report sexual abuse and sexual harassment, and agencies that are available to victims of sexual abuse and sexual harassment. Residents sign and date an acknowledgement form noting they received the above-mentioned PREA education and PREA Handbook. This form is placed in the resident's file.

Within 10 days of intake, each resident at ELTAC receives a second PREA education session. This education session is with the Agency PREA Coordinator and includes an overview of PREA at ELTAC, a

PREA educational video, and a question-and-answer session where the resident may ask any questions that they may have about PREA. The resident then is given a quiz to ensure they not only received the material about PREA, but they also comprehended the material. Upon completion of this 10-day PREA education session, the resident signs an acknowledgement form. This form is placed in the resident's file.

Risk Assessments are completed by staff at ELTAC and is completed on the date of admission and a minimum of every 30 days following the initial screening, documented on the Vulnerability Assessment Instrument. The completed Vulnerability Assessment Instrument is stored in the resident's files that are available to all members of the resident's treatment team and allows for a high level of fidelity regarding treatment plans and service needs during the resident's continuum of care. There were two residents who reported prior sexual victimization during the screening process currently residing at the facility. This auditor interviewed both residents and they stated they were referred to a medical staff and a mental health practitioner immediately following their intake process. This referral is documented on a Medical/Mental Health Evaluation form.

Investigations regarding allegations of sexual abuse and sexual harassment (that are criminal in nature) are conducted by the Mill Creek Police Department in conjunction with the Pennsylvania Department of Human Services. The Mill Creek Police Department oversees all criminal investigations while the Pennsylvania Department of Human Services oversees all administrative investigations regarding violations of Pennsylvania Department of Human Services 3800 Child Care Regulations. Allegations of resident-on-resident sexual harassment are referred to the Agency PREA Coordinator for investigation. The Agency PREA Coordinator completed the investigative training titled "PREA: Investigating Sexual Abuse in a Confinement Setting". This training was offered by the National Institute of Correction via an online course. During the investigation, if any of the actions committed are criminal in nature, the allegation is immediately referred to the Mill Creek Police Department to take over the investigation. During the past 12 months, there has been three allegations of sexual harassment at ELTAC. The allegations were investigated by the Agency PREA Coordinator and were not criminal in nature. Upon the completion of each investigation, the Agency PREA Coordinator completed an investigative report noting the determination of each investigation in the report. Two of the sexual harassment allegations were Unfounded and one allegation was Unsubstantiated. There were no allegations of sexual abuse at ELTAC during the past 12 months.

An interview with the Agency PREA Coordinator confirmed any allegation of sexual harassment or sexual abuse is immediately reported to the Pennsylvania Department of Human Services via the Childline Hotline. The allegation would be documented on a CY47 form that must be submitted to the Pennsylvania Department of Human Services. The allegation can be reported to the Pennsylvania Department of Human Services either by calling the 24-hour Childline hotline or submitting a CY47 form online. If the allegation is criminal in nature, an administrator (Superintendent or Detention Director) will also immediately contact the Mill Creek Police Department. In addition, the Pennsylvania Department of Human Services will also contact the Mill Creek Police Department to lead the investigation. The Agency PREA Coordinator stated during an open investigation, communication would be maintained between the administrative staff and the Pennsylvania Department of Human Services and the Mill Creek Police Department via email, telephone calls, and facility visits. Following an investigation and upon learning of a determination, the facility would meet with the resident (if they were still residing at the facility) to inform him/her of the determination. Upon being informed of the determination, the resident would sign a Resident Notification form which notes the determination of the completed investigation. It was noted, following any Substantiated or Unsubstantiated determination for allegations of sexual abuse, a PREA Sexual Abuse Incident Review would be completed within 30 days of learning of the determination. This would be documented on a PREA Sexual Abuse Incident Review form.

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

This auditor conducted an exit meeting with administrative team at ELTAC following the on-site portion of this audit on December 1, 2020. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the management team at ELTAC for their hospitality, hard work, and commitment to the full implementation of PREA in their facility.

## AUDIT FINDINGS

### Facility Characteristics:

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

ELTAC is located in located in the city of Erie, Pennsylvania. The physical address of the facility is 4728 Lake Pleasant Road, Erie, Pennsylvania, 16504. ELTAC is a 32-bed facility (20 Detention Unit beds and 12 Shelter Unit beds). The Shelter Unit was not part of this audit as it houses only dependent children.

ELTAC is located on a 13.81 – acre campus owned by Erie County that also includes a Shelter for dependent children. The facility is a 15,000 square foot brick building that has two floors. The front door, used by the public and visitors, opens into the administrative area on the second floor. Keys are used for both exterior and interior doors. Clerical, administrative offices, conference rooms, and storage rooms are used by staff and are off limits to residents. A door to the west of the Administrative Area, off the Intake corridor, opens into the Recreation/Dining/Visiting area. This area serves as a gymnasium and also has a small kitchen where meals are served through a serving line and eaten at tables with chairs. The meals are shipped in to the facility from a local restaurant. Staff at the facility serve the meals.

A traditional classroom, with two large windows, desks, and a counter with computers is directly off the Recreation/Dining/Visiting area and serves as the school.

A second exterior door on the east side of the building is used for intake. Upon entering this door, there is a corridor for visitors to sign in. An interior door opens into the Intake/Medical area, which is on the first floor. There is a shower (used as part of the intake), a toilet, and a sink in a separate bathroom. The shower has a partial door. Another room has a desk and two chairs with lockers behind it for resident's belongings. This is the intake area and there is a "PREA Corner" with posters, forms, a PREA manual, and a poster for language assistance services.

A separate room with an examining table and file cabinets is used to privately conduct physical and medical examinations. Access to the two living units on the first floor is through a door to the staff office. There are two 10 bed living units which each have a common area with furniture, a television, and reading material on a bookshelf. Off this common area are the individual bedrooms. Each bedroom contains a built-in bed, toilet, and a sink. There is a staff office with windows as well as a corridor which connects both living units. Each living unit also contains a restroom/shower room, storage closet, and a laundry room. Both living units also have a door to the outside recreation area which consists of a basketball court and courtyard.

ELTAC is a staff secure co-ed facility currently budgeted to house 20 residents. The maximum capacity of this facility is 20 residents (10 residents in each living unit). The age range of residents accepted into the facility is ages 12 through 20. These residents are referred to the facility from Juvenile Probation Departments and Children & Youth Agencies from local counties. ELTAC is budgeted to employ 24 direct care staff. 21 of these positions are currently filled while 3 of these positions are currently vacant.

In total, there are 27 video surveillance cameras and two monitors at ELTAC. There are 20 indoor video surveillance cameras and 7 outdoor video surveillance cameras. These video surveillance cameras retrain video footage for approximately 30 days.

On November 30, 2020, the resident population was 9 residents. The age range of the resident population ranged from age 12 to 18 years old. During the past 12 months, a total of 126 residents had been admitted into the facility. Of the 126 residents admitted into the facility during the past 12 months, 121 resident's length of stay was 72 hours or more and 95 resident's length of stay was 10 days or more. The average length of stay at ELTAC is 8 days.

ELTAC has Memorandum's of Understanding with the following:

1. UPMC Hamot Hospital (Forensic examinations with a SANE for victims of sexual assault)
2. Crime Victim Center of Erie County, Inc. (Advocacy services to victims of sexual assault)
3. Mill Creek Police Department (Investigations)

In addition, ELTAC has a contract with Affinity Family Support Services to provide outpatient mental health services (including mental health therapy, evaluations, and assessments).

ELTAC's mission statement reads "The overall mission of the Edmond L. Thomas Adolescent Center is to provide safe, secure supervision for youth pending adjudication and disposition. The center is the residential component of the Office of Children and Youth and is comprised of two short-term therapeutic residential programs: Secure Juvenile Detention and Dependent Shelter. ELTAC is entrusted to provide care for Court-Ordered children awaiting adjudication and/or disposition. The Court of Common Pleas and their agent are the only individuals authorized to detain children. The total bed capacity is 28 (20 secure beds and 8 staff secure shelter beds)."

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

ELTAC has implemented a Zero-Tolerance Policy which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency's training efforts with residents, staff, volunteers, and contractors.

The agency has designated a PREA Coordinator who reports directly to the Superintendent and serves as the Detention Director. ELTAC does not have a PREA Compliance Manager as the agency operates only one facility. Interviews with administrative staff and staff during the on-site portion of this audit demonstrated that ELTAC is committed to the sexual safety of the residents residing at the facility. All staff and residents interviewed demonstrated they not only received but understand the education and training that was offered to them. Staff receive annual PREA trainings and residents are educated at intake and again within 10 days of their arrival. There are numerous posters posted throughout the facility to educate both residents and staff.

ELTAC has a Memorandum of Understanding with UPMC Hamot Hospital located in Erie, Pennsylvania. This Memorandum of Understanding states UPMC Hamot Hospital will provide SANE's for forensic examinations in the event of an incident of sexual abuse at the facility. The facility also has a Memorandum of Understanding with Crime Victim Center of Erie County, Inc. to provide victim advocacy and emotional support services to sexual assault victims at the facility. Representatives from UPMC Hamot Hospital and Crime Victim Center of Erie County, Inc. were contacted by this auditor and were able to confirm the processes noted in the Memorandum of Understandings, as well as discuss services that are available and would be provided to victims of sexual assault at ELTAC.

All investigations regarding allegations of sexual abuse are conducted by the Mill Creek Police Department with assistance from the Pennsylvania Department of Human Services. The Agency PREA Coordinator investigates all sexual harassment allegations and if they are criminal in nature, he immediately refers the allegation to the Mill Creek Police Department and the Pennsylvania Department of Human Services via the Childline Hotline. This auditor was able to interview a representative from the Mill Creek Police Department and he was able to confirm the investigative process and follow up that occurs when his agency receives an allegation of abuse from the facility. There were three allegations of sexual harassment that were investigated at ELTAC during the past 12 months (Two were determined to

be Unfounded and one was determined to be Unsubstantiated). None of these allegations were criminal in nature and were investigated by the Agency PREA Coordinator. There were no allegations of sexual abuse at ELTAC during the past 12 months that were investigated by the Mill Creek Police Department.

Resident education begins at intake. All residents admitted into ELTAC receive a PREA Handbook. This PREA Handbook is available in both English and Spanish. Residents also receive a verbal question and answer session with a staff during the intake process. Within 10 days of intake, each resident also meets with the Agency PREA Coordinator to complete another PREA education session to reinforce what the residents learned during the initial education session and to answer any questions the residents may have about PREA. During this session with the Agency PREA Coordinator, the residents also watch a PREA education video and take a quiz to ensure they understand the material that was presented to them.

The Vulnerability Assessment Instrument is completed by staff at ELTAC and each resident is reassessed a minimum of every 30 days. The completed Vulnerability Assessment Instrument is stored in the resident's files that are available to all members of the resident's treatment team and allows for a high level of fidelity regarding treatment plans and service needs during the resident's continuum of care.

All employees receive an initial PREA training upon hire. Current employees who received this training, receive PREA trainings and refreshers on an annual basis. The trainings include 11 different topics required by the PREA standards:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

All volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with residents. Prior to entering the facility, all volunteers and contractors are given a Volunteer/Contractor Training Brochure titled "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers" and an Acknowledgement Form to review and sign off indicating they have received the training and understood it. There are currently 10 contractors and 11 volunteers (21 total contractors and volunteers) authorized to enter the facility. During the on-site portion of this audit, this auditor was able to interview two contractors to confirm they were educated on their responsibilities, the agency zero-tolerance policy, and how to report allegations of sexual

harassment and sexual abuse at the facility.

There is one medical staff employed at ELTAC and she received and completed the specialized trainings for medical staff offered by the National Institute of Corrections (PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and PREA 201 for Medical and Mental Health Practitioners) that are required by the PREA standards. In addition to the specialized training, this medical staff also received the PREA training that all staff in the facility are mandated to complete on an annual basis.

During the on-site portion of the audit, it was noted that posters are posted throughout the facility to educate both staff members and residents on agency PREA policies. Educational material noting PREA requirements are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both residents and the public posted on its website.

This auditor was supplied with the following documentation to review prior to, during, and following the on-site portion of the audit:

1. ELTAC PREA Pre-Audit Questionnaire
2. ELTAC Zero-Tolerance Policy
3. ELTAC Staffing Policy
4. ELTAC Cross – Gender Searches Policy
5. ELTAC Shower/Bathroom Policy
6. ELTAC Residents with Disabilities/Limited English Proficiency Policy
7. ELTAC Grievance Policy
8. ELTAC Emergency Grievance Policy
9. ELTAC Telephone Policy
10. ELTAC Visiting Policy
11. ELTAC Disciplinary Sanctions for Staff Policy
12. ELTAC Disciplinary Sanctions for Residents Policy
13. ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy
14. ELTAC Organizational Chart (Revised October 2, 2020)
15. ELTAC Staffing Schedules
16. ELTAC Resident Roster
17. ELTAC 2021 Staffing Plan
18. Unannounced Rounds Logs
19. Locations of Video Surveillance Cameras (inside and outside of the facility)
20. Tour of Facility
21. Cross- Gender Pat Search Training
22. Contract with Logistics Plus Linguistic Solutions
23. Resident PREA Handbook
24. PREA Posters
25. Pennsylvania Department of Human Services 3800 Child Care Regulations
26. Affirmative Duty to Report Form
27. Review of Randomly Selected Staff Files
28. Review of Randomly Selected Contractor/Volunteer Files
29. Memorandum of Understanding with Mill Creek Police Department
30. Memorandum of Understanding with UPMC Hamot Hospital
31. Memorandum of Understanding with Crime Victim Center of Erie County, Inc.
32. ELTAC Investigative Reports
33. ELTAC PREA Training Curriculum

34. PREA Training Curriculums/Training Logs
35. Employee Files
36. Volunteer/Contractor Training Brochure "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers"
37. Signed Volunteer/Contractor Training and Acknowledgement Forms
38. ELTAC PREA Handbook
39. Signed Resident PREA Orientation Acknowledgement Forms
40. Signed Resident PREA 10 Day PREA Education Acknowledgement Forms
41. Resident Files
42. Medical Staff National Institute of Corrections Specialty Training Certificates
43. Vulnerability Assessment Instrument Template
44. Completed Vulnerability Instrument Assessments
45. Intake Victimization Tool
46. Pennsylvania Department of Human Services 3800 Child Care Regulations
47. Safety Plans
48. Resident Rights Form
49. Grievance Form
50. Review of Facility Grievance Records
51. Agency Website
52. Pennsylvania Child Protective Services Law
53. Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan
54. Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan
55. Union Contract
56. Retaliation Monitoring Form
57. Investigator Training Certificate from the National Institute of Corrections
58. Investigative Reports
59. Resident Notification Form Template
60. Contract with Affinity Family Support Services
61. Medical/Mental Health Evaluation Form
62. PREA Sexual Abuse Incident Review Template
63. ELTAC PREA Database
64. 2017 – 2018 ELTAC Annual PREA Report
65. 2018 – 2019 ELTAC Annual PREA Report
66. 2019 - 2020 ELTAC Annual PREA Report

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC has implemented a zero-tolerance policy (ELTAC Zero-Tolerance Policy) which comprehensively addresses the agency’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency’s training efforts with residents, staff, volunteers, and contractors.</p> <p>ELTAC has a designated PREA Coordinator who reports directly to the Superintendent. His official title is Detention Director and Agency PREA Coordinator. He is extremely knowledgeable of the PREA standards and it was evident that he is committed to PREA and in implementing PREA at ELTAC. The Agency PREA Coordinator was interviewed on November 30, 2020, and reported that he has the support needed and sufficient time to develop, implement, and oversee the agency’s efforts towards PREA compliance and to fulfill his PREA responsibilities.</p> <p>ELTAC does not have a PREA Compliance Manager as the agency operates only one facility. All PREA related issues are handed by the Agency PREA Coordinator.</p> <p>This auditor was provided the ELTAC Organizational Chart (revised on October 2, 2020) that confirms the Agency PREA Coordinator reports directly to the Superintendent.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. ELTAC Organizational Chart (Revised October 2, 2020)</li> <li>3. ELTAC PREA Pre-Audit Questionnaire</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head on December 1, 2020.</p> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> </ol>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Staffing Policy 15.3 states “minimum staff to youth ratios must be 1 to 6 during waking hours and 1 to 12 during sleeping hours.” This policy notes that during weekdays there will be a minimum of 3 staff scheduled if the resident population is between 1 and 10 residents and 4 staff scheduled if the population is between 11 and 20 residents during waking hours. In addition, this policy notes that during weekends there will be a minimum of 3 staff scheduled if the resident population is between 1 and 8 residents; 4 staff if the population is between 9 and 16 residents; and 5 staff if the resident population is between 17 and 20 residents during waking hours. It is documented in this policy that there will always be a minimum of 2 staff scheduled during sleeping hours at all times.</p> <p>ELTAC did not have a Staffing Plan developed and implemented during the on-site portion of the audit. During the Corrective Action period, a Staffing Plan was developed and implemented by the administrative staff at the facility. This auditor was provided a copy of the Staffing Plan on January 11, 2021. During an interview with the Agency PREA Coordinator, it was noted the Staffing Plan will be reviewed and amended as need on an annual basis (January of each year). The facility is currently budgeted for 24 direct care staff; 21 of those positions are currently filled and 3 of those positions are currently vacant.</p> <p>The facility is equipped with 27 video surveillance cameras (20 indoor cameras and 7 outdoor cameras). Recordings from these devices remain on a secure server for approximately 30 days. There is a total of two monitors (one in the Detention Director’s Office and one in the Superintendent’s Office – video surveillance can be viewed from their personal computers). Video from all major incidents is reviewed by the Superintendent and Detention Director and retained on a flash drive. It was noted during interviews with the Superintendent and Agency PREA Coordinator that random video surveillance is also reviewed by the administrative team.</p> <p>The Superintendent and Agency PREA Coordinator both reported that in the event administrative staff feel staffing ratios cannot be maintained during an upcoming shift, staff would be held over and paid overtime to meet the ratios. Interviews with the Superintendent and Agency PREA Coordinator also revealed that staffing is monitored shift to shift by a team leader and that adjustments are made as needed to ensure the ratios are met. The team leader also has the right to bring in extra staff if they are unable to contact administrative staff.</p> <p>A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard by the Agency PREA Coordinator. This auditor interviewed the Agency PREA Coordinator, and he was able to discuss how he completes the rounds, assures minimum ratios are being met, and his inspections of the facility are completed. He discussed how he makes sure the rounds are random by selecting different times of the day/night and days of the week. This auditor was able to review the Unannounced Rounds Log with the Agency PREA Coordinator to confirm Unannounced Rounds were being completed a minimum of twice per month (once during waking hours and once during sleeping hours) during the past 12 months. It was noted Unannounced Rounds are being conducted more than twice per month and documented in the Unannounced Rounds Log. In addition, this auditor was able to review Unannounced Rounds that were completed during sleeping</p>

hours on the dates of the on-site audit with the Agency PREA Coordinator the following morning (Unannounced Rounds were completed during the evening of November 30, 2020 and were reviewed with this auditor the morning of December 1, 2020).

Corrective Action:

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

Resolution:

ELTAC developed a detailed Staffing Plan which notes adequate levels of staffing and video monitoring to protect residents from sexual abuse. This Staffing Plan was signed by administrative staff at the facility (Superintendent and Detention Director/Agency PREA Coordinator) and the Agency Head. This Staffing Plan was completed and signed by the above-mentioned administrative staff on January 11, 2021. This auditor met with the administrative staff at the facility on March 7, 2021 to review the Staffing Plan.

ELTAC is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. ELTAC Staffing Policy
3. ELTAC Staffing Schedules
4. ELTAC Resident Roster
5. Unannounced Rounds Logs
6. Locations of Video Surveillance Cameras (inside and outside of the facility)
7. Tour of Facility
8. 2021 ELTAC Staffing Plan

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interview with Administrative Staff who completes Unannounced Rounds
4. Random Staff Interviews from all 3 Shifts

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Cross – Gender Searches Policy 15.5 prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. In addition, if exigent circumstances arise where a cross-gender search may need to be considered, an administrative staff must be notified directly before the search will be considered. Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. During interviews, staff members could describe what an exigent circumstance would be. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during interviews with the Superintendent, Agency PREA Coordinator, staff, and residents during the on-site portion of this audit.</p> <p>Although the above-mentioned policy prohibits staff from conducting cross-gender searches or cross-gender pat searches except for exigent circumstances, there was no training curriculum in place to train staff how to complete cross gender pat searches and searches of transgender and intersex residents in a professional and respectful manner during the on-site portion of this audit. This was addressed during the Corrective Action period as every staff at the facility was trained on how to conduct cross gender pat searches and pat searches of transgender and intersex residents in a respectful manner. The staff were trained using the video produced by the PREA Resource Center titled "Guidance in Cross Gender and Transgender Pat Searches".</p> <p>ELTAC Cross-Gender Searches Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The facility has admitted two transgender residents during the past 12 months. It is noted any time a transgender or intersex resident is admitted into the facility, a Gender Variant Search Preference form is completed which notes the gender of staff the resident requests to complete searches on them when needed for safety and security reasons. This Gender Variant Search Preference form is then placed in the resident's file. This auditor was able to review the Gender Variant Search Preference form and reviewed completed forms for the two transgender residents who were admitted into the facility to confirm compliance. There were no transgender or intersex residents residing at the facility for this auditor to interview.</p> <p>Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff interviewed stated that if a resident's genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident.</p> <p>ELTAC Shower/Bathroom Policy 15.7 also requires the facility to implement procedures that enable residents to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. All residents and staff interviewed confirmed this policy was followed 100% of the time as only male staff are permitted to supervise showers/bathroom call when male residents are using the showers/bathroom and only female staff are permitted to supervise showers/bathroom call</p>

when female residents are using the showers/bathroom. All residents shower one at a time with a privacy door with a staff of the same gender posted outside. There are no cameras in the resident's bedroom or bathrooms. All staff follow the "knock and announce" procedures by knocking on the living unit door and awaiting the staff inside the living unit to let them know it is clear to enter. Once entering the living units, all staff are required to announce their presence by announcing "male on the unit" or "female on the unit". This auditor observed this practice occurring on several occasions during the on-site portion of this audit and observed knock and announce signs posted outside both living units directing staff to knock and announce. Interviews with staff and residents confirmed that all staff knock prior to entering the living units and announce their presence upon entering the living units as required.

Corrective Action:

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

Resolution:

All staff at ELTAC were trained on how to complete cross gender pat searches and how to complete searches of transgender and intersex residents in a professional and respectful manner. The staff were trained using the video produced by the PREA Resource Center titled "Guidance in Cross Gender and Transgender Pat Searches". Upon completion of the training, each staff signed an acknowledgement form noting they received and understood the training. Copies of the acknowledgement forms were received by this auditor via email on February 23, 2021. On March 7, 2021, this auditor visited the facility and interviewed 10 staff who were working 1st shift (7am – 3pm) and 2nd shift (3pm – 11pm) to confirm they received and understood the training. All staff interviewed were able to discuss the training with this auditor and demonstrate competency in this area by explaining what they learned and how they would complete a cross-gender pat search or a search of a transgender or intersex resident in a professional and respectful manner.

ELTAC is now in compliance with this standard.

Reviewed documentation to confirm compliance:

1. ELTAC Zero-Tolerance Policy
2. ELTAC Cross – Gender Searches Policy
3. ELTAC Shower/Bathroom Policy
4. Tour of Facility
5. Cross -Gender Pat Search Training
6. Training Records/Signed Acknowledgement Forms

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Random Resident Interviews
4. Random Staff Interviews



115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Residents with Disabilities/Limited English Proficiency Policy 115.316 states “ELTAC is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse, assault, and harassment”. In addition, this policy states “all education and information shall be made available in formats accessible to all youth (Limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills)”. Interpreters are also available through Logistics Plus Linguistic Solutions. This auditor was provided a copy of the contract between ELTAC and Logistics Plus Linguistic Solutions to confirm these services are available to all limited English proficient residents admitted into the facility. The contract is automatically renewed on an annual basis and notes interpreters are available to any resident at the facility who is limited English proficient.</p> <p>The Resident PREA Handbook is available to residents in both English and Spanish. Both versions of this handbook were reviewed by this auditor prior to the on-site portion of this audit. In addition, PREA posters are posted in the living units, all commons areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.</p> <p>Residents with Disabilities/Limited English Proficiency Policy notes that the use of resident interpreters, resident readers, or other types of resident assistants is prohibited except in the event of exigent circumstances where a delay could result in the resident’s safety being compromised. Random staff interviews confirmed that residents are not used as interpreters. Staff interviewed all understood there are interpreters available for the residents through Logistics Plus Linguistic Solutions.</p> <p>There were three cognitively disabled residents residing at ELTAC who were interviewed by this auditor during the on-site portion of this audit. These residents confirmed all of their needs are met and anytime they do not comprehend something, they know they can seek assistance from staff at the facility and they will take the time to review the material they do not understand to insure they are able to comprehend the material. An interview with the Agency PREA Coordinator confirmed any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. ELTAC Residents with Disabilities/Limited English Proficiency Policy</li> <li>3. Contract with Logistics Plus Linguistic Solutions</li> <li>4. Resident PREA Handbook</li> <li>5. Tour of Facility</li> <li>6. Posters</li> </ol> <p>Interviews:</p>

1. Agency PREA Coordinator
2. Random Staff Interviews
3. Interviews with Disabled Residents

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1458 869">ELTAC Zero-Tolerance Policy provides guidelines for background checks and hiring and promotional practices. A review of documentation and interview with the agency Human Resources Director revealed that applicants, employees, and contractors are asked about previous sexual misconduct and background checks are completed. ELTAC requires all applicants and staff seeking a promotion to complete an application during the interview process. In addition to completing the application, all applicants or staff seeking a promotion are required to disclose information about any previous misconduct on an Affirmative Duty to Disclose form. Failure to disclose information about previous misconducts shall exclude the applicant from hire or promotion. This was confirmed during an interview with the agency Human Resources Director. In addition, this auditor was able to review the application and Affirmative Duty to Report form and review the process in which they are used and given to applicants and staff seeking a promotion to complete during an interview with the agency Human Resources Director.</p> <p data-bbox="252 913 1477 1417">During an interview with the agency Human Resources Director, he was able to describe the hiring and promotion process in detail to this auditor. It was noted he files applications for background clearances prior to any employee being offered employment and being able to work in the facility with any residents. It was noted all prospective employees go through three different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Upon receiving these three clearances, a copy is placed in the employee file. It was noted Erie County also has an internal system to complete background checks. This system is called the Child Accounting and Profile System (CAPS) and it provides up to date arrest records that can be checked at any time by the agency Human Resources Director. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.</p> <p data-bbox="252 1462 1471 1664">During the past 12 months, there were two employees hired at ELTAC who may have contact with residents. All randomly selected staff member's files contained the above-mentioned background information. This was also confirmed during an interview with the Human Resources Director. In addition, the Agency Head was able to describe the agency's hiring and promotion process in detail to this auditor.</p> <p data-bbox="252 1709 1477 2078">The above-mentioned background checks are completed a minimum of every five years by the agency Human Resources Director. This practice was confirmed during interviews with the agency Human Resources Representative and the Agency Head. Both were able to describe the process of completing background clearances on current employees no less than every 5 years to ensure the facility is meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Child Care Regulations which also require current employees and contractors to complete background clearances a minimum of every 5 years. This auditor was able to review randomly selected employee files to confirm this practice is being completed for all employees.</p> <p data-bbox="252 2123 1477 2157">Background checks are completed in the same manner for contractors and volunteers as they</p>

are completed for staff at the facility. Each contractor and volunteer must successfully complete the following background checks: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Once the contractor or volunteer successfully completes the above-mentioned background checks, they are required to complete an Affirmative Duty to Report form prior to being approved to enter the facility.

During the past 12 months, there have been 21 contractors and volunteers approved to enter ELTAC and have contact with the residents. All contractors and volunteers were screened as noted in the above-mentioned policy and clearances are kept with the Agency PREA Coordinator. This auditor was able to review background checks for randomly selected contractors and volunteers during the on-site portion of the audit. In addition, both the Agency Head and agency Human Resources Director were able to explain the clearance procedure for all contractors and volunteers during interviews with this auditor.

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Affirmative Duty to Report Form
4. Review of Randomly Selected Staff Files
5. Review of Randomly Selected Contractor/Volunteer Files

Interviews:

1. Interview with Agency Head
2. Interview with Agency Human Resources Director

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero-Tolerance Policy notes that when considering expansion or redesign of existing facilities, ELTAC will consider the effect the changes may have on the agency’s ability to comply with PREA standards to ensure prevention and detection of sexual harassment and sexual abuse. Additionally, consideration will be given to the need for enhanced video monitoring.</p> <p>There has not been any expansion or redesign of the facility since the last PREA Audit in 2017. Through an interview with the Agency Head, it was confirmed that if there are any plans for expansion or modifications, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p>Although there has not been any expansion or redesign of the facility since the last PREA Audit in 2017, ELTAC continues to upgrade their video surveillance system on a regular basis. This system is regularly updated every two years. There have also been bubble mirrors installed at various locations in the facility to improve supervision of the residents and attempt to eliminate any blind spots in the facility. These upgrades were noted by this auditor during the tour of the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. Tour of Facility</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> </ol>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ELTAC Zero-Tolerance Policy addresses sexual abuse investigations, forensic examinations, and the availability of victim advocacy services to residents who are victims of sexual assault at ELTAC. A review of documentation shows that ELTAC has a Memorandum of Understanding with UPMC Hamot Hospital in Erie, Pennsylvania. UPMC Hamot Hospital will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact the Crime Victim Center of Erie County, Inc. who will send a Rape Crisis advocate to UPMC Hamot Hospital to provide rape crisis counseling and advocacy services. ELTAC also has a Memorandum of Understanding with the Crime Victim Center of Erie County, Inc. This Memorandum of Understanding stated the Crime Victim Center of Erie County, Inc. will provide advocacy services when victims of sexual assault are brought to UPMC Hamot Hospital and provide follow up services and crisis intervention contacts to victims of sexual assault at ELTAC. Representatives from UPMC Hamot Hospital and Crime Victim Center of Erie County, Inc. were interviewed by this auditor and confirmed the services noted in the Memorandum of Understandings would be provided to any victim of sexual assault at ELTAC.</p> <p>The Pennsylvania Department of Human Services in conjunction with the Mill Creek Police Department conduct sexual abuse investigations at ELTAC. ELTAC has formally asked the Mill Creek Police Department to comply with all PREA investigative standards through a Memorandum of Understanding. A representative from the Mill Creek Police Department was contacted on December 1, 2020 and stated that all investigators who conduct investigations at ELTAC have been trained on a uniform evidence protocol by the National Institute of Corrections (NIC). He also stated they complete all criminal and sexual abuse investigations for allegations at ELTAC. The Agency PREA Coordinator stated a PREA Sexual Abuse Incident Review is completed following the conclusion of an investigation by the Pennsylvania Department of Human Services and the Mill Creek Police Department and the receipt of a Substantiated or Unsubstantiated determination.</p> <p>All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed. This was confirmed during interviews with randomly selected staff at the facility. Staff interviewed noted they receive a First Responder training on an annual basis as part of their PREA trainings and refreshers.</p> <p>A review of reportable incidents noted there were no allegations of sexual abuse during the past 12 months at ELTAC. Therefore, there were no investigative reports for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. Memorandum of Understanding with Mill Creek Police Department</li> <li>3. Memorandum of Understanding with UPMC Hamot Hospital</li> </ol>

4. Memorandum of Understanding with Crime Victim Center of Erie County, Inc.

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Representative from Mill Creek Police Department
3. Interview with Representative from UPMC Hamot Hospital
4. Interview with Representative from Crime Victim Center of Erie County, Inc.
5. Random Staff Interviews

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 1041">           ELTAC Zero Tolerance Policy requires that allegations of sexual abuse and sexual harassment are referred for investigation. All allegations of sexual abuse are reported to the Pennsylvania Department of Human Services via the Childline hotline within 24 hours. The Pennsylvania Department of Human Services then works in conjunction with the Mill Creek Police Department to investigate the allegation. Sexual harassment allegations are investigated internally by the Agency PREA Coordinator. If the sexual harassment allegations are determined to be criminal in nature, they are immediately referred to the Mill Creek Police Department for investigation. ELTAC has formally asked the Mill Creek Police Department to comply with PREA investigative standards. This was requested through a Memorandum of Understanding with the Mill Creek Police Department. This auditor was able to interview the Agency PREA Coordinator and a representative from the Mill Creek Police Department to confirm all allegations of sexual abuse and sexual harassment are referred for investigation and investigated. It was noted that the Pennsylvania Department of Human Services would work in conjunction with the Mill Creek Police Department on any sexual abuse investigation with the Mill Creek Police Department taking the lead. The Agency PREA Coordinator completed the investigative training titled "PREA: Investigating Sexual Abuse in a Confinement Setting". This training was offered by the National Institute of Corrections via an online course.         </p> <p data-bbox="252 1086 1476 1243">           Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas.         </p> <p data-bbox="252 1288 1476 1702">           During the past 12 months, there has been three allegations of sexual harassment at ELTAC. An investigation was immediately initiated by the Agency PREA Coordinator immediately after these allegations were reported. Two of the allegations were determined to be Unfounded and one of the allegations was determined to be Unsubstantiated. None of the three sexual harassment allegations were criminal in nature. The investigative reports were documented and forwarded to this auditor for review. There were no allegations of sexual abuse at ELTAC during the past 12 months. It was noted during interviews with the Superintendent and Agency PREA Coordinator, that during an open investigation, communication is maintained between ELTAC and the Pennsylvania Department of Human Services and the Mill Creek Police Department through telephone calls, emails, and on-site visits.         </p> <p data-bbox="252 1747 1476 2116">           A representative from the Mill Creek Police Department was contacted on December 1, 2020, and stated his agency will complete thorough investigations on each incident and will send a detailed report to the Superintendent and Pennsylvania Department of Human Services noting their findings and determinations at the completion of any investigation. The Agency PREA Coordinator noted that following the facility receiving a determination from the Pennsylvania Department of Human Services and the Mill Creek Police Department indicating an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a PREA Sexual Abuse Incident Review would be conducted by the Incident Review Team and documented on a Sexual Abuse Incident Review form.         </p>

Reviewed documentation to determine compliance:

1. ELTAC Zero – Tolerance Policy
2. ELTAC Investigative Reports
3. Memorandum of Understanding with Mill Creek Police Department

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Mill Creek Police Department

115.331	<b>Employee training</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 526">ELTAC Zero – Tolerance Policy provides information regarding staff training. This policy notes all employees shall receive training that is specific to juveniles and the gender of the population they are working with. Employees sign an acknowledgement form verifying they understand the training they receive. This PREA training includes the following 11 topics required by the PREA standards:</p> <ol data-bbox="287 593 1476 1187" style="list-style-type: none"> <li>1. Agency zero-tolerance policy</li> <li>2. Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures.</li> <li>3. Residents right to be free from sexual abuse, assault, and harassment.</li> <li>4. Right of employees and residents to be free from retaliation.</li> <li>5. Dynamics of sexual abuse and sexual harassment in juvenile facilities.</li> <li>6. Common reactions of juvenile victims of sexual abuse and harassment.</li> <li>7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents.</li> <li>8. How to avoid inappropriate relationships with residents.</li> <li>9. Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questioning (LGBT) or gender non-conforming.</li> <li>10. Compliance with relevant laws related to mandatory reporting of sexual abuse.</li> <li>11. Laws governing consent for ELTAC residents.</li> </ol> <p data-bbox="252 1220 1484 1422">This PREA training is provided to all staff at ELTAC on an annual basis. ELTAC is a co-ed facility that houses both male and female residents; therefore, the training is tailored to both populations. This auditor reviewed the training specific to those staff working with the residents at ELTAC. After reviewing this training, it was confirmed the training is tailored to both male and female residents.</p> <p data-bbox="252 1467 1428 1545">During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.</p> <p data-bbox="252 1590 1484 2004">The Pre-Audit Questionnaire documented that all staff currently employed at ELTAC were trained or retrained on the PREA requirements during the past year. The facility provided documentation that indicated staff members were and are trained as stated and required. This included training records for all employees at the facility. These training records and employee files were reviewed by this auditor during the on-site portion of the audit to confirm compliance. In addition, the Agency PREA Coordinator noted that he conducts all PREA trainings at ELTAC. He was able to describe the training all staff receive and the frequency of such trainings. He also noted that he reviews different PREA standards with staff during staff meetings at the facility in order to ensure all staff are kept up to date with the standards and their role in the facility.</p> <p data-bbox="252 2049 1476 2116">Randomly selected staff, as well as specialty staff, interviewed were knowledgeable of PREA. All staff interviewed could articulate their understanding of PREA and the topics that they were</p>

trained in. Staff demonstrated their knowledge of PREA, the zero-tolerance policy, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment.

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. ELTAC PREA Training Curriculum
3. PREA Training Curriculums/Training Logs
4. Employee Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Random Staff Interviews

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy addresses this standard and requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with the residents. Prior to entering the facility, all volunteers and contractors are given a brochure titled “Zero Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers” and Acknowledgement Form to review and sign off noting they understand the material in the brochure. The brochure and form were reviewed by this auditor and clearly outlines the zero-tolerance policy, lists PREA definitions, and notes reporting requirements and prohibitions.</p> <p>During the past 12 months, 21 volunteers and contractors (11 volunteers and 10 contractors) who are authorized to enter ELTAC have been trained on the agency’s policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All volunteer/contractor training records are kept in a file at the facility and were reviewed by this auditor. There were two contractors at the facility who were interviewed by this auditor during the on-site portion of this audit. Both contractors were educational staff from the Intermediate Unit. Both confirmed they were trained on the zero-tolerance policy, their role as mandated reporters, and how to report incidents of sexual abuse and sexual harassment. In addition to receiving the PREA brochure for contractors and volunteers, both stated they also receive the same annual training that all staff at the facility receive.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. Volunteer/Contractor Training Brochure “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers”</li> <li>3. Signed Volunteer/Contractor Training and Acknowledgement Forms</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Contractors</li> </ol>

115.333	<b>Resident education</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 873">           ELTAC Zero – Tolerance Policy requires that upon admission, all residents receive age appropriate education about PREA and how to report incidents or suspicions of sexual abuse and sexual harassment, the facility response, and non-retaliation for reporting sexual abuse and sexual harassment. The above information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process the first day the resident is at the facility. Language assistance resources are available through Logistics Plus Linguistic Solutions. In addition to receiving this information verbally from a staff at intake, all residents receive a PREA Handbook. The PREA Handbook outlines the agency zero – tolerance policy, various ways to report allegations of sexual abuse and sexual harassment and contains telephone numbers to the Pennsylvania Department of Human Services and advocacy agencies (including Crime Victim Center of Erie County, Inc.). All residents sign an acknowledgement form noting they received this education and a copy of the PREA Handbook at intake. This signed acknowledgement form is kept in the resident’s file.         </p> <p data-bbox="252 907 1460 1075">           Intake staff who were interviewed reported each resident admitted into the facility receives PREA education during their first day at the facility. They were able to describe reviewing the agency zero tolerance policy and reviewing and providing each resident with the PREA Handbook.         </p> <p data-bbox="252 1108 1476 1411">           Within 10 days of intake, each resident at ELTAC receives a second PREA education session. This education session is with the Agency PREA Coordinator and includes an overview of PREA at ELTAC, a PREA educational video, and a question-and-answer session where the resident may ask any questions that they may have about PREA. The resident then is given a quiz to ensure they not only received the PREA education, but they also comprehended the material. Upon completion of this 10-day PREA education session, the resident signs an acknowledgement form. This form is placed in the resident’s file.         </p> <p data-bbox="252 1444 1468 1657">           An interview with the Agency PREA Coordinator confirmed the education process during intake into the facility and within 10 days of their arrival. He stated he takes the time to meet with each resident one on one within 10 days of their arrival to ensure they understand the PREA educational material that they have received and answer any questions they may have about PREA and its role in the facility.         </p> <p data-bbox="252 1691 1460 1904">           All the residents interviewed stated they were educated during their intake process on their first day at the facility and again within their first 10 days at the facility. They were knowledgeable about PREA; including the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally).         </p> <p data-bbox="252 1937 1444 2105">           This auditor was able to review all 9 current residents files and 3 closed files to confirm the PREA education process is completed as noted in the Zero – Tolerance Policy. All 12 of the files reviewed contained the appropriate acknowledgement forms that were signed by the resident during the time frames noted in the Zero -Tolerance Policy.         </p>

ELTAC also ensures that key information about PREA is continuously and readily available or visible through posters throughout the facility. These posters were viewed by this auditor during the tour of the facility in the living units, common areas, intake area, and visitation area. These posters were available in both English and Spanish.

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. ELTAC PREA Handbook
3. Signed Resident PREA Orientation Acknowledgement Forms
4. Signed Resident PREA 10 Day PREA Education Acknowledgement Forms
5. Resident Files
6. PREA Posters
7. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Intake Staff Interviews
3. Random Resident Interviews

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Any allegations of sexual abuse are reported to the Pennsylvania Department of Human Services through the Childline hotline. The Pennsylvania Department of Human Services then refers the allegation to the Mill Creek Police Department for investigation. ELTAC has formally asked the Mill Creek Police Department to comply with PREA investigative standards. This was requested in a Memorandum of Understanding with the Mill Creek Police Department. A copy of this Memorandum of Understanding was provided to this auditor for review.</p> <p>All staff interviewed were aware the Mill Creek Police Department completes all sexual abuse investigations. They were also knowledgeable on how to report allegations of sexual abuse through the Childline Hotline.</p> <p>A representative from the Mill Creek Police Department was interviewed by this auditor and confirmed the above-mentioned process regarding investigations. In addition, the Agency Head, Superintendent, and Agency PREA Coordinator were able to describe the investigative process from start to finish during interviews with this auditor. There were no allegations of sexual abuse at ELTAC during the past 12 months. Therefore, there were no investigative reports for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. Memorandum of Understanding with Mill Creek Police Department</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Superintendent</li> <li>3. Interview with Agency PREA Coordinator</li> <li>4. Interview with Representative from the Westmoreland County Park Police Department</li> <li>5. Random Staff Interviews</li> </ol>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy requires medical and mental health staff shall receive specialized training (in addition to the training provided to all employees) in the following:</p> <ol style="list-style-type: none"> <li>1. Detecting and assessing signs of sexual abuse, assault, and harassment.</li> <li>2. Preserving physical evidence of sexual abuse and assault.</li> <li>3. Responding efficiently and professionally to victims of sexual abuse, assault, and harassment.</li> <li>4. How and whom to report allegations or suspicions of sexual abuse and assault.</li> </ol> <p>There is one medical staff employed at ELTAC (an LPN). This auditor reviewed this employee’s file and it contained training certificates and acknowledgement forms. An interview with the medical staff confirmed she has received and completed the specialized trainings offered by the National Institute of Corrections required by the PREA standards. She completed and received certificates of completion for the following trainings offered by the National Institute of Corrections: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and PREA 201 for Medical and Mental Health Practitioners. During an interview with this auditor, she was able to describe the trainings she completed and understood how to detect and assess signs of sexual abuse, preserve evidence, respond to victims of sexual abuse, and how to report allegations of sexual abuse. In addition to the specialized training, medical staff also receive the PREA training that all staff at the facility are required to complete on an annual basis.</p> <p>There are no mental health staff employed at ELTAC. Any resident in need of therapy or a mental health evaluation/assessment are referred for outpatient therapy sessions. The facility has a contract with Affinity Family Support Services to provide outpatient mental health services to residents residing at the facility. The services noted in the contract include psycho-sexual therapy and psycho-sexual assessments/evaluations. A copy of this contract was forwarded to this auditor to review and confirm compliance with this standard.</p> <p>Medical staff at ELTAC do not conduct forensic examinations. Forensic examinations are conducted at UPMC Hamot Hospital. A Memorandum of Understanding is in place with UPMC Hamot Hospital that confirms a SANE/SAFE completes forensic examinations. This auditor was able to review the Memorandum of Understanding that is in place with UPMC Hamot Hospital which notes that a SANE/SAFE would complete a forensic examination in the event of an incident of sexual abuse at the facility. This auditor was also able to interview a representative from UPMC Hamot Hospital to confirm the services noted in the Memorandum of Understanding would be available to any victim of sexual assault at ELTAC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. PREA Training Curriculum/Training Logs</li> <li>3. Medical Staff National Institute of Corrections Specialty Training Certificates</li> </ol>

4. Memorandum of Understanding with UPMC Hamot Hospital

Interviews:

1. Interview with Medical Staff
2. Interview with Representative from UPMC Hamot Hospital

115.341	<b>Obtaining information from residents</b>
	<p data-bbox="252 170 928 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1469 786">           ELTAC Zero – Tolerance Policy addresses the use of the Vulnerability Assessment Instrument. It is administered to determine the resident’s risk of victimization and abusiveness and other related information. The Vulnerability Assessment Instrument is completed by staff on each resident upon intake. The Vulnerability Assessment Instrument is used to obtain information required by this standard, including but not limited to age, stature, appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, mental illness, socialization issues, emotional issues, and the resident’s own perception of vulnerability. ELTAC also uses an Intake Victimization Tool that is used in conjunction with the Vulnerability Assessment Instrument. The Intake Victimization Tool focuses on past sexual victimization and past abusiveness by the resident. The Intake Victimization Tool is also administered to each resident upon intake into the facility.         </p> <p data-bbox="252 831 1469 1032">           Living units and room assignments are made accordingly with the results of the Vulnerability Assessment. As noted in the Zero – Tolerance Policy, reassessments are completed every 30 days on each resident. There have been 126 residents admitted into ELTAC during the past 12 months and all the residents were administered the Vulnerability Assessment Instrument as noted in the Zero – Tolerance Policy.         </p> <p data-bbox="252 1077 1469 1491">           Interviews with staff that administer the Vulnerability Assessment Instrument for risk of victimization and abusiveness indicated staff are complying with the Zero – Tolerance Policy and that they were aware of the importance of securing vital information during this process to ensure the resident’s safety. Staff reported the Vulnerability Assessment Instrument is administered to each resident at intake. In addition, during interviews with staff that administer the Vulnerability Assessment Instrument, they confirmed they are reassessing the residents every 30 days or more often if needed (examples given included major incidents the residents were involved in). All completed Vulnerability Assessment Instruments are securely kept in the resident’s files. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision.         </p> <p data-bbox="252 1536 1469 1693">           In addition, interviews with the Agency PREA Coordinator and the staff that administer the Vulnerability Assessment Instrument revealed that they are also using case history notes, behavioral records, and input from Juvenile Probation Officers and parents when completing the Vulnerability Assessment Instrument.         </p> <p data-bbox="252 1738 1469 1984">           Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at ELTAC. Residents interviewed who have been residing at the facility for more than 30 days confirmed they were reassessed a minimum of every 30 days.         </p> <p data-bbox="252 2029 1469 2141">           A total of 12 resident’s files (9 current resident files and 3 closed files) were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All the files reviewed had the Vulnerability Assessment         </p>

Instrument completed upon intake and every 30 days following their intake.

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. Vulnerability Assessment Instrument Template
3. Completed Vulnerability Instrument Assessments
4. Intake Victimization Tool
5. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interviews with Staff That Administer Vulnerability Assessment Instrument
3. Random Resident Interviews

115.342	<b>Placement of residents</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 526">ELTAC Zero – Tolerance Policy notes the information obtained from the Vulnerability Assessment Instrument is used to assist in determining the resident’s housing assignment. A review of completed Vulnerability Assessment Instruments confirmed this screening was being administered as noted in the Zero -Tolerance Policy. In addition, residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy.</p> <p data-bbox="252 571 1452 817">Interviews with the Agency PREA Coordinator and intake staff confirmed the Vulnerability Assessment Instrument is completed by a staff during the intake process (first day at the facility) and room assignments are made accordingly in an attempt to keep all residents at ELTAC free from sexual abuse and sexual harassment. The Agency PREA Coordinator was able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate bedrooms to ensure residents are kept safe while residing in the facility.</p> <p data-bbox="252 862 1484 1321">A review of completed Vulnerability Assessment Instruments supported this policy. Any residents who were identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, had a Safety Plan developed for them and communicated to all staff members to keep them safe. In addition, any residents identified as sexually aggressive from the information noted on the Vulnerability Assessment Instrument also had Safety Plans developed for them and communicated to all staff members to keep all residents safe. Safety Plans for both sexually vulnerable and sexually aggressive residents included increased supervision during waking hours and appropriate bedroom assignments to increase supervision (high risk residents are placed in bedrooms closest to the staff office). This auditor was able to review Safety Plans for residents at the facility who were determined to be sexually vulnerable to confirm compliance with this standard.</p> <p data-bbox="252 1366 1484 1612">It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at ELTAC. Interviews with the Superintendent and Agency PREA Coordinator confirmed ELTAC has not used isolation to protect any residents at risk for sexual victimization during the past 12 months as isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.</p> <p data-bbox="252 1657 1444 1982">ELTAC Zero – Tolerance Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status. Placement and programming for transgender and intersex residents shall be reassessed at least twice a year to review any threat to safety experienced by the resident. Interviews with the Superintendent and Agency PREA Coordinator confirmed all residents are placed in bedrooms according to the results of their Vulnerability Assessment Instrument and residents are not placed in specific units or bedrooms based on their identification or status.</p> <p data-bbox="252 2027 1476 2139">During the on-site portion of this audit, it was noted there were two transgender residents admitted into the facility during the past 12 months. This auditor reviewed their files to confirm policy was being followed during their stay at the facility. All necessary documentation was</p>

included in their files.

There were no residents residing at ELTAC during the on-site portion of this audit who identified as LGBTI or transgender/intersex. Therefore, there were no LGBTI or transgender/intersex residents to interview.

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Completed Vulnerability Assessment Instruments
4. Safety Plans
5. Review of Residents Files

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interview with Medical Staff
4. Interviews with Staff who Administer the Vulnerability Assessment Instrument
5. Random Staff Interviews
6. Random Resident Interviews

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident. The documentation showed several ways for residents to report sexual abuse and sexual harassment or retaliation. These are:</p> <ol style="list-style-type: none"> <li>1. Staff</li> <li>2. Superintendent</li> <li>3. Detention Director/Agency PREA Coordinator</li> <li>4. Medical Staff</li> <li>5. Grievance Process</li> <li>6. PREA Box</li> </ol> <p>Resident reports of sexual abuse or sexual harassment may be made verbally or in writing. Residents have the option of reporting allegations to an outside agency (Pennsylvania Department of Human Services) through the Childline Hotline via a toll-free number. This toll-free number is posted in the living units and is also in the PREA Handbook that all residents receive upon intake into the facility. Additionally, residents, their families, and the public has the ability to report allegations outside of ELTAC via the toll-free number for the Crime Victim Center of Erie County, Inc. These reporting venues are posted on the agency website.</p> <p>ELTAC staff must accept reports that are made verbally, in writing, anonymously, and from third parties. Verbal reports must be immediately documented on an Incident Report. In addition, staff are permitted to privately report sexual abuse or sexual harassment of residents to the Pennsylvania Department of Human Services through the Childline Hotline. It is noted in ELTAC Zero – Tolerance Policy, that all staff must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or any on-duty employee above them in the chain of command, the on-call administrator, and/or the Agency PREA Coordinator. All staff receive a Mandated Reporter training on an annual basis.</p> <p>Reporting information is delivered to the residents through the intake process, in the PREA Handbook, pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p>All the residents interviewed confirmed they have received information through the above-mentioned venues instructing them how to report any allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they all understood the grievance process and how to report an allegation of sexual abuse or sexual harassment. All residents were aware of the PREA Boxes located in each living unit that allows them to submit an allegation privately by dropping a form in the locked PREA Box. An interview with the Agency PREA Coordinator confirmed residents are permitted to use this venue to report any allegations and that the</p>

PREA Boxes are checked daily by himself or another administrative staff.

Staff interviewed were also knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All the staff interviewed stated they would immediately document a verbal report by completing an Incident Report. In addition, they stated they would notify their Supervisor and contact the Pennsylvania Department of Human Services through the Childline Hotline immediately to report the allegation.

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

Reviewed documentation to determine compliance:

1. ELTAC Zero – Tolerance Policy
2. ELTAC Grievance Policy
3. ELTAC Telephone Policy
4. ELTAC Visiting Policy
5. Pennsylvania Department of Human Services 3800 Child Care Regulations
6. PREA Handbook
7. Resident Rights Form

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Random Staff Interviews
4. Random Resident Interviews

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy and Emergency Grievance Policy note that grievances can be used to report sexual abuse or sexual harassment. If a resident chooses to submit a grievance noting an allegation of sexual abuse or sexual harassment, they do not have to submit the grievance to the staff involved in the grievance. The timeline for the resolution of a grievance is 7 days. If a resident feels they are subject to substantial risk of imminent sexual abuse, he/she may file an Emergency Grievance. If an Emergency Grievance is received by a staff, it must be immediately forwarded to the Agency PREA Coordinator or the Superintendent. ELTAC Emergency Grievance Policy notes any time Emergency Grievance is received, an initial agency response shall be provided within 48 hours and a final agency decision shall be provided within 5 calendar days of receiving the grievance.</p> <p>The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all residents be advised of the grievance procedure upon intake into the facility. Once residents are educated on the grievance procedure, they sign an acknowledgement form noting they have been educated on the grievance procedure. This signed acknowledgement form is kept in the resident’s files.</p> <p>All residents interviewed were aware of the grievance procedure. All the resident’s files reviewed contained notification (signed acknowledgement form) of the grievance process. The grievance process is also noted in the PREA Handbook. All residents receive a copy of the PREA Handbook during their first day at the facility (during the intake process).</p> <p>An interview with the Agency PREA Coordinator confirmed any resident who files a grievance alleging sexual abuse or sexual harassment in good faith would not be disciplined regardless of the outcome of the grievance submitted. In addition, he stated any resident who files a grievance alleging sexual abuse or sexual harassment in bad faith would be held accountable by losing privileges at the facility.</p> <p>There were 3 allegations of sexual harassment filed in the past 12 months at ELTAC. The grievance process was not used to file any of these allegations.</p> <p>All parents, family members, and/or legal guardians receive an intake packet including the ELTAC grievance procedure when the resident is admitted into the facility. This intake packet notes third-party reporting in regard to filing a grievance on behalf of a resident alleging sexual abuse or sexual harassment.</p> <p>The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all parents/legal guardians be advised of the grievance procedure at intake. The grievance procedure is noted in the intake packet all parents receive when the resident is admitted into the facility. There is an acknowledgement form that the parents/legal guardians are required to sign noting they were educated on the grievance procedure at the facility.</p> <p>Residents interviewed were aware of third-party reports and understood parents, family members, and legal guardians were able to file a grievance alleging sexual abuse on their behalf.</p>

There were no third-party grievances filed at ELTAC during the past 12 months. This was confirmed by reviewing grievances submitted at the facility during the past 12 months.

Reviewed documentation to determine compliance:

1. ELTAC Zero – Tolerance Policy
2. ELTAC Emergency Grievance Policy
3. Pennsylvania Department of Human Services 3800 Child Care Regulations
4. Grievance Form
5. ELTAC PREA Handbook
6. Review of Residents Files
7. Review of Facility Grievance Records

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Random Staff Interviews
4. Random Resident Interviews

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p data-bbox="248 219 898 253"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="248 297 523 331"><b>Auditor Discussion</b></p> <p data-bbox="248 376 1481 667">ELTAC Zero – Tolerance Policy notes the facility is to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. ELTAC also provides residents with reasonable and confidential access to their attorneys and/or legal representation; as well as parents or legal guardians. The facility has provided this information to all residents through PREA Handbooks, intake process, brochures, and posters placed throughout the facility. This information is available in both English and Spanish and was reviewed by this auditor.</p> <p data-bbox="248 712 1481 1037">Interviewed residents were aware of how to access outside agencies through the hotlines and all of them stated they would have access to a telephone if they needed to report anything. The residents interviewed were able to describe the advocacy services offered to them at Crime Victim Center of Erie County, Inc. if they would ever need them. All the residents stated they receive weekly telephone calls to their families and weekly visits (if the family is able to visit). Juvenile Probation Officers, Caseworkers, and Attorneys can also visit whenever it is convenient for them to do so and these visits/conversations would be in private if requested by the resident or Attorney.</p> <p data-bbox="248 1081 1433 1149">All staff interviewed were aware of how residents can access outside agencies through the hotlines.</p> <p data-bbox="248 1193 1481 1529">A Memorandum of Understanding is in place between ELTAC and Crime Victim Center of Erie County, Inc. in accordance with this standard. This Memorandum of Understanding was reviewed by this auditor during the pre-audit phase and it was confirmed each party's responsibilities regarding this standard are noted. The Agency PREA Coordinator described this Memorandum of Understanding and the advocacy services that are provided by Crime Victim Center of Erie County, Inc. to any victims of sexual assault at ELTAC. This auditor contacted a representative from Crime Victim Center of Erie County, Inc. to confirm the services noted in the Memorandum of Understanding.</p> <p data-bbox="248 1574 922 1608">Reviewed documentation to determine compliance:</p> <ol data-bbox="292 1675 1337 1921" style="list-style-type: none"> <li>1. ELTAC Zero-Tolerance Policy</li> <li>2. ELTAC Visiting Policy</li> <li>3. ELTAC Telephone Policy</li> <li>4. ELTAC PREA Handbook</li> <li>5. Memorandum of Understanding with Crime Victim Center of Erie County, Inc.</li> <li>6. PREA Posters</li> </ol> <p data-bbox="248 1955 395 1989">Interviews:</p> <ol data-bbox="292 2056 1313 2134" style="list-style-type: none"> <li>1. Agency PREA Coordinator</li> <li>2. Interview with Representative from Crime Victim Center of Erie County, Inc.</li> </ol>

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|  | <ol style="list-style-type: none"><li>3. Interviews with Randomly Selected Staff</li><li>4. Random Resident Interviews</li></ol> |
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115.354	<p><b>Third-party reporting</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ELTAC Zero – Tolerance Policy describes multiple methods used to receive third party reports of sexual abuse or sexual harassment and is posted on the agency’s website to inform the public about reporting resident sexual abuse and sexual harassment on behalf of residents. Third party reports can also be made to the Superintendent, Agency PREA Coordinator, Pennsylvania Department of Human Services through the Childline Hotline, Crime Victim Center of Erie County, Inc., or the Mill Creek Police Department.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf.</p> <p>There were no incidents of third-party reporting during the past 12 months at ELTAC. A review of the agency website confirmed and noted various ways sexual abuse and sexual harassment of a resident can be reported. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Agency Website</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Randomly Selected Staff</li> <li>2. Random Resident Interviews</li> </ol>
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115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy and Pennsylvania Child Protective Services Law states all ELTAC employees and volunteers providing services to residents are mandated reporters. These persons are required to report any allegations to the Pennsylvania Department of Human Services through the Childline Hotline whenever they have cause to suspect child abuse or maltreatment of a resident in a residential facility. The Childline Hotline telephone number is 1-800-932-0313. Pennsylvania Child Protective Services Law also notes individuals making a report do not need to be certain a resident has been abused or maltreated, only a “reasonable cause to suspect” abuse or maltreatment is necessary. When in doubt as to whether an incident could constitute child abuse or maltreatment, an employee must contact the Pennsylvania Department of Human Services through the Childline Hotline. The Pennsylvania Department of Human Services will determine if the information meets the requirements to register a report for investigation.</p> <p>It is noted in ELTAC Zero – Tolerance Policy, that all staff must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or any supervisor on-duty employee, the on-call administrator, Superintendent, or the Agency PREA Coordinator. The supervisor or administrator on duty will then contact the resident’s parents/legal guardian, Juvenile Probation Officer, Children &amp; Youth Caseworker (if the resident is under the guardianship of child protective services) immediately to notify them of the allegations. Pennsylvania Child Protective Services Law states these contacts must be made within 24 hours of receiving the allegation.</p> <p>Interviews with the Superintendent and Agency PREA Coordinator supported the protocol discussed in the above-mentioned policy. There were 3 allegations made regarding sexual harassment during the past 12 months at ELTAC. In each case, the staff followed the policy and procedure in reporting the allegations to the Agency PREA Coordinator. Incident Reports were reviewed by this auditor prior to the on-site portion of this audit and during the on-site portion of this audit. The allegations were investigated by the Agency PREA Coordinator and did not rise to the level of abuse that had to be reported to the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p>All staff (including medical staff) receive Mandated Reporter training on an annual basis. All staff interviewed were able to describe the reporting process. The staff stated they would take all allegations seriously regardless of how they received the report. All staff were aware of their status as mandated reporters. Staff interviewed stated they would immediately make a verbal report to their Supervisor or Supervisor on duty, document the report immediately (but no later than prior to the end of their shift) on an Incident Report, and contact the Pennsylvania Department of Human Services via the Childline Hotline. In addition, staff reported they would be able to report an allegation privately by contacting the Pennsylvania Department of Human Services using the Childline Hotline. It should be noted; all staff members (including medical staff) are trained to treat third party reports the same as they witnessed the incident themselves when receiving a report from a third party.</p> <p>It was noted during an interview with a medical staff that she informs all residents of her duty</p>

to report as a Mandated Reporter during her initial consultation with the resident.

Reviewed documentation to determine compliance:

1. ELTAC Zero – Tolerance Policy
2. Pennsylvania Child Protective Services Law

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interview with Medical Staff
4. Interviews with Randomly Selected Staff

115.362	<p><b>Agency protection duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ELTAC Zero – Tolerance Policy requires that when a staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate actions to protect the resident. There were no residents that the facility determined was subject to substantial risk of sexual abuse during the past 12 months.</p> <p>Interviews with the Agency Head, Superintendent, Agency PREA Coordinator, and randomly selected staff indicated that the report or allegation would be taken seriously. They stated the Supervisor on shift would be called immediately and the alleged aggressor and alleged victim would be separated, supervision would be increased, and a Safety Plan would be developed. All staff interviewed stated they would act immediately. If the aggressor was a staff, interviews confirmed that the staff would be placed on Administrative Leave until an investigation is completed by the Mill Creek Police Department and the Pennsylvania Department of Human Services. It was also noted; if the allegation was determined to be Substantiated the presumptive action would be termination.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Superintendent</li> <li>3. Interview with Agency PREA Coordinator</li> <li>4. Interviews with Randomly Selected Staff</li> </ol>
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115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent or Director of the facility that received the allegation shall notify the Superintendent or Director of the other facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the Pennsylvania Department of Human Services via the Childline Hotline. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall also be documented.</p> <p>If ELTAC is notified of an allegation of abuse that occurred at their facility, the Superintendent or Director that receives such notification shall ensure that the allegation is investigated in accordance with this standard (including contacting the Pennsylvania Department of Human Services via the Childline Hotline and the Mill Creek Police Department to report the allegation).</p> <p>Interviews with the Superintendent and Agency PREA Coordinator confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment involving a resident while in another facility. The Superintendent was able to articulate what his responsibilities would be if he received an allegation that a resident residing at ELTAC was sexually abused or sexually harassed while residing in another facility. He also confirmed the protocol he would follow if he received a report from another facility or agency that a resident was sexually abused or sexually harassed while she was residing at ELTAC. This protocol includes contacting the Pennsylvania Department of Human Services via the Childline Hotline and the Mill Creek Police Department to insure the allegation is properly investigated.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy states upon learning of an allegation a resident was sexually abused, the first staff to respond to the scene shall be required to:</p> <ol style="list-style-type: none"> <li>1. Separate the victim and alleged abuser.</li> <li>2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence.</li> <li>3. Request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating.</li> <li>4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> <li>5. Notify a Supervisor or Administrator and document the incident on an Incident Report.</li> <li>6. Contact Medical Staff/Transport to UPMC Hamot Hospital.</li> </ol> <p>First responder duties for non-security staff are the same as security staff. Staff have been trained appropriately in the above-mentioned duties as a first responder. All staff interviewed could articulate the steps they would take as first responders if they were the first staff to respond to the scene of an alleged sexual assault. Their responses were consistent with ELTAC policy. In addition, all staff interviewed noted they have been trained on first responder duties as it is part of their annual PREA training.</p> <p>There were no incidents during the past 12 months at ELTAC that required first responder actions. All reviewed documentation confirmed that there were no reported allegations or incidents of sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interviews with Randomly Selected Staff</li> </ol>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC has two written plans to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and administrative staff. These plans are reviewed with staff during annual PREA trainings and during staff meetings held at the facility.</p> <p>ELTAC has developed 2 detailed Coordinated Response Plans:</p> <ol style="list-style-type: none"> <li>1. Staff to Resident Sexual Misconduct Allegation Coordinated Response</li> <li>2. Resident to Resident Sexual Misconduct Allegation Coordinated Response</li> </ol> <p>Both plans are easy to read and review. They note the role of each ELTAC staff and administrative staff in the event of a sexual assault incident. These plans were forwarded to this auditor for review and met the requirements of this standard.</p> <p>Interviews with the Superintendent, Agency PREA Coordinator, direct care staff, and medical staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault. All staff interviewed stated they were familiar with these plans and their duties as they were trained on how to respond and what actions to take in the event of a sexual assault incident.</p> <p>Reviewed documentation to determine compliance:</p> <p>ELTAC Zero-Tolerance Policy</p> <ol style="list-style-type: none"> <li>1. Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> <li>2. Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interview with Agency PREA Coordinator</li> <li>3. Interview with Medical Staff</li> <li>4. Interviews with Randomly Selected Staff</li> </ol>

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>The union that represents staff at ELTAC is the Pennsylvania Social Services Union – Local #668. The contract does not prohibit the facility from removing a staff from contact with the residents due to an allegation of sexual abuse or sexual harassment. This contract is in the process of being renewed.</p> <p>An interview with the Agency Head confirmed that any time there is an allegation, a Safety Plan for the specific resident(s) is put in place that includes removing the staff member from contact with the resident(s). Pennsylvania Child Protective Services Law requires the facility to remove a staff member from contact with the resident(s) during an active investigation of sexual abuse or sexual harassment.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Pennsylvania Child Protective Services Law</li> <li>3. Union Contract</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol>

115.367	<b>Agency protection against retaliation</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1461 488">ELTAC Zero – Tolerance Policy states any employee or resident is prohibited from retaliating against other employees or residents for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action.</p> <p data-bbox="252 533 1485 1070">The Agency PREA Coordinator is the person charged with monitoring retaliation. ELTAC employs multiple measures, such as housing unit changes, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at the facility will continue for at least 90 days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. It was also noted, ELTAC’s obligation to monitor must terminate should the allegation be determined to be Unfounded. ELTAC has developed a Retaliation Monitoring form which is a checklist that monitors retaliation on a weekly basis for 13 weeks or 90 days after the allegation is received. This form is kept in the resident’s or staff’s file. This auditor was able to review the Retaliation Monitoring form that is to be used to track retaliation monitoring to confirm the facility is in compliance with this standard.</p> <p data-bbox="252 1115 1477 1574">An interview with the Agency PREA Coordinator indicated he monitors retaliation at ELTAC. He was able to describe signs of retaliation when interviewed and seemed sincere about monitoring retaliation at the facility. He stated the agency would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the agency that the resident would be monitored for at least 90 days or until the resident’s release from the facility. The Agency PREA Coordinator stated he would monitor a resident by completing weekly status checks for at least 90 days per policy and documenting these status checks on the Retaliation Monitoring form. However, he stated if the need would arise, he would continue to complete status checks on the resident for the length of her stay at the facility, which may exceed the 90-day requirement noted in the ELTAC Zero - Tolerance Policy.</p> <p data-bbox="252 1619 1409 1686">There were no incidents of retaliation, known or suspected, during the past 12 months at ELTAC.</p> <p data-bbox="252 1731 919 1765">Reviewed documentation to determine compliance:</p> <ol data-bbox="292 1832 746 1910" style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Retaliation Monitoring Form</li> </ol> <p data-bbox="252 1955 392 1989">Interviews:</p> <ol data-bbox="292 2056 1318 2134" style="list-style-type: none"> <li>1. Interview with Person Responsible for Monitoring Retaliation (Agency PREA Coordinator)</li> </ol>



115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy states segregated housing of residents to keep them safe from sexual misconduct is not used and is prohibited at ELTAC. Interviews with the Superintendent and Agency PREA Coordinator confirmed the prohibition of segregated housing for this purpose. The facility also does not use isolation. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. Interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Tour of Facility</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interview with Agency PREA Coordinator</li> <li>3. Random Resident Interviews</li> </ol>

115.371	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1484 875">ELTAC Zero – Tolerance Policy describes, in detail, the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. This policy states the Mill Creek Police Department has responsibility to investigate all sexual abuse allegations and incidents that are criminal in nature at ETLAC. Investigations are to use any physical evidence, including witness interviews and suspected sexual abuse perpetrators reports. Sexual harassment investigations are completed by a trained investigator at ETLAC. The Agency PREA Coordinator completed the investigative training titled "PREA: Investigating Sexual Abuse in a Confinement Setting". This training was offered by the National Institute of Corrections via an online course. At any point during the sexual harassment investigation, if the allegation is determined to be criminal in nature, it is immediately forwarded to the Mill Creek Police Department to investigate in conjunction with the Pennsylvania Department of Human Services. Investigations are not terminated should the source of the allegations recant the allegation.</p> <p data-bbox="252 913 1484 1335">Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments, and investigative facts and findings. All written reports will be retained for five years from the resident(s) discharge or until the age of majority is reached, whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. ETLAC will cooperate with outside investigators and will remain informed of the investigation process. The Superintendent and the Agency PREA Coordinator both stated he and they maintain contact with the Mill Creek Police Department and the Pennsylvania Department of Human Services during an open investigation via telephone calls, emails, and on-site visits.</p> <p data-bbox="252 1373 1484 1664">ELTAC has formally asked the Mill Creek Police Department to comply with PREA investigative standards. This was requested in a Memorandum of Understanding between ETLAC and the Mill Creek Police Department. A copy of this Memorandum of Understanding was forwarded to this auditor for review to confirm compliance with this standard. In addition, it was noted during an interview with the Agency PREA Coordinator that he has completed the National Institute on-line training titled "Investigating Sexual Abuse in a Confinement Setting". He stated he investigates any allegations of sexual harassment at the facility.</p> <p data-bbox="252 1702 1484 1993">There were three allegations of sexual harassment reported in the past 12 months at ELTAC. All the allegations were investigated by the Agency PREA Coordinator and were determined not to be criminal in nature. Two of the allegations were determined to be Unfounded while one of the allegations was determined to be Unsubstantiated. Upon completion of the investigations, the investigator completed a detailed report noting the findings of each investigation and the evidence collected and reviewed. These reports were reviewed by this auditor to confirm compliance with this standard.</p> <p data-bbox="252 2031 1484 2157">Interviews with the Superintendent, Agency PREA Coordinator, and representative from the Mill Creek Police Department confirmed the protocols in place for criminal and administrative agency investigations.</p>

Reviewed documentation to determine compliance:

1. ELTAC Zero – Tolerance Policy
2. Memorandum of Understanding with the Mill Creek Police Department
3. Investigator Training Certificate from the National Institute of Corrections
4. Investigative Reports

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interview with Representative from the Mill Creek Police Department

115.372	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 526">ELTAC Zero – Tolerance Policy states that the agency investigating shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Mill Creek Police Department confirmed this policy is followed for determining whether allegations of sexual harassment or sexual abuse are substantiated.</p> <p data-bbox="252 571 1484 683">Additionally, ELTAC has formally asked the Mill Creek Police Department to comply with PREA investigative standards. This was requested in a Memorandum of Understanding with the Mill Creek Police Department.</p> <p data-bbox="252 728 1476 1019">An interview with a representative from the Mill Creek Police Department confirmed his department uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment investigations. The representative from the Mill Creek Police Department stated that an investigative report is compiled and sent to the Superintendent and Pennsylvania Department of Human Services detailing its investigation and findings upon completion of each investigation. There were no allegations of sexual abuse investigated by the Mill Creek Police Department during the past 12 months.</p> <p data-bbox="252 1064 1476 1220">There were three allegations of sexual harassment at ELTAC during the past 12 months. These investigations were completed by an investigator at the facility. This auditor was able to review investigative reports that were compiled by the investigator at the conclusion of each investigation.</p> <p data-bbox="252 1265 1476 1646">An interview with the Agency PREA Coordinator confirmed he completes sexual harassment investigations at ELTAC and does not impose a standard higher than a preponderance of the evidence for determining whether allegations are substantiated. He noted that if, at any point during the investigation, the actions are determined to be criminal in nature, he refers the allegation to the Mill Creek Police Department to complete the investigation. The Agency PREA Coordinator confirmed any sexual abuse allegations are reported to the Pennsylvania Department of Human Services via the Childline Hotline for investigation. He stated the investigation is then completed by the Mill Creek Police Department in conjunction with the Pennsylvania Department of Human Services.</p> <p data-bbox="252 1680 917 1713">Reviewed documentation to determine compliance:</p> <ol data-bbox="295 1780 1252 1904" style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Memorandum of Understanding with the Mill Creek Police Department</li> <li>3. Investigative Reports</li> </ol> <p data-bbox="252 1937 391 1971">Interviews:</p> <ol data-bbox="295 2038 1220 2116" style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Representative from the Mill Creek Police Department</li> </ol>



115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>ELTAC Zero – Tolerance Policy requires that following an investigation into a resident’s allegation of sexual abuse or sexual harassment by a staff member, the facility will inform the resident as to whether the allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded; whenever the staff is no longer assigned within the resident’s living unit; no longer employed at the facility; or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that residents who have been the victim of sexual abuse and/or sexual harassment shall receive notification of determined outcomes using the Resident Notification form. The Agency PREA Coordinator will share the outcome with the resident, obtaining to resident’s signature as proof of receipt before the form is placed in the resident’s file as documentation of receipt.</p> <p>Interviews with the Superintendent and Agency PREA Coordinator indicated that residents are notified of the results of an investigation in writing. Both stated the resident would be given a Resident Notification form to sign noting they have received the outcome of the investigation. The Agency PREA Coordinator meets with the resident to review the determination of the investigation before obtaining the resident’s signature. The process described by the Superintendent and Agency PREA Coordinator was consistent with the agency policy.</p> <p>There were three allegations of sexual harassment during the past 12 months at ELTAC. Due to the short average length of stay at the facility, none of the resident victims were residing at ELTAC at the conclusion of the investigations.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Resident Notification Form Template</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>

115.376	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1442 400">ELTAC Disciplinary Sanctions for Staff Policy states the following regarding staff disciplinary sanctions:</p> <ol data-bbox="293 472 1477 1099" style="list-style-type: none"> <li data-bbox="293 472 1477 589">1. Staff may be subject to disciplinary sanctions as determined by ELTAC and consistent with collect bargaining agreements up to and including termination for violating sexual abuse or sexual harassment policies.</li> <li data-bbox="293 600 1477 674">2. Termination must be the presumptive disciplinary sanction for staff that have been substantiated for sexual abuse.</li> <li data-bbox="293 685 1477 887">3. Disciplinary sanctions for violations of ELTAC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</li> <li data-bbox="293 898 1477 1099">4. All for terminations for violations of ELTAC sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies.</li> </ol> <p data-bbox="252 1144 1477 1435">The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies during the past 12 months. Additionally, there were no staff disciplined for violations of the zero-tolerance policy. This was confirmed during interviews with the Superintendent, Agency PREA Coordinator, and the agency Human Resources Director during the on-site portion of this audit. It was also noted during interviews that any staff terminated for violations of the ELTAC Zero - Tolerance Policy will be reported to the Mill Creek Police for prosecution.</p> <p data-bbox="252 1469 919 1503">Reviewed documentation to determine compliance:</p> <ol data-bbox="293 1574 916 1648" style="list-style-type: none"> <li data-bbox="293 1574 916 1608">1. ELTAC Disciplinary Sanctions for Staff Policy</li> <li data-bbox="293 1619 916 1648">2. ELTAC Zero - Tolerance Policy</li> </ol> <p data-bbox="252 1693 392 1727">Interviews:</p> <ol data-bbox="293 1794 979 1910" style="list-style-type: none"> <li data-bbox="293 1794 979 1827">1. Interview with Superintendent</li> <li data-bbox="293 1839 979 1872">2. Interview with Agency PREA Coordinator</li> <li data-bbox="293 1883 979 1910">3. Interview with Agency Human Resources Director</li> </ol>

115.377	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ELTAC Zero – Tolerance Policy requires that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past 12 months.</p> <p>The Superintendent and agency Human Resources Director both stated during interviews that the facility would immediately remove the contractor or volunteer from the facility, contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation, and the contractor or volunteer would not be permitted to return to the facility until the completion of an investigation. It was noted that any contractor or volunteer who violates the ELTAC Zero – Tolerance Policy and is permanently removed from the facility will be reported to the Mill Creek Police Department for prosecution.</p> <p>There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past 12 months; therefore, there was no documentation to review regarding this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Disciplinary Sanctions for Staff Policy</li> <li>2. ELTAC Zero – Tolerance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interview with Agency Human Resources Director</li> </ol>
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115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Disciplinary Sanctions for Residents Policy states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Disciplinary action must be administered in a fair, impartial, and expeditious manner.</p> <p>The disciplinary process must consider whether developmental disability or mental illness contributed to a resident's behavior when determining discipline. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.</p> <p>In addition, the facility may only discipline a resident for sexual conduct with a staff member upon a finding that the staff member did not consent to such contact. Sexual activity between residents is also prohibited.</p> <p>There were no allegations of sexual abuse during the past 12 months at ELTAC. However, in the event of a Substantiated allegation of resident-on-resident sexual abuse or sexual harassment, the perpetrator would be sanctioned within the program rules (reduction of level). All residents sanctioned would be afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. ELTAC do not use isolation or segregation as a disciplinary measure for rule violations.</p> <p>Interviews with the Superintendent and Agency PREA Coordinator confirmed if there was an incident where residents are determined to have violated any rules pertaining to sexual misconduct, they are sanctioned within the program rules (loss of level) and if the charges are criminal, the Mill Creek Police Department would be responsible for filing charges. Both also confirmed ELTAC does not use isolation and the underlying issues related to the incident would be addressed in therapy. ELTAC does not have mental health staff employed at the facility but does have a contract with Affinity Family Support Services to provide mental health treatment and therapy. The Agency PREA Coordinator noted the resident would be referred to therapy with Affinity Family Support Services while they are residing at the facility to address any underlying issues. This auditor was provided a contract the facility has with Affinity Family Support Services to confirm therapy is available and would be offered to the resident. In addition, the Superintendent and Agency PREA Coordinator both reported any report made by a resident in good faith cannot be disciplined according to agency policy.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Disciplinary Sanctions for Residents Policy</li> <li>2. Contract with Affinity Family Support Services</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Superintendent</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>



115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening.</p> <p>Any information from the Vulnerability Assessment Instrument related to sexual abuse, sexual victimization or abusiveness that occurred is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security, and management decisions, including housing, bed, and program assignments.</p> <p>A medical staff was interviewed and indicated she was aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with a medical and/or mental health practitioner. She was also aware that the residents have the right to refuse a follow-up meeting. In addition, informed consent disclosures are provided by on-site medical staff.</p> <p>A review of all resident files noted there were two current residents at ELTAC who have disclosed prior victimization during the initial screening. Both residents who disclosed prior victimization during the initial screening received Safety Plans to keep them safe at the facility. In addition, all residents meet with a medical staff immediately following their intake and were referred to a mental health staff to receive a mental health assessment and evaluation. Mental health assessments and evaluations are completed by a Clinician from Affinity Family Support Services. ELTAC has a contract with Affinity Family Support Services to complete outpatient assessments and evaluations as needed. All resident files at the facility reviewed by this auditor were up to date regarding medical and mental health follow up.</p> <p>This auditor was able to review the process of referring a resident for medical and mental health follow-up with the Agency PREA Coordinator. He stated anytime it is revealed on the Vulnerability Assessment Instrument that a resident has previously been a victim of sexual abuse or perpetrator of sexual abuse, the staff who administered the Vulnerability Assessment Instrument immediately notifies the Agency PREA Coordinator to begin the referral process. The Agency PREA Coordinator then refers the resident to a medical and/or medical health practitioner. The referral is documented on a Medical/Mental Health Evaluation form. This auditor was able to review referrals made to medical and mental health practitioners to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy</li> <li>2. Vulnerability Assessment Instrument</li> </ol>

3. Medical/Mental Health Evaluation Form
4. Contract with Affinity Family Support Services
5. Safety Plans
6. Resident Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Medical Staff

115.382	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy states for all allegations or sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately referred to UPMC Hamot Hospital for a clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. UPMC Hamot Hospital's trained examiner will make the final determination regarding evidence collection.</p> <p>ELTAC has Memorandum of Understandings with UPMC Hamot Hospital and Crime Victim Center of Erie County, Inc. to provide medical/mental health services at no cost to the victim. UPMC Hamot Hospital also ensures victims receive rape crisis intervention services from advocates from the Crime Victim Center of Erie County, Inc. when a resident victim of sexual abuse is transported to their hospital.</p> <p>All staff at ELTAC staff are trained annually on their responsibilities to protect the victim and to preserve evidence. All staff interviewed during the on-site portion of this audit were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. All staff stated they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the supervisor on duty, preserve any evidence at the scene, and document the incident on an Incident Report. The supervisor on duty will then notify administrative staff and will arrange for the alleged victim to be transported to UPMC Hamot Hospital for a forensic examination by a SANE.</p> <p>Interviews with the Superintendent, Agency PREA Coordinator, and medical staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. All residents are also provided STD testing while at the hospital or during follow-up appointments with a medical practitioner. This was confirmed by this auditor by reviewing the Memorandum of Understandings in place with UPMC Hamot Hospital and Crime Victim Center of Erie County, Inc. In addition, a representative from UPMC Hamot Hospital was interviewed by this auditor and able to confirm this practice.</p> <p>There were no residents at ELTAC who reported sexual abuse during the past 12 months. Therefore, there were no records to review and no residents to interview.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy</li> <li>2. Memorandum of Understanding with UPMC Hamot Hospital</li> <li>3. Memorandum of Understanding with Crime Victim Center of Erie County, Inc.</li> </ol> <p>Interviews:</p>

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interview with Medical Staff
4. Interviews with Randomly Selected Staff
5. Interview with Representative from UPMC Hamot Hospital
6. Interview with Representative from Crime Victim Center of Erie County, Inc.

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy notes ELTAC offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victims of sexual abuse in any prison, jail, lock up facility, or juvenile facility. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted diseases as medically appropriate.</p> <p>Interviews with the Agency PREA Coordinator and a medical staff confirmed all residents residing at ELTAC who reported past sexual abuse during their initial screening (Vulnerability Assessment Instrument) are referred for a medical and/or mental health evaluation. This auditor interviewed two residents who disclosed past sexual abuse during the initial screening and both stated they were referred to a medical practitioner and mental health practitioner for an evaluation promptly. These referrals were documented on a Medical/Mental Health Evaluation form. These completed forms were reviewed by this auditor to confirm compliance.</p> <p>ELTAC Ongoing Medical and Mental Health Care Policy notes ELTAC shall provide victims of sexual abuse with medical and mental health services consistent with the community level of care. An interview with a medical staff confirmed the services offered to residents at ELTAC are consistent with the community level of care.</p> <p>ELTAC Ongoing Medical and Mental Health Care Policy notes if a female resident becomes pregnant as a result of a sexual assault, she would be offered pregnancy testing, all lawful pregnancy related services, and follow-up for sexually transmitted diseases at no cost. In addition, resident-on-resident offenders will be referred for mental health assessment (Psycho-Sexual Evaluation) within 60 days of learning of such history.</p> <p>Interviews with the Agency PREA Coordinator and a representative from UPMC Hamot Hospital confirmed any resident who would become pregnant as a result of a sexual assault at the facility would receive timely and comprehensive information about all pregnancy-related medical services available to them. In addition, the Agency PREA Coordinator also reviewed the referral process for all resident-on-resident offenders with this auditor. He noted the resident would be referred for a Psycho-Sexual Evaluation with a mental health practitioner from Affinity Family Support Services within 60 days of learning of such history.</p> <p>There were no residents at ELTAC who reported sexual abuse during the past 12 months. Therefore, there were no records to review and no residents to interview.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy</li> <li>2. Contract with Affinity Family Support Services</li> </ol> <p>Interviews:</p>

1. Interview with Agency PREA Coordinator
2. Interview with Medical Staff
3. Interview with Representative from UPMC Hamot Hospital

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy states within 30 days of the conclusion/receipt of a sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. Reviews must be completed by a team of staff, including the Superintendent and Agency PREA Coordinator, and must include input from direct care staff, investigators, and medical and mental health practitioners. In addition, the Review Team must:</p> <ol style="list-style-type: none"> <li>1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</li> <li>2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.</li> <li>3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts.</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> <li>6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the Superintendent.</li> <li>7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.</li> </ol> <p>ETLAC documents the incident reviews on a “PREA Sexual Abuse Incident Review” form. All requirements listed in this standard are reviewed and considered by the facility. There were no allegations of sexual abuse during the past 12 months at ELTAC. Therefore, there were no PREA Sexual Abuse Incident Reviews to review. This auditor was provided the PREA Sexual Abuse Incident Review template to review and confirmed this template meets the requirements of this standard as it focused on LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy, and the area where the allegation occurred was physically examined are all discussed and noted. The Agency PREA Coordinator oversees any PREA Sexual Abuse Incident Review at ELTAC, notes recommendations made by the Incident Review Team, and submits the completed document to the Superintendent.</p> <p>The Superintendent and Agency PREA Coordinator both stated the Incident Review Team consists of upper-level management officials, the Agency PREA Coordinator, medical staff, education staff, and direct care staff. Two members of the Incident Review Team were interviewed during the on-site portion of this audit and were able to describe the review process that would take place in the event an allegation of sexual abuse was either determined to be Substantiated or Unsubstantiated. They both stated the Incident Review Team would convene within 30 days upon the completion of an investigation by the Mill Creek Police Department (in conjunction with the Pennsylvania Department of Human Services) for any Substantiated or Unsubstantiated allegations and recommendations would include</p>

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

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

Reviewed documentation to determine compliance:

1. ELTAC Zero-Tolerance Policy
2. PREA Sexual Abuse Incident Review Template

Interviews:

1. Interview with Superintendent
2. Interview with Agency PREA Coordinator
3. Interviews with Incident Review Team Members

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>ELTAC Zero – Tolerance Policy notes ELTAC collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files, and incident reviews. Aggregate annual data from ELTAC is collected and kept on a database. The 2019 – 2020 Annual PREA Report is posted on the agency website. Annual PREA Reports since 2014 – 2015 have been completed and are posted on the agency website. It was noted that PREA Annual Reports cover the periods of July 1st through June 30th on an annual basis. ELTAC also provides the information included in the PREA Annual Report to the United States Department of Justice, upon request, in the form of the Survey of Sexual Victimization. This survey was not requested by the United States Department of Justice during the past year.</p> <p>An interview with the Agency PREA Coordinator indicated that he keeps detailed records to generate his annual reports and/or data required by the United States Department of Justice. He stated he keeps data from every allegation made at the facility and keeps this information on a database. Names are redacted from the reports and data.</p> <p>There were three allegations of sexual harassment during the past 12 months at ELTAC and all three of the allegations were listed on the facility database and included in the 2019-2020 Annual Report.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. PREA Database</li> <li>3. 2019 - 2020 ELTAC Annual PREA Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Agency PREA Coordinator collects and reviews all data for every allegation of sexual abuse, sexual harassment, or retaliation collected and aggregated pursuant to Standard 115.387 to assess and improve the effectiveness of ELTAC’s sexual abuse prevention, detection, and response to policies and training, including problem areas, taking corrective action, and preparing an Annual PREA Report of ELTAC’s findings from its data review. The Annual PREA Reports are approved by the Superintendent and Agency Head and are made available through the agency’s website on an annual basis. Annual PREA Reports since 2014 – 2015 are posted on the agency website. Specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted. The most recent Annual PREA Report (2019 - 2020) is posted on the agency website and was reviewed by this auditor. In addition, this auditor was able to review Annual PREA Reports since 2014 – 2015 to assess ELTAC’s progress in addressing sexual abuse.</p> <p>Upon request, ELTAC provides all program specific data from the previous calendar year to the United States Department of Justice in the form of the Survey of Sexual Victimization. The United States Department of Justice did not request this information in the form of the Survey of Sexual Victimization during the previous calendar year.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Agency Website</li> <li>2. 2017 – 2018 ELTAC Annual PREA Report</li> <li>3. 2018 – 2019 ELTAC Annual PREA Report</li> <li>4. 2019 – 2020 ELTAC Annual PREA Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ELTAC Zero – Tolerance Policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained via limited access through a secure server for at least 10 years after the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>ELTAC’s Annual PREA Report is reviewed and approved by the Superintendent and Agency Head and made available to the public through its website. The Agency PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2019 - 2020) is posted on the agency website and was reviewed by this auditor. In addition, Annual PREA Reports since 2014 – 2015 are posted on the agency website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. ELTAC Zero – Tolerance Policy</li> <li>2. Agency Website</li> <li>3. 2019 – 2020 ELTAC Annual PREA Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="252 248 523 277"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1485 573">ELTAC was audited during the second year of the 1st three-year PREA cycle (audited on April 13 – 14, 2015, and was found to be fully compliant on April 24, 2015) and during the first year of the 2nd three-year PREA cycle (audited on June 1 – 2, 2017, and was found to be fully compliant on September 5, 2017). These audit reports are posted on the agency website. This re-audit occurred during the second year of the 3rd three-year PREA cycle on November 30 – December 1, 2020.</p> <p data-bbox="252 613 1485 943">The facility provided all requested information via the PREA Online Audit System. The audit notification was posted more than 6 weeks prior to the on-site portion of this audit (posted on October 12, 2020) and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to this auditor via email. During the tour of the facility, these notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility and was provided a private and confidential area of the facility to complete interviews of residents and staff.</p> <p data-bbox="252 987 1469 1144">ELTAC has met this standard by having its facility audited during the first and second 3-year PREA audit cycles. This facility is a stand-alone facility as it is the only facility the agency oversees. This audit was performed during the second year of the 3rd three-year PREA cycle (November 30 – December 1, 2020).</p> <p data-bbox="252 1189 922 1218">Reviewed documentation to determine compliance:</p> <ol data-bbox="293 1290 847 1496" style="list-style-type: none"> <li>1. ELTAC Pre-Audit Questionnaire</li> <li>2. PREA Audit Notification</li> <li>3. Photographs of PREA Audit Notification</li> <li>4. Tour of Facility</li> <li>5. Agency Website</li> </ol>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Each final PREA audit report from the first and second PREA audit cycles is posted on the agency's website. These final PREA audit reports were posted within 90 days of issuance by the auditor. This was confirmed by reviewing the agency's website and an interview with the agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> <li>1. Agency Website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ul>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<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
<b>115.311 (b)</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
<b>115.311 (c)</b>	<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
<b>115.312 (a)</b>	<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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	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
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<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
<b>115.315 (a)</b>	<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
<b>115.315 (b)</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

<b>115.315 (c)</b>	<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
<b>115.315 (d)</b>	<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
<b>115.315 (e)</b>	<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
<b>115.315 (f)</b>	<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
<b>115.316 (a)</b>	<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

<b>115.317 (a)</b>	<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
<b>115.317 (b)</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

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.321 (c)</b>	<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
<b>115.321 (d)</b>	<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

<b>115.321 (e)</b>	<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
<b>115.321 (f)</b>	<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
<b>115.321 (h)</b>	<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.)	na
<b>115.322 (a)</b>	<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
<b>115.322 (b)</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?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<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?	yes
<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

<b>115.335 (a)</b>	<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</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 or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (c)</b>	<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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<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
<b>115.352 (b)</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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.353 (a)</b>	<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
<b>115.353 (b)</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
<b>115.353 (c)</b>	<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
<b>115.364 (a)</b>	<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
<b>115.364 (b)</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
<b>115.365 (a)</b>	<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

<b>115.366 (a)</b>	<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
<b>115.367 (a)</b>	<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
<b>115.367 (b)</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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	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?	yes
<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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<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
<b>115.377 (a)</b>	<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
<b>115.377 (b)</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

<b>115.378 (a)</b>	<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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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.)	na
<b>115.388 (a)</b>	<b>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)</b>	<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)</b>	<b>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)</b>	<b>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)</b>	<b>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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes