

PREA Facility Audit Report: Final

Name of Facility: Northampton County Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: 05/11/2021

Date Final Report Submitted: 10/11/2021

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"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 10/11/2021

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	03/29/2021
End Date of On-Site Audit:	03/30/2021

FACILITY INFORMATION	
Facility name:	Northampton County Juvenile Justice Center
Facility physical address:	650 Ferry Street, Easton, Pennsylvania - 18042
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Sean Greco
Email Address:	Sgreco@northamptoncounty.org
Telephone Number:	610-829-6850

Superintendent/Director/Administrator	
Name:	Alan Pfizenmayer
Email Address:	Apfizenmayer@northamptoncounty.org
Telephone Number:	610-829-6850

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

Facility Characteristics	
Designed facility capacity:	85
Current population of facility:	17
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-21
Facility security levels/resident custody levels:	Maximum, Community Based Treatment, Secure Treatment
Number of staff currently employed at the facility who may have contact with residents:	65
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Northampton County Court of Common Pleas
Governing authority or parent agency (if applicable):	
Physical Address:	669 Washington Street, Easton, Pennsylvania - 18042
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
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Name:	Sean Greco	Email Address:	sgreco@northamptoncounty.org
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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 Northampton County Juvenile Justice Center (NCJJC) took place on March 29, 2021 and March 30, 2021 and covered the audit period of March 29, 2020 to March 29, 2021. This audit was originally scheduled for February 22, 2021 and February 23, 2021 but had to be rescheduled due to the COVID-19 pandemic and its effect on administrative staff at the facility. NCJJC was last audited during the second PREA cycle on November 7 – 9, 2017 and was found to be in full compliance on April 5, 2018. 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 February 25, 2021, this auditor received notification of an online Pre-Audit Questionnaire being completed. Each standard contained uploaded NCJJC 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 March 22, 2021.

Notifications of the on-site portion of this audit were originally posted throughout the facility and accessible to staff, residents, and visitors on January 8, 2021. These notifications were reposted throughout the facility on February 2, 2021, after the dates of the on-site portion of the audit were rescheduled. 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. All photos of the notifications were emailed to this auditor on the date they were posted throughout the facility. 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 March 29, 2021, at approximately 8:00am, this auditor met with the administrative team at NCJJC, 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. Director of Operations
2. Agency PREA Coordinator
3. Deputy Director of Operations
4. Deputy Director of Treatment

This meeting was followed by a detailed tour of the facility which took approximately two hours 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 front lobby, 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 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 NCJJC at approximately 6:30am 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, staff from first shift (6:00am to 2:00pm), and residents. This auditor interviewed the Director of Operations who also serves on the Sexual Abuse Incident Review Team and completes Unannounced Rounds, the Training Coordinator as he is the Agency PREA Coordinator, monitors retaliation, and serves on the Sexual Abuse Incident Review Team, two Youth Care Workers who administer risk assessments (PREA Risk Assessments), the Deputy Director of Operations as he completes Unannounced Rounds at the facility, and intake staff. Due to the small size of the facility, several staff served multiple roles, including the Director of Operations and Training Coordinator. After these interviews were completed, this auditor reviewed eight current resident files and two closed resident files for documentation verifying PREA education and PREA Risk Assessments were completed as noted in the NCJJC Zero-Tolerance Policy. During the on-site portion of this audit, the Deputy Director of Treatment (Human Resources designee as he oversees staff clearances) was interviewed and ten employee files were reviewed with him to confirm appropriate background checks were completed. Training records were reviewed by this auditor with the Training Coordinator/Agency PREA Coordinator. It was noted that all staff had not completed annual PREA trainings/refreshers during the past year. It also should be noted; there are five mental health staff working at the facility (two full-time staff and three part-time staff) and they completed the on-line specialty training specific to Behavioral Health in a Confinement Setting. This training was offered by the National Institute of Corrections (NIC).

Training records and certificates were also reviewed by this auditor to confirm the completion of specialty training for the mental health staff at NCJJC. Interviews with two mental health staff confirmed they completed and understood the training as they were able to discuss the training with this auditor during interviews.

10 of the 30 residents (33.3% of the population) residing at the facility were interviewed in a private and confidential area of the facility. Residents from all six living units were interviewed (one resident from Detention Pod 1, one resident from Detention Pod 2, one resident from Detention Pod 3, three residents from Treatment Pod 2, two residents from Treatment Pod 3, and two residents from Treatment Pod 4). This auditor also interviewed one resident who had a cognitive disability, two residents who disclosed prior victimization on the risk screening, one resident who identified as lesbian, gay, or bi-sexual, and one resident who made an allegation of sexual abuse at the facility during the past 12 months. There were no transgender/intersex residents and no residents who were limited English proficient at the facility to interview during the on-site portion of this audit. Ages of the residents interviewed ranged from 14 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 were available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at NCJJC. 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). 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 NCJJC.

A total of 29 staff interviews took place (17 of the staff interviewed were Specialized Staff). These interviews included the following:

- Agency Head Designee
- Agency PREA Coordinator
- Director of Operations
- 2 Mental Health Staff
- 2 Staff who conduct Risk Assessments
- 2 Intake Staff
- 2 Staff who Completes Unannounced Rounds
- 1 Person who Monitors Retaliation
- 2 Members of the Incident Review Team
- 1 Human Resources Designee
- 2 Contracted Staff

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

- Representative from the Easton Police Department (Conducts investigations at NCJJC)
- Representative from Pennsylvania Forensic Associates (Provides advocacy services)

Randomly selected staff interviewed years of experience ranged from 2 years to 20 years. Eleven staff interviewed were Youth Care Workers and one staff interviewed was a Youth Care Worker Supervisor. Five staff interviewed worked 1st shift (7am – pm), 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 abuse involving a resident at the facility.

Unannounced Rounds are completed on a regular basis by the Director of Operations and Deputy Director of Operations 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. Female staff facilitate showers for female residents and male staff facilitate showers for male residents. Residents go to the shower area clothed and return to their bedrooms clothed. During interviews with residents and staff, it was confirmed that staff announce their presence upon entering the living units by stating “male on the pod” in a female living unit and “female on the pod” in a male living unit.

The PREA education program for residents begins at intake (the first hour the resident enters the facility) and is completed by Youth Care Workers or Youth Care Worker Supervisors. PREA Risk Assessments are completed by Youth Care Workers at NCJJC and are completed on the date of admission and minimum of every 60 days for residents residing in Detention pods and a minimum of every 120 days for residents residing in Treatment pods following the initial screening. The completed PREA Risk Assessments are 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 interviewed who reported prior sexual victimization during the screening process. Both residents stated they were referred to a mental health staff and medical practitioner immediately following their

intake process (during their first week at the facility) for follow up services. Upon admission, residents also receive the NCJJC PREA Education pamphlet and the Resident Handbook. These documents describe 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 pamphlet/Resident Handbook and the signed acknowledgement forms are placed in the resident's files.

Investigations regarding allegations of sexual abuse are conducted by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. The Easton 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. During the past 12 months, there has been two allegations of sexual abuse at NCJJC. Both of these allegations were reported to the Pennsylvania Department of Human Services via the Childline Hotline. The Pennsylvania Department of Human Services then forwarded the allegations to the Easton Police Department for investigation. Both of the allegations were investigated by the Easton Police Department and their findings were shared with the Pennsylvania Department of Human Services. Both allegations were determined to be Unfounded.

An interview with the Director of Operations confirmed any allegation of 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. The Pennsylvania Department of Human Services will also contact the Easton Police Department to lead any sexual abuse investigation. The Director of Operations stated during an open investigation, communication would be maintained between the administrative staff and the Pennsylvania Department of Human Services and the Easton Police Department via email, telephone calls, and facility visits. Following an investigation, upon learning of a determination, the facility meets with the resident (if they were still residing at the facility) to inform them of the determination verbally. However, during the on-site portion of the audit, it was determined this was not being documented. 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. This auditor was able to review a template of the PREA Sexual Abuse Incident Review form that would be used for documentation purposes.

NCJJC has developed a thorough and detailed policy (NCJJC 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 NCJJC takes regarding sexual safety and their commitment to the PREA standards.

This auditor conducted an exit meeting with administrative team at NCJJC following the on-site portion of this audit on March 30, 2021. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the management team at NCJJC 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.

NCJJC is located in a residential neighborhood in Easton, Pennsylvania, approximately 80 miles north of the city of Philadelphia. The physical address of the facility is 650 Ferry Street, Easton, Pennsylvania, 18042. NCJJC is an 84-bed facility (36 Detention Unit beds and 48 Treatment Unit beds) that was built in 2001. The need to upgrade and expand the existing juvenile detention center drove the decision for a new facility. The facility was designed to provide juvenile detention services and a residential treatment program under one roof but enable the two programs to operate virtually independently. This two-story facility provides a comfortable, safe, and secure environment. The facility also has courtrooms, probation offices and administrative offices that support the court's services.

In 2011, four additional housing units were added to bring the current design capacity to 84. 61 beds are in single occupancy rooms and 23 beds are in multiple occupancy rooms. There are three living units on the second level that are for pre-adjudicated residents. Detention Pods (DP1, DP2, and DP3) each have 12, single occupancy rooms. There is one treatment unit, TP4 that is located on the second floor and has 12 single rooms. Treatment units TP1, TP2, and TP3 are located on the first floor. TP1 and TP2 have multiple occupancy rooms. TP1 has three rooms that are double occupancy and two rooms that are triple occupancy for a unit total of 12 residents. TP2 has four rooms that are double occupancy, one room that is triple occupancy, and one room that is single occupancy. There are no open bay dorms. Most of the sleeping rooms are referred to as "dry rooms" because they do not have a toilet or sink facilities in the room. There are two video surveillance cameras in every housing pod and several in the hallways and in all areas where residents may be found. The facility has been well maintained and was clean and orderly on the days of the audit. Unit TP1 is closed because of the lower population.

The programs provide a range of services to the residents and hold residents accountable for their behaviors. Those youth in the Treatment Program are assigned a therapist. The therapists are employed by Pennsylvania Forensic Associates. NCJJC has a contract with the Pennsylvania Forensic Associates to provide the clinical and therapeutic services to the residents in the Treatment Program and to do screening for risk of victimization and abusiveness and crisis intervention for residents in the detention program. The intake area, the dining hall, gymnasium, and outdoor recreation area serve both the detention and treatment populations. There are separate classrooms for residents who are detained and for those in the Treatment Program. The administrative offices of the NCJJC are located on the first floor.

The Detention Program has three housing pods with 12 beds each for a total of 36 detention beds. The purpose of the Detention Program is to detain youth who require secure care pending their adjudication and dispositional hearings. Youth who are awaiting placement or release are also held in detention. The Detention Program is considered maximum security and all the residents are locked in their rooms at night. The Detention Program is a highly structured program that focuses primarily on behavior and education. Because this is a temporary holding program, counseling services are primarily focused on residents who need short term counseling or those who are already in a program. The education program is administered by the Colonial Intermediate Unit #20 through the Easton Area School District.

The Treatment Program has four housing pods with 12 beds each for a total capacity of 48 beds. The Deputy Director of Treatment oversees treatment services with the assistance of the Assistant Deputy Director of Treatment. Each resident is assigned a Case Manager who facilitates treatment meetings, bi-weekly updates to parents, visits weekly with residents, and is the point of contact for all persons/agency involved in the treatment of the residents. Within 30 days of a resident's placement, an Individual Service Plan is developed to identify goals for the resident and his family to work on throughout their placement. The program offers a combination of treatment modalities, which are facilitated through both weekly individual sessions as well as group sessions. Family counseling occurs bi-weekly. "Check in" groups are held on the pod several times per week. Individual as well as group drug and alcohol therapy is provided as needed. Group counseling occurs several times per week with topics such as delinquency, fostering resiliency, and Kids Against Gang Empowerment (KAGE). A Psychiatrist and Psychologist are available for consultation if necessary. Narcotics Anonymous meetings occur in the facility on a weekly basis. Select residents also attend these meetings in the community. Trauma focused interventions are also available for victims of physical, emotional, and sexual abuse who display sexually acting out behaviors, self-injurious behaviors, and other maladaptive behaviors.

NCJJC utilizes a behavior modification point program along with Self-Management and Recovery Training (SMART) techniques. The purpose is to give the residents incentives to maintain positive behavior by rewarding positive behavior with privileges. SMART emphasizes the individual's role in their behavioral patterns and the individual's stage of change. It is hoped that the residents will internalize these changes so that they can maintain positive behavior when they return to the community.

The residents may progress through four program levels by following program rules, maintaining positive behavior, and progressing in treatment. They receive more privileges as they reach higher levels. These privileges include more telephone calls/time, later bed times, greater letter writing allowance, access to facility library, and off-ground privileges. A work-study program is also provided for all residents, allowing them to earn points, which can be exchanged for items in the incentive store. The resident must earn and maintain gold level to be eligible for discharge.

The Colonial Intermediate Unit #20 through the Easton Area School District provides an on-grounds educational program for residents in the Treatment Program. Each classroom at the facility is staffed by a teacher and a teacher's aide and monitored by Youth Care Workers.

Prior educational records are obtained whenever possible to aid in the resident's placement in an appropriate academic program. In addition, upon entry into the program, each resident is tested to determine their academic levels (if this was not done prior to placement). The residents are then assigned work that meets their particular regular or special education needs.

Residents are permitted to have regular visitation with their parents/guardians at NCJJC. These visits occur twice a week. Off-grounds visitation may begin after the resident has earned gold level. Two supervised home visits must occur before unsupervised off-grounds home visits begin. A family counseling session will occur during the final supervised visit. Unsupervised home visits generally begin with a six to twelve – hour duration, and increase gradually as recommended by the treatment team. Curfew calls are conducted during overnight home passes as deemed necessary. Eventually residents may earn full weekend home visits with their families. Home passes duration and frequency may be subject to modification due to the needs of the resident and/or the family.

Residents are provided a physical examination within the first week of being admitted into the facility and a dental examination is completed within 30 days. A contracted Physician and Dentist provide routine medical and dental care. Residents admitted into the facility on medication receive a psychiatric evaluation, if necessary, and have monthly medication monitoring by the facility's consulting Psychiatrist.

NCJJC is currently budgeted for 55 direct care staff; 42 of those positions are currently filled and 13 of those positions are currently vacant. The facility is equipped with 74 video surveillance cameras. Recordings from these devices remain on a secure server for approximately 45 days. There is a total of 3 monitors in the Control Center and each administrative staff (Director of Operations, Deputy Director of Operations, Deputy Director of Treatment, and Agency PREA Coordinator) has access to view the video surveillance system from the computers in their offices. Video from all major incidents is reviewed by the Director of Operations, Deputy Director of Operations, Deputy Director of Treatment, and the Agency PREA Coordinator and retained on a disc. It was noted during interviews with the Director of Operations and Agency PREA Coordinator that random video surveillance is also reviewed by the administrative team on a weekly basis.

On March 29, 2021, the resident population was 30 residents. The age range of the resident population ranged from age 14 to 18 years old. In the previous 12 months, a total of 176 residents had been admitted into the facility. Of the 176 residents admitted into the facility during the past 12 months, 151 resident's length of stay was 72 hours or more and 110 resident's length of stay was 10 days or more. The average length of stay at NCJJC is 10 days in the Detention Program and 6 months in the Treatment Program.

NCJJC has Agreements in place with the following:

1. Pennsylvania Forensic Associates (Advocacy services to victims of sexual assault)
2. Easton Police Department (Investigations)

NCJJC's Vision Statement reads, "The Northampton County Juvenile Justice Center's professional care workers value each child's potential to lead successful and productive lives. Our vision is to teach children to value family and community through coordinated efforts. We will assist each child in experiencing success in life by making the appropriate choices. We assume this responsibility through an understanding that our actions affect children today and will determine the quality of our tomorrow."

NCJJC's Mission Statement reads, "The Mission of the Northampton County Juvenile Justice Center is to provide leadership and instill positive change for youth, family units, and communities. Accountability is a vital component and each child will be provided with legitimate alternative pathways to adulthood with equal access. Public safety is a principle concern in all of our practices and policies as well as the safety and welfare of each juvenile in our care. We operate with professionalism, competence, and honesty in the performance of our duties as juvenile care professionals while reducing recidivism."

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.

Number of standards exceeded:	3
Number of standards met:	40
Number of standards not met:	0

NCJJC 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 Director of Operations and serves as the Training Coordinator. NCJJC 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 NCJJC 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 are to receive annual PREA trainings/refreshers and residents are educated at intake. There are numerous posters posted throughout the facility in order to educate staff and residents.

NCJJC does not currently have a Memorandum of Understanding with St. Luke's Hospital located in Bethlehem, Pennsylvania. It is expected the facility will develop a Memorandum of Understanding with St. Luke's Hospital to provide SANE's for forensic examinations in the event of an incident of sexual abuse at the facility. The agency has a Memorandum of Agreement with Pennsylvania Forensic Associates to provide victim advocacy and emotional support services to sexual assault victims at the facility.

All investigations regarding allegations of sexual abuse which are criminal in nature are conducted by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. This auditor was able to interview a representative from the Easton Police Department. He was able to confirm the investigative process and follow up that occurs when his agency receives an allegation of abuse from the facility. Allegations of sexual abuse and sexual harassment which are not criminal in nature and administrative investigations are conducted by the Pennsylvania Department of Human Services. There were two allegations of sexual abuse at NCJJC during the past 12 months. Both allegations were investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services and determined to be Unfounded.

All residents admitted into the facility receive timely PREA education at intake. Youth Care Workers and/or Youth Care Worker Supervisors complete all PREA education during the intake process. The PREA Risk Assessment is completed by a Youth Care Worker and/or Youth Care Worker Supervisor and each resident is reassessed a minimum of every 60 days (for residents residing in the Detention Program) or every 120 days (for residents residing in the Treatment Program). The completed PREA Risk Assessments are 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 training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire. Current employees who received this training, receive this training every two years. In years in which an employee does not receive this refresher training, the NCJJC provides refresher information on current sexual abuse and sexual harassment policies to the employees as part of an annual PREA training.

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 indicating they have received the training and understood it. There are currently 13 contractors 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 are currently no volunteers authorized to enter the facility.

There are five mental health staff (two full-time staff and three part-time staff) working at NCJJC and they have received the specialized training offered by the National Institute of Corrections (Behavioral Health Care Providers in Confinement Settings) required by the PREA standards. In addition to the specialized training, the mental health staff also are required to complete the same PREA trainings/refreshers 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 and residents on agency PREA policies. Pamphlets 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. NCJJC PREA Pre-Audit Questionnaire
2. NCJJC Zero-Tolerance Policy
3. NCJJC Accommodations for Residents with Disabilities Policy
4. NCJJC Hiring and Promotions Policy
5. NCJJC Sexual Abuse and Assault Policy
6. NCJJC Resident Rights and Grievance Procedures Policy
7. NCJJC Reporting Child Abuse Policy
8. NCJJC Accepting New Intakes Policy
9. Pennsylvania Department of Human Services 3800 Child Care Regulations
10. Pennsylvania Child Protective Services Law
11. NCJJC Organizational Chart
12. NCJJC Staffing Schedules
13. Resident Roster
14. 2021 Staffing Plan
15. Locations of Video Surveillance Cameras/Floor Plans
16. Unannounced Rounds Logs
17. Staff Training Logs
18. Agreement with Unified Judicial System
19. Resident PREA Education Pamphlet (English)
20. Resident PREA Education Pamphlet (Spanish)
21. PREA Posters
22. NCJJC Employment Application
23. Disclosure Statement
24. Staff Files
25. Agreement of Cooperation with Easton Police Department
26. Memorandum of Agreement with Pennsylvania Forensic Associates
27. Summaries of Allegations/Completed CY 47 Forms
28. Determination Letters from Pennsylvania Department of Human Services
29. PREA Training Curriculums
30. Volunteer/Contractor Training Brochure
31. Volunteer/Contractor Acknowledgement Forms
32. Resident Handbook
33. End the Silence PREA Education Pamphlet
34. Mental Health Staff NIC Training Certificates
35. PREA Risk Assessment
36. Resident Files
37. Safety Plans

38. Department of Homeland Security Pamphlet
39. Grievance Records
40. Agency Website
41. HCSIS Reports
42. Coordinated Response Plan
43. PREA Alleged Abuse and Sexual Assault Checklist
44. Collective Bargaining Agreement
45. Retaliation Monitoring Form
46. Investigator Training Certificates
47. Resident Notification Form
48. PREA Sexual Abuse Incident Review Template
49. PREA Database
50. 2019 PREA Annual Report
51. 2020 PREA Annual Report
52. PREA Audit Notification Form
53. Photographs of PREA Audit Notification

During the Corrective Action period of this audit, NCJJC was able to become compliant with the following standards:

- 115.315 – Limits to Cross Gender Viewing and Searches
- 115.321 – Evidence Protocol and Forensic Medical Examinations
- 115.331 – Employee Training
- 115.335 – Specialized Training: Medical and Mental Health Care
- 115.367 – Agency Protection Against Retaliation
- 115.373 – Reporting to Residents

The auditor visited the facility on October 4, 2021, to complete interviews and review documentation to confirm compliance with the above-mentioned standards. A detailed summary of all mitigation completed is listed under each standard in this PREA Audit 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	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC has a Zero-Tolerance Policy concerning sexual abuse and sexual harassment of NCJJC residents and is committed to the prevention and elimination of sexual abuse and sexual harassment through compliance with the Prison Rape Elimination Act of 2003. NCJJC 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 and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the facility's training efforts with residents, staff, volunteers, and contractors.</p> <p>(b) NCJJC Zero-Tolerance Policy states "NCJJC shall designate a PREA Coordinator and allow that individual sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards."</p> <p>NCJJC has a designated PREA Coordinator who reports directly to the NCJJC Director of Operations. His official title is Training Coordinator and Agency PREA Coordinator. The Agency Organizational Chart was reviewed by this auditor and confirmed the Agency PREA Coordinator's position and noted he reports directly to the NCJJC Director of Operations. He is knowledgeable of the PREA standards, and he stated he is committed to PREA and in implementing PREA at NCJJC. The Agency PREA Coordinator also reported that he has the support needed and sufficient time to develop, implement, and oversee the agency's efforts towards PREA compliance in this facility and to fulfill his PREA responsibilities. He was interviewed by this auditor on March 29, 2021 to confirm the above-mentioned statements.</p> <p>(c) NCJJC 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 NCJJC Organizational Chart that confirms the Agency PREA Coordinator reports directly to the Director of Operations.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. NCJJC Organizational Chart 3. NCJJC PREA Pre-Audit Questionnaire 4. NCJJC Resident PREA Education Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1477 398">(a – b) NCJJC Zero-Tolerance Policy states “If the (NCJJC) is, at any time, in a position where it is necessary to contract for the confinement of its residents with other entities, including other government agencies, those entities shall be obligated to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”</p> <p data-bbox="240 434 1477 492">NCJJC does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head designee during the on-site portion of this audit.</p> <p data-bbox="240 528 754 555">Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> <li data-bbox="276 600 608 627">1. NCJJC Zero-Tolerance Policy <p data-bbox="240 663 352 689">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="276 734 687 761">1. Interview with Agency Head Designee

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1445 331">(a) NCJJC Zero-Tolerance Policy states "NCJJC shall develop, implement and document a staffing plan which takes into consideration:</p> <ol data-bbox="272 387 1493 745" style="list-style-type: none"> 1. Generally accepted juvenile detention and correctional/secure residential practices; 2. Any judicial findings of inadequacy; 3. Any findings of inadequacy from federal investigative agencies; 4. Any findings of inadequacy from internal or external oversight bodies; 5. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); 6. Composition of the different populations within its facilities; 7. Number and placement of supervisory staff; 8. Institution programs occurring on a particular shift; 9. Any applicable State or local laws, regulations and standards; 10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11. Any other relevant factors. <p data-bbox="240 775 1481 869">NCJJC shall maintain staff to resident ratio of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. NCJJC shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances."</p> <p data-bbox="240 898 1477 1025">There were 30 residents residing at NCJJC during the on-site portion of this audit (4 residents in Detention Pod 1, 2 residents in Detention Pod 2, 4 residents in Detention Pod 3, 7 residents in Treatment Pod 2, 11 residents in Treatment Pod 3, and 2 residents in Treatment Pod 4). The average daily population at the facility during the past 12 months has been 48 residents.</p> <p data-bbox="240 1055 1490 1182">The Staffing Plan at NCJJC addresses the facility staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Agency PREA Coordinator and Director of Operations on January 20, 2021. The facility is currently budgeted for 55 direct care staff; 42 of those positions are currently filled and 13 of those positions are currently vacant.</p> <p data-bbox="240 1211 1485 1442">The facility is equipped with 74 video surveillance cameras. Recordings from these devices remain on a secure server for approximately 45 days. There is a total of 3 monitors in the Control Center and each administrative staff (Director of Operations, Deputy Director of Operations, Deputy Director of Treatment, and Agency PREA Coordinator) has access to view the video surveillance system from the computers in their offices. Video from all major incidents is reviewed by the Director of Operations, Deputy Director of Operations, Deputy Director of Treatment, and the Agency PREA Coordinator and retained on a disc. It was noted during interviews with the Director of Operations and Agency PREA Coordinator, that random video surveillance is also reviewed by the administrative team on a weekly basis.</p> <p data-bbox="240 1471 1477 1568">(b) NCJJC Zero-Tolerance Policy states "NCJJC shall maintain staff to resident ratio of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. NCJJC shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances."</p> <p data-bbox="240 1597 1485 1792">The Director of Operations and Agency PREA Coordinator both reported that there have been no deviations from the staffing plan during the past 12 months. They also 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 Director of Operations and Agency PREA Coordinator revealed that staffing is monitored shift to shift by the supervisors on shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules were also reviewed by this auditor to confirm compliance.</p> <p data-bbox="240 1821 1477 1917">(c) NCJJC Zero-Tolerance Policy states "NCJJC shall maintain staff to resident ratio of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. NCJJC shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances."</p> <p data-bbox="240 1946 1490 2141">The NCJJC Staffing Plan states the facility runs at a minimum 1:8 staff to resident ratio during 1st Shift (7:00am m to 3:00pm) and 2nd Shift (3:00pm to 11:00pm) and a minimum of 1:13 staff to resident ratio during 3rd Shift (11:00pm to 7:00am) in the Treatment Pods. In addition, the facility runs at a minimum of 1:6 staff to resident ratio during 1st Shift (7:00am to 3:00pm) and 2nd Shift (3:00pm to 11:00pm) and a minimum of 1:13 staff to resident ratio during 3rd Shift (11:00pm to 7:00am) in the Detention Pods. It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios were being exceeded on a</p>

regular/consistent basis at the facility. During the on-site portion of this audit, there were a total of 30 residents residing at the facility.

(d) NCJJC Zero-Tolerance Policy states "Annually, and preferably during the first supervisor's meeting of each year, with the PREA Coordinator, will determine and document where adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The facility's deployment of video monitoring systems and other monitoring technologies; and
4. Resources the facility has available to commit to adhere to its staffing plan."

A review of the NCJJC Staffing Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Director of Operations and Agency PREA Coordinator on January 20, 2021.

(e) NCJJC Zero-Tolerance Policy states "Supervisors and Administration shall conduct and document unannounced rounds at least twice per month to identify and deter staff of sexual abuse and sexual harassment. The unannounced rounds must be conducted for night and day shifts. Staff are prohibited from alerting other staff members that these supervisory rounds are, or will be, occurring, unless such announcement is related to the legitimate operational functions of the facility."

A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard by the Director of Operations and Deputy Director of Operations. This auditor interviewed the Director of Operations and Deputy Director of Operations and both were able to discuss how they complete the rounds, assures minimum ratios are being met, and their inspections of the facility are completed. They both discussed how they make sure the rounds are random by selecting different times of the day/night and days of the week. This auditor was able to review 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.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. NCJJC 2021 Staffing Plan
3. NCJJC Staffing Schedules
4. NCJJC Resident Roster
5. Unannounced Rounds Logs
6. Locations of Video Surveillance Cameras
7. Tour of Facility

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interviews with Administrative Staff who complete Unannounced Rounds
4. Random Staff Interviews from all 3 Shifts

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except for thoroughly documented exigent circumstances or when performed by medical practitioners.</p> <p>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 could describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by any staff at NCJJC.</p> <p>(b) NCJJC Zero-Tolerance Policy states "Except in thoroughly documented exigent circumstances, staff are prohibited from completing cross-gender pat searches. Searches must be conducted by staff of the same gender as the resident being searched."</p> <p>Interviews with residents, staff, Agency PREA Coordinator, and Director of Operations confirmed there have been no cross-gender pat searches of residents during the past 12 months at NCJJC. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. No staff interviewed reported they have ever completed a cross-gender pat search of a resident during their employment at NCJJC.</p> <p>(c) NCJJC Zero-Tolerance Policy states "NCJJC shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches."</p> <p>Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the incident on an Incident Report and place a note in the logbook detailing the search performed on the resident. Residents interviewed confirmed there have been no cross-gender pat searches conducted at NCJJC during the past 12 months.</p> <p>(d) NCJJC Zero-Tolerance Policy states "Staff of the opposite gender of the residents shall announce their presence when entering a resident's bedroom or any areas where residents are likely to be showering, performing bodily functions, or changing clothing."</p> <p>There are signs posted outside of each living unit/pod at NCJJC instructing staff to announce their presence prior to entering that area. It was noted during interviews with staff and residents that opposite gender staff are consistently announcing their presence prior to entering the living units. Both staff and residents reported male staff announce "male on the pod" when entering a female living unit and female staff announce "female on the pod" when entering a male living unit. In addition, this practice was observed by this auditor during the tour of the facility.</p> <p>(e) NCJJC Zero-Tolerance Policy states "Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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."</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. There were no transgender or intersex residents admitted into the facility during the past 12 months.</p> <p>According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches completed at NCJJC during the past 12 months. This was confirmed during an interview with the Director of Operations, staff, and residents during the on-site portion of this audit.</p> <p>(f) NCJJC Zero-Tolerance Policy states "All staff shall be trained to conduct resident searches, to include cross-gender pat-down searches and searches of transgender and intersex residents. All searches are to be completed in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs."</p> <p>Although the Zero-Tolerance Policy notes all staff shall be trained to conduct resident searches (including cross-gender pat-down searches and searches of transgender and intersex residents), all staff at NCJJC have not been trained on how to conduct these searches. It was confirmed during interviews with staff and a review of staff training records, that a majority of staff have either not been trained or did not remember how to conduct a cross-gender pat-down search. This will be addressed during the Corrective Action period.</p> <p>Corrective Action:</p>

NCJJC will select a training that focuses on how to train all staff to complete cross-gender pat-down 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 NCJJC 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". Staff were trained on September 1, 2021, September 8, 2021, September 30, 2021, and October 7, 2021. Copies of the training records/training logs were received by this auditor via email on September 29, 2021, and October 8, 2021. On October 4, 2021, this auditor interviewed 10 staff at the facility 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.

NCJJC is now in compliance with this standard.

Reviewed documentation to confirm compliance:

1. NCJJC Zero-Tolerance Policy
2. Staff Training Logs
3. Tour of Facility

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Random Resident Interviews
4. Random Staff Interviews

115.316	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1490 501">(a) NCJJC Zero-Tolerance Policy states "Residents with disabilities (including those who have intellectual, psychiatric, or speech disabilities) shall have equal opportunity to all aspects of NCJJC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication, providing them interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, NCJJC shall 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 and/or limited reading skills."</p> <p data-bbox="240 533 1490 757">There was one cognitively disabled resident residing at NCJJC who was interviewed by this auditor during the on-site portion of this audit. This resident confirmed all his needs are met and anytime he does not comprehend something, he knows he can seek assistance from any staff, or a teacher and they will take the time to review the material he does not understand to ensure he is able to comprehend the material. An interview with the Director of Operations and 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. They also noted PREA educational material is available in cartoons to ensure lower-functioning residents are able to comprehend the material being presented to them.</p> <p data-bbox="240 788 1490 918">(b) NCJJC Zero-Tolerance and Accommodations for Residents with Disabilities Policies state "Residents, who are limited in English proficiency, shall have equal opportunity to all aspects of NCJJC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, in accordance with NCJJC's Limited English Proficiency Statement. Interpreters will be provided as necessary."</p> <p data-bbox="240 949 1490 1079">The NCJJC PREA Education pamphlet is available to residents in both English and Spanish. Both versions of this pamphlet were reviewed by this auditor prior to the on-site portion of this audit. It was noted during the tour of the facility that PREA posters are posted in the living units, all commons areas, hallways, and the area where family visits take place. These posters are in both English and Spanish.</p> <p data-bbox="240 1111 1490 1200">In addition, interpreters are available to limited English proficient residents through the Court System. This auditor was provided a copy of an agreement with the Court System that notes interpreters are available to residents who are limited English Proficient.</p> <p data-bbox="240 1232 1490 1290">There were no limited English proficient residents residing at NCJJC during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.</p> <p data-bbox="240 1321 1490 1411">(c) NCJJC Zero-Tolerance Policy states "NCJJC shall not rely 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 a resident's safety, the performance of first response duties or the investigation of the resident's allegations."</p> <p data-bbox="240 1442 1490 1608">Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff, Director of Operations, and Agency PREA Coordinator that there have been no circumstances during the past 12 months at NCJJC where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters available for the residents through the Court System and were able to explain how they would contact an interpreter through this system to provide services to the resident.</p> <p data-bbox="240 1639 756 1666">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1715 951 1944" style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Accommodations for Residents with Disabilities Policy 3. Agreement with Unified Judicial System (Interpretation Services) 4. Tour of Facility 5. PREA Education Pamphlet (English) 6. PREA Education Pamphlet (Spanish) 7. PREA Posters <p data-bbox="240 1975 352 2002">Interviews:</p> <ol data-bbox="276 2051 719 2141" style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Random Staff Interviews

115.317	Hiring and promotion decisions
	<p data-bbox="240 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1458 331">(a – b) NCJJC Zero-Tolerance and Hiring and Promotions Policies state “NCJJC will not hire or promote anyone who may have contact with residents, and will not enlist the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="276 385 1474 510" style="list-style-type: none"> 1. Has engaged in sexual abuse in any institution; 2. 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; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described above.” <p data-bbox="240 542 1481 636">This practice was confirmed during an interview with the Deputy Director of Treatment (Human Resources designee) as well as a review of randomly selected employee files. In addition, it was noted that any staff who is hired at the facility is not permitted to work with the residents until all background checks are completed.</p> <p data-bbox="240 667 1458 725">(c) NCJJC Zero-Tolerance and Hiring and Promotions Policies state “Before hiring new employees who may have contact with residents, NCJJC shall:</p> <ol data-bbox="276 779 1485 936" style="list-style-type: none"> 1. Perform a criminal background check. 2. Consult with any child abuse registry maintained by the State or locality in which the employee would work (ChildLine). 3. Makes 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, consistent with Federal, State, and local laws.” <p data-bbox="240 967 1490 1196">During an interview with the Human Resources designee, he was able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to any employee being offered employment and being able to work in the facility with any residents. In addition, 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. 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="240 1227 1485 1352">During the past 12 months, there were four employees hired at NCJJC who may have contact with residents. All randomly selected staff files contained the above-mentioned background information. This was also confirmed during an interview with a Human Resources designee. In addition, the Director of Operations and Agency PREA Coordinator were able to describe the agency’s hiring and promotion process in detail to this auditor.</p> <p data-bbox="240 1384 1474 1509">(d) NCJJC Zero-Tolerance and Hiring and Promotions Policies state “Contractor agencies shall ensure all criminal background checks are conducted and documented prior to service for employees who may have contact with residents. Additionally, background checks will be completed no less than every two years. Proof of criminal background checks shall be provided to NCJJC.”</p> <p data-bbox="240 1541 1485 1769">There are currently 13 contractors approved to enter NCJJC and have contact with the residents. All contractors are screened as noted in the above-mentioned policy as they are required to have the same three background checks staff must have completed prior to having contact with the residents at the facility. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. These background checks must be completed a minimum of every two years. It was noted and confirmed during a review of files and interviews with the Human Resources designee and Agency PREA Coordinator that background checks are completed every two years for all contractors and volunteers approved to enter the facility.</p> <p data-bbox="240 1800 842 1827">There are no volunteers currently approved to enter NCJJC.</p> <p data-bbox="240 1859 1436 1953">(e) NCJJC Hiring and Promotions Policy states “Criminal background checks are conducted on a yearly basis and Child Abuse History Clearance records checks will be conducted every two years on all current employees, volunteers, and contractors, who may have contact with the residents.”</p> <p data-bbox="240 1984 1490 2141">This practice was confirmed during interviews with a Human Resources designee, Director of Operations, and Agency PREA Coordinator. All were able to describe the process of completing background clearances on current employees no less than every two 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 two years. This auditor was able to review ten staff files to confirm background</p>

checks are being completed when the employee is hired and no less than every two years after the initial background checks are completed.

It was noted and confirmed during a review a files and interviews with the Human Resources designee and Agency PREA Coordinator that background checks are completed every two years for all staff employed at the facility.

The Administrative Assistant at the facility maintains a spreadsheet that notes when each background check was completed and when future background checks are due. Staff receive notices prior to a background check being due in order to ensure they are completing and submitting the proper paperwork in a timely fashion. This auditor was able to review the spreadsheet and it was easy to read and understand.

(f) NCJJC Zero-Tolerance and Hiring and Promotions Policies state "NCJJC shall ask directly, in written applications and/or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees, all applicants and employees who may have contact with residents, if they:

1. Have engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. Have 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; of if the victim did not consent or was unable to consent or refuse; or have been civilly or administratively adjudicated to have engaged in the activity described above.

NCJJC shall impose upon employees a continuing affirmative duty to disclose any such misconduct."

NCJJC requires all applicants and staff seeking a promotion to complete a Disclosure Statement during the interview process. This Disclosure Statement requires any applicant or staff seeking a promotion to disclose information about any previous misconduct. Failure to disclose information about previous misconducts shall exclude the applicant from hire and will result in the immediate termination of employment. This was confirmed during an interview with the Human Resources designee. In addition, this auditor was able to review the Disclosure Statement with the Human Resources designee and the process in which it is used and given to applicants and employees seeking a promotion to complete.

(g) NCJJC Hiring and Promotions Policy states "Employees must disclose any misconduct. Any material omission or false information regarding misconduct will be grounds for termination."

This screening process noted above was confirmed during an interview with the Human Resources designee as well as reviewing randomly selected staff background checks.

(h) NCJJC Zero Tolerance Policy states "NCJJC shall 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."

When requested, NCJJC does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. This is noted in the NCJJC Zero-Tolerance Policy and was also confirmed during an interview with the Human Resources designee.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. NCJJC Hiring and Promotions Policy
3. NCJJC Employment Application
4. Disclosure Statement
5. Review of Randomly Selected Staff Files

Interviews:

1. Interview with Human Resources Designee
2. Interview with Director of Operations
3. Interview with Agency PREA Coordinator

115.318	Upgrades to facilities and technologies
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1476 432">(a – b) NCJJC Zero-Tolerance Policy states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.” In addition, this policy notes “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.”</p> <p data-bbox="242 465 1492 624">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 Designee/Director of Operations, 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 in order to protect residents from sexual abuse. He did note during this interview that the facility is in the process of gathering information to replace with the current video surveillance system with a new system.</p> <p data-bbox="242 658 758 687">Reviewed documentation to determine compliance:</p> <ol data-bbox="279 732 614 797" style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Tour of Facility <p data-bbox="242 824 359 853">Interviews:</p> <ol data-bbox="279 902 678 931" style="list-style-type: none"> 1. Interview with Director of Operations

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) The Easton Police Department conducts sexual abuse and sexual harassment investigations which are criminal in nature at NCJJC. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. All alleged incidents of sexual harassment which are not criminal in nature are investigated by the Pennsylvania Department of Human Services. Administrative investigations are completed by the Pennsylvania Department of Human Services. NCJJC asked the Easton Police Department to comply with all PREA investigative standards in an Agreement of Cooperation dated October 16, 2017. A representative from the Easton Police Department was contacted on March 31, 2021 and stated that an investigator who would handle any sexual abuse investigation at NCJJC and has been trained in a uniform evidence protocol.</p> <p>(b) NCJJC is not responsible for completing any form of criminal or administrative sexual abuse investigations. All sexual abuse investigations are completed by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by the Pennsylvania Department of Human Services. This was confirmed during interviews with the Director of Operations and Agency PREA Coordinator.</p> <p>(c) The Director of Operations and Agency PREA Coordinator stated during their interviews that St. Luke's Hospital (Bethlehem, Pennsylvania) is where a resident would be transported for a forensic examination by a SANE in the event of a sexual assault at NCJJC. However, the facility does not have a Memorandum of Understanding with St. Luke's Hospital and there have been no documented attempts to enter into any sort of agreement with St. Luke's Hospital. This will be addressed during the Corrective Action period.</p> <p>In reviewing documentation, there were no incidents of sexual abuse at NCJJC during the past 12 months that included penetration. Therefore, there were no forensic examinations completed.</p> <p>(d) The Agency PREA Coordinator provided this auditor with a Memorandum of Agreement with Pennsylvania Forensic Associates that states "Pennsylvania Forensic Associates will provide confidential crisis mental health services for residents of Northampton County Juvenile Justice Center dealing with the aftermath of sexual assault." This Memorandum of Agreement also notes services provided include crisis intervention, crisis risk assessments, short-term counseling sessions, psychiatric referral, referrals to medical and legal resources, and when necessary, evaluations for hospitalization.</p> <p>A representative from Pennsylvania Forensic Associates was interviewed by this auditor and confirmed an advocate from their agency would respond to St. Luke's Hospital to provide emotional support and rape crisis counseling to any victim of sexual abuse.</p> <p>(e) NCJJC has a Memorandum of Agreement with Pennsylvania Forensic Associates which states an advocate from Pennsylvania Forensic Associates would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This was confirmed during an interview with a representative from Pennsylvania Forensic Associates.</p> <p>(f) The Easton Police Department conducts sexual abuse investigations in conjunction with the Pennsylvania Department of Human Services. All alleged incidents of sexual abuse are also reported to other appropriate authorities as required (including the Pennsylvania Department of Human Services through Childline). NCJJC asked the Easton Police Department to comply with all PREA investigative standards in an Agreement of Cooperation. This auditor was provided a copy of the Agreement of Cooperation with the Easton Police Department to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Easton Police Department to discuss the investigation process for allegations of sexual abuse at the facility.</p> <p>(g) All criminal investigations of sexual abuse are conducted by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. NCJJC has a signed Agreement of Cooperation with the Easton Police Department. NCJJC has a signed Agreement of Cooperation with the Easton Police Department. This agreement asks the Easton Police Department to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor received and reviewed a copy of this agreement with the Easton Police Department to confirm compliance.</p> <p>Corrective Action:</p> <p>NCJJC will work with this auditor to develop a Memorandum of Agreement with St. Luke's Hospital in Bethlehem, Pennsylvania. This Memorandum of Agreement will note the responsibilities of the facility and the responsibilities of St. Luke's Hospital in the event of an incident of sexual abuse.</p>

Resolution:

NCJJC attempted to enter into a Memorandum of Understanding with St. Luke's Hospital during the Corrective Action period. However, St. Luke's Hospital noted legal concerns and refused to enter into a Memorandum of Understanding with the facility. St. Luke's Hospital did state the following in an email regarding the treatment of sexual abuse victims at NCJJC:

"At St. Luke's University Health Network, we proudly serve any and all victims of sexual assault that come into one of our facilities. I have discussed it with our legal team and was advised not to sign agreements or contracts with any facility as I do not have the authority to do so. I again can assure you that we provide comprehensive medical and forensic care for any patient that presents to our facility for care. We are honored to care for our victims and will continue to do so."

All attempts to enter into a Memorandum of Understanding with St. Luke's Hospital have been documented and confirmed by this auditor. In addition, this auditor also attempted to reach out to the designated representative from St. Luke's Hospital in an attempt to assist the facility and received the same response.

Interviews with the Director of Operations and Agency PREA Coordinator confirmed NCJJC is continuing to attempt to enter into a Memorandum of Understanding with St. Luke's Hospital.

NCJJC is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. Agreement of Cooperation with Easton Police Department
3. Memorandum of Agreement with Pennsylvania Forensic Associates
4. Documentation of Attempts to Obtain MOU with St. Luke's Hospital

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Easton Police Department
4. Interview with Representative from Pennsylvania Forensic Associates
5. Interview with Representative from St. Luke's Hospital

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 365">(a) NCJJC Zero-Tolerance Policy notes an investigation must be conducted and documented for any incident of sexual harassment or sexual abuse. All allegations must be reported through the Childline Hotline to the Pennsylvania Department of Human Resources and to the Easton Police Department for investigation.</p> <p data-bbox="240 398 1493 622">In the past 12 months, there has been two allegations of sexual abuse at NCJJC. These allegations were immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline and the Easton Police Department for investigation. The allegations involved a former staff and two residents. These allegations were investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services and were determined to be Unfounded. This auditor was provided with CY47 forms noting the allegations were immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline. The CY47 form noted a summary of the allegations that were reported for investigation and was signed by the staff who reported the allegations.</p> <p data-bbox="240 656 1493 813">(b) As noted in the NCJJC Zero-Tolerance Policy, all allegations of sexual abuse and sexual harassment are referred to the Pennsylvania Department of Human Services and the Easton Police Department for investigation. The Director of Operations and Agency PREA Coordinator both stated during an open investigation, communication would be maintained between NCJJC and the Pennsylvania Department of Human Services/Easton Police Department through telephone calls, emails, and on-site visits.</p> <p data-bbox="240 846 1493 969">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. In addition, this information is also sent to the families of the residents and the contracting agencies when the resident arrives at the facility. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas, and was observed by this auditor during the tour of the facility.</p> <p data-bbox="240 1003 1461 1104">All sexual abuse allegations are referred to the Pennsylvania Department of Human Services through the Childline Hotline within 24 hours and are documented on a CY47 form. These allegations can be referred to Childline by calling the 24-hour hotline (1-800-932-0313) or by electronically submitting the CY47 form.</p> <p data-bbox="240 1137 1493 1429">All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations are completed by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. The Pennsylvania Department of Human Services receives the allegation from the Childline Hotline and would then forward the allegation to the Easton Police Department for investigation. The Easton Police Department would then assume responsibility of the investigation and work in conjunction with the Pennsylvania Department of Human Services throughout the investigation. All alleged incidents of sexual abuse and sexual harassment which are not criminal in nature are investigated by the Pennsylvania Department of Human Services. However, it was noted, any sexual harassment allegations which may be criminal in nature are also reported to other appropriate authorities as required (including the Easton Police Department and the Pennsylvania Department of Human Services) for investigation.</p> <p data-bbox="240 1462 1437 1552">(c) NCJJC asked the Easton Police Department to comply with all PREA investigative standards in an Agreement of Cooperation. This auditor was provided a copy of the Agreement of Cooperation with the Easton Department to confirm compliance with this standard.</p> <p data-bbox="240 1585 1477 1742">A representative from the Easton Police Department was contacted on March 31, 2021, and stated his agency completes thorough investigations on each incident and will send a detailed report to the Pennsylvania Department of Human Services noting their findings and determinations at the completion of each investigation. The Pennsylvania Department of Human Services then conducts an administrative investigation and prepares and sends a Determination Letter to the Director of Operations noting the determination of the completed investigation.</p> <p data-bbox="240 1776 1493 1899">The Agency PREA Coordinator noted that following the facility receiving a Determination Letter indicating an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a PREA Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Agency PREA Coordinator. This auditor was able to review the PREA Sexual Abuse Incident Review template that is used to document all PREA Sexual Abuse Incident Reviews.</p> <p data-bbox="240 1933 1493 2123">As noted earlier, there were two allegations of sexual abuse at NCJJC during the past 12 months. These allegations were investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services and were determined to be Unfounded. Upon completion of the investigations, the Easton Police Department sent their findings to the Pennsylvania Department of Human Services who then proceeded to send a Determination Letter to the Director of Operations noting the determinations. This auditor was provided with copies of the Determination Letters noting the allegations were investigated and were determined to be Unfounded to confirm compliance with this standard.</p>

(d – e) All criminal investigations of sexual abuse are conducted by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. NCJJC has a signed Agreement of Cooperation with the Easton Police Department. This agreement asks the Easton Police Department to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor received and reviewed a copy of this agreement with the Easton Police Department to confirm compliance.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. Agreement of Cooperation with Easton Police Department
3. PREA Sexual Abuse Incident Review Template
4. Summaries of Allegations
5. Determination Letters from Pennsylvania Department of Human Services

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Easton Police Department

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) NCJJC Zero-Tolerance Policy states "NCJJC shall train all employees who may have contact with residents on:

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 staff receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire. Current staff who received this training, receive this training every two years. In years in which a staff does not receive this detailed training, NCJJC provides refresher information on current sexual abuse and sexual harassment policies to the employees as part of an annual PREA training. In addition, the Agency PREA Coordinator reviews PREA topics during quarterly staff meetings at the facility.

All staff interviewed reported receiving the above-mentioned training/refreshers regarding PREA on an annual basis. However, training logs reviewed by this auditor indicated all staff who may have contact with residents at NCJJC did not receive an annual training and/or refresher during the past year (2020). This will be addressed during the Corrective Action period.

(b) NCJJC Zero-Tolerance Policy states "Training shall be tailored to the unique needs and attributes of residents of the NCJJC and to the gender of the residents at the employee's facility."

PREA training is provided specific to the facility annually. NCJJC is a co-ed facility 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 NCJJC. After reviewing this training, it was confirmed the training is tailored to both male and female residents.

During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

(c) NCJJC Zero Tolerance Policy states "NCJJC shall 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. In years in which an employee does not receive refresher training, NCJJC shall provide refresher information on current sexual abuse and sexual harassment policies."

This auditor reviewed training records during the on-site portion of this audit, and it was noted not all staff at the facility received an annual training/refresher during the past 12 months. This will be addressed during the Corrective Action period.

(d) All staff who successfully complete the annual PREA training and/or refresher must sign a PREA acknowledgement form following the training to confirm they not only received the training/refresher, but they also understood the training/refresher. This auditor was able to review random staff training logs and employee files, and it was noted all staff at the facility did not complete an annual training or refresher. In addition, the staff who did complete the annual training did not sign an acknowledgement form noting they understood the training they received. This will be addressed during the Corrective Action period.

Corrective Action:

NCJJC will train all employees who may have contact with residents on the following topics:

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.

Training records, sign in sheets, and signed staff acknowledgement forms will be forwarded to this auditor upon all staff in the facility being trained in the above-mentioned topics.

Resolution:

All staff at NCJJC who have contact with residents received the National Institute of Corrections PREA training titled "Your Role in Responding to Sexual Abuse". This training included the following topics:

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 staff received a three-part training that covered three days on August 18, 2021, August 25, 2021, and September 1, 2021. Following the training on September 1, 2021, each staff signed an Acknowledgement Form noting they not only received the training but also understood the material covered in the training. The Agency PREA Coordinator notified this auditor on September 2, 2021, that all the staff at the facility had completed the annual PREA training. On September 28, 2021, this auditor requested ten randomly selected staff signed Acknowledgement Forms. The Agency PREA Coordinator provided this auditor with the requested documentation on the same day. On October 4, 2021, this auditor traveled to NCJJC and interviewed ten randomly selected staff on shift to confirm they received and understood the PREA training. Staff interviewed were able to discuss the training with this auditor and confirmed they received the training.

NCJJC is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. PREA Training Curriculum
3. Training Logs

Interviews:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 365">(a) NCJJC Zero-Tolerance Policy states “The (NCJJC) shall train all volunteers or contractors who have contact with residents on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response policies and procedures.”</p> <p data-bbox="240 398 1490 622">NCJJC reported that 13 contractors who have contact with residents, were trained on agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 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 Acknowledgement Form to review and sign off indicating they have received the training and understood it. This auditor was able to review the brochure and PREA Training sign off sheets signed by contractors to confirm they received the required training. There are no volunteers currently authorized to enter the facility.</p> <p data-bbox="240 656 1485 779">This auditor was also able to interview two contractors during the on-site portion of this audit and both were able to confirm they received the above-mentioned training and understand the facility’s Zero-Tolerance Policy and how to report allegations of sexual harassment and sexual abuse. Both contractors were teachers and noted they are also mandated reporters in Pennsylvania.</p> <p data-bbox="240 813 1490 936">(b) NCJJC Zero-Tolerance Policy states “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, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”</p> <p data-bbox="240 969 1485 1126">Prior to entering the facility, all volunteers and contractors are given a Volunteer/Contractor Training titled “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers” and an Acknowledgement Form to review and sign off noting they understand the material in the brochure. This auditor was able to review PREA Training sign off sheets signed by contractors to confirm they received the required training. It was noted; even though teachers are considered contractors, they receive the same trainings and refreshers that all staff at the facility receive on an annual basis.</p> <p data-bbox="240 1160 1490 1283">It was noted during interviews with the Director of Operations and Agency PREA Coordination that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents at the facility. They explained the four-tiered system they employ for the training of contractors and volunteers. The four-tiered system for the training of contractors and volunteers is as follows:</p> <p data-bbox="240 1317 1465 1440">Tier #1: Routine and frequent entry into the facility, unsupervised contact with residents, and unescorted. This tier includes teachers, mental health staff, medical staff, and support staff. Their training includes a face to face meeting/training with an administrative staff or the Agency PREA Coordinator to review the zero-tolerance policy and how to report allegations of sexual abuse/sexual harassment.</p> <p data-bbox="240 1473 1490 1597">Tier #2: Routine and frequent entry into the facility, no unsupervised contact with residents, and unescorted. This tier includes maintenance workers and the barber/beautician. Their training includes a face to face meeting/training with an administrative staff or the Agency PREA Coordinator to review the zero-tolerance policy and how to report allegations of sexual abuse/sexual harassment.</p> <p data-bbox="240 1630 1437 1731">Tier #3: Rare or inconsistent entry into the facility, unsupervised contact with residents, and escorted. This tier includes clergy. Their training includes receiving the Volunteer/Contractor Training titled “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers” and reviewing this pamphlet with a staff at the facility.</p> <p data-bbox="240 1765 1445 1821">Tier #4: One-time visitor, no unsupervised contact with residents, and escorted. This tier includes school guest speakers, tours, and special guests.</p> <p data-bbox="240 1854 1474 1977">(c) NCJJC Zero-Tolerance Policy states “All volunteers and contractors shall sign and document that they have received training on PREA and that they understand said training. Additionally, The Zero Tolerance for Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers pamphlet shall be provided and sign-off obtained and maintained on file.”</p> <p data-bbox="240 2011 1437 2134">NCJJC maintains training records for volunteers and contractors who have been approved to enter the facility and have contact with residents. All volunteer/contractor training records are kept in a file that is maintained by the Agency PREA Coordinator. The Agency PREA Coordinator was able to explain the process of educating a volunteer/contractor prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the</p>

importance of appropriate interactions with the residents. This auditor was able to interview two contractors at the facility during the on-site portion of the audit and review training records to confirm compliance.

All contractors and/or volunteers in Tiers 1 – 3 must sign an acknowledgement form noting they received and understood the PREA training for contractors and/or volunteers.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. Volunteer/Contractor Training Brochure “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers”
3. Volunteer/Contractor Training and Acknowledgement Form Template
4. Signed Volunteer/Contractor Training and Acknowledgement Forms

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interviews with Contractors

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1465 398">(a) NCJJC Sexual Abuse and Assault Policy states “Upon arrival, all new intakes will receive a PREA education pamphlet. This pamphlet will explain what PREA is and how to report abuse. Staff will be responsible to review this pamphlet with the new resident prior to them being placed on a unit. After the pamphlet has been reviewed both the resident and the staff will sign off.”</p> <p data-bbox="240 430 1485 689">This auditor was able to review copies of the NCJJC PREA Resident Education pamphlet. All residents receive a copy of this pamphlet upon admission to NCJJC. This pamphlet is available in both English and Spanish. In addition, residents also receive a verbal question and answer session with a staff upon admission. It was noted the verbal question and answer session is completed the day the resident arrives at the facility. Following the PREA education session, each resident is required to take and pass a quiz on the PREA educational material that was reviewed with them. For residents who are younger in age or display a cognitive disability, there is also a pamphlet titled “End the Silence”. This pamphlet is a cartoon type educational pamphlet that is designed to educate residents on sexual abuse and sexual harassment, and how to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 721 1493 848">Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received PREA education during their intake (during their first 24 hours at the facility) which included receiving a pamphlet, a staff reviewing the pamphlet with the resident, and taking a quiz on the PREA education material they received.</p> <p data-bbox="240 880 1485 1173">(b) NCJJC reports there were 176 residents admitted into the facility during the past 12 months and all 176 of the residents received comprehensive PREA education upon intake into the facility. This education included their right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. This auditor reviewed ten resident’s files and confirmed all ten of the resident’s files noted these residents received their PREA education during the intake process. This auditor reviewed four current resident’s files who are residing in the Detention Program, four current resident’s files who are residing in the Treatment Program, and two resident’s files who have been released from the facility. All residents interviewed confirmed they received PREA Education during their intake (during their first 24 hours at the facility) and each resident’s file had a signed acknowledgement form noting they received their PREA education. All residents interviewed were able to discuss the pamphlet they received during their first day at the facility.</p> <p data-bbox="240 1205 1469 1364">(c) Intake staff who were interviewed reported each resident admitted into the facility receives PREA education during their first day at the facility, during the intake process. They were able to describe reviewing the agency zero tolerance policy, providing each resident with the NCJJC PREA Education pamphlet, and administering the resident a PREA education quiz. This auditor reviewed ten resident’s files during the on-site portion of this audit and all ten files reviewed contained a signed copy of the receipt noting the resident received the PREA education.</p> <p data-bbox="240 1395 1477 1590">All residents interviewed confirmed they received comprehensive PREA education during their intake on their first day at the facility. They also acknowledged reviewing and receiving a copy of the NCJJC PREA Education pamphlet. In addition, residents interviewed stated they also reviewed this PREA Education pamphlet with a staff and took a quiz on the PREA Education pamphlet during their first day at the facility. Staff interviewed also noted reviewing the PREA pamphlet with the residents to ensure they understand the material in the pamphlet and how to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1621 1481 1848">(d) Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through the Court System. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and the PREA Education pamphlet in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA Education pamphlet that all residents receive. This auditor was also able to review an agreement between NCJJC and Unified Judicial System for Interpretation Services.</p> <p data-bbox="240 1879 1369 1906">There were no limited English proficient residents at the facility to interview during the on-site portion of this audit.</p> <p data-bbox="240 1937 1485 2096">(e) All resident education is documented on an acknowledgement form specific to NCJJC. This acknowledgement form is signed and dated by the resident upon receiving PREA education information and is also signed and dated by the staff who completed the intake process for the resident. This confirmation form is kept in the resident’s file. This auditor was able to review ten resident files and each file contained the above-mentioned documentation confirming the resident received PREA education during the intake process.</p> <p data-bbox="240 2128 1477 2154">(f) At intake, all residents receive the NCJJC PREA Education pamphlet. Residents also receive a Resident Handbook upon</p>

admission into the facility. The PREA Education pamphlet and Resident Handbook note ways to report sexual abuse, sexual harassment, and retaliation, and contact numbers for Pennsylvania Forensic Associates and the Pennsylvania Department of Human Services Childline Hotline.

In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA during their intake, received a PREA Education pamphlet, reviewed the PREA Education pamphlet with a staff at intake, and took a PREA Education quiz to ensure they understood the material that they received. Each resident interviewed was knowledgeable of the PREA standards and their role in the facility.

Reviewed documentation to determine compliance:

1. NCJJC Sexual Abuse and Assault Policy
2. NCJJC Resident Handbook
3. PREA Education Pamphlet
4. End the Silence PREA Education Pamphlet
5. PREA Education Quiz
6. Signed Resident Zero Tolerance Acknowledgements
7. Agreement with Unified Judicial System (Interpretation Services)
8. PREA Posters
9. Tour of Facility

Interviews:

1. Intake Staff Interviews
2. Random Resident Interviews

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 432">(a) The Easton Police Department is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse at NCJJC which are criminal in nature. The facility has formally asked the Easton Police Department to comply with PREA investigative standards. This was requested in an Agreement of Cooperation with the Easton Police Department requesting investigations be conducted in compliance with the PREA standards. This auditor was provided a copy of the Agreement of Understanding to review to confirm compliance with this standard.</p> <p data-bbox="242 463 1473 624">(b) The Easton Police Department is responsible for the investigation of all allegations of sexual abuse and sexual harassment (that are criminal in nature) at NCJJC. A representative from the Easton Police Department was interviewed by this auditor on March 31, 2021 and stated investigators have completed various investigative trainings. He was able to describe these trainings to this auditor and stated his department would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual abuse at NCJJC.</p> <p data-bbox="242 656 1485 817">(c) The Easton Police Department is responsible for the investigation of all allegations of sexual abuse at NCJJC that are criminal in nature. The facility has formally asked the Easton Police Department to comply with PREA investigative standards. This was requested in an Agreement of Cooperation with the Easton Police Department requesting investigations be conducted in compliance with the PREA standards. This auditor was provided a copy of the Agreement of Understanding to review to confirm compliance with this standard.</p> <p data-bbox="242 848 1422 943">(d) A representative from the Easton Police Department was interviewed by this auditor on March 31, 2021. This representative was able to confirm investigators have completed various trainings including investigating sexual abuse allegations in a confinement facility.</p> <p data-bbox="242 974 1485 1234">In addition, the Director of Operations and Agency PREA Coordinator were both able to confirm any allegations of sexual abuse and sexual harassment (that are criminal in nature) are referred to the Easton Police Department for investigation by the Pennsylvania Department of Human Services. The Easton Police Department would then work in conjunction with the Pennsylvania Department of Human Services to complete the investigation. There were two allegations of sexual abuse at NCJJC during the past 12 months. This auditor was provided documentation of the investigation and the determination made at the conclusion of each investigation. Both allegations were determined to be Unfounded. This auditor reviewed Determination Letters the facility received from the Pennsylvania Department of Human Services noting the determinations of each investigation.</p> <p data-bbox="242 1265 754 1294">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1341 927 1435" style="list-style-type: none"> 1. NCJJC Sexual Abuse and Assault Policy 2. Agreement of Cooperation with the Easton Police Department 3. Determination Letters <p data-bbox="242 1467 352 1496">Interviews:</p> <ol data-bbox="276 1545 962 1639" style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Interview with Representative from the Easton Police Department

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states "NCJJC will ensure that all full time and part time medical and mental health care practitioners who work regularly in the facility are trained in:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." <p>There are currently five mental health staff (two full-time staff and three part-time staff) employed at NCJJC who have regular contact with the residents at the facility. All five of the mental health staff are employed by Pennsylvania Forensic Associates.</p> <p>These mental health staff's training records were reviewed by this auditor during the on-site portion of the audit. It was noted only one of the mental health staff had completed the specialized training and another staff was in the process of completing the specialized training. In the time period between the on-site portion of this audit and the issuance of the interim report, the remaining mental health staff were able to complete the specialized training. All staff completed the National Institute of Corrections specialized training titled "Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting". One of the mental health staff also completed the National Institute of Corrections specialized training titled "PREA 201 for Medical and Mental Health Practitioners." This training was completed in addition to the initial specialized training the mental health staff completed.</p> <p>(b) There are no medical staff at NCJJC. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at St. Luke's Hospital by a SANE/SAFE. The facility is in the process of obtaining a Memorandum of Understanding with St. Luke's Hospital that confirms a SANE/SAFE completes forensic examinations. This auditor was able to interview a representative from St. Luke's Hospital who confirmed forensic examinations are conducted at St. Luke's Hospital by a SANE/SAFE in the event of an incident of sexual abuse at NCJJC.</p> <p>(c) This auditor received and reviewed training records and training certificates from the mental health staff at NCJJC. In addition, this auditor interviewed two mental health staff and they confirmed they had received and understood the specialized training they received specific to their job titles.</p> <p>(d) NCJJC Zero-Tolerance Policy notes medical staff and mental health staff also receive the PREA training that all staff at the facility are required to complete on an annual basis. There are four mental health staff employed at the facility and two of these staff were interviewed by this auditor during the on-site portion of this audit. They were both knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response at NCJJC. However, upon reviewing the mental health staff's training records, it was noted they did not complete the PREA training and/or refresher that all staff at the facility are required to complete on an annual basis during the past 12 months. This will be addressed during the Corrective Action period.</p> <p>Corrective Action:</p> <p>All mental health staff at NCJJC will be expected to complete the annual PREA training/refresher all staff at the facility are required to complete. Training records and signed acknowledgement forms will be forwarded to this auditor upon each mental health staff's successful completion of the training.</p> <p>Resolution:</p> <p>There are currently four mental health staff employed at NCJJC. All four of the mental health staff completed the National Institute of Corrections PREA training titled "Your Role in Responding to Sexual Abuse". This training included the following topics:</p> <ol style="list-style-type: none"> 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 mental health staff completed this training on September 27, 2021. Following the training, each mental health staff signed an Acknowledgement Form noting they not only received the training but also understood the material covered in the training. The Agency PREA Coordinator notified this auditor on September 28, 2021, that all four of the mental health staff at the facility had completed the annual PREA training. On September 28, 2021, this auditor requested all four mental health staff signed Acknowledgement Forms. The Agency PREA Coordinator provided this auditor with the requested documentation on the same day. On October 4, 2021, this auditor traveled to NCJJC and interviewed two mental health staff to confirm they received and understood the PREA training. Mental health staff interviewed were able to discuss the training with this auditor and confirmed they received the training.

NCJJC is now in compliance with this standard.

Reviewed documentation to determine compliance:

- 1. NCJJC Zero-Tolerance Policy
- 2. PREA Training Curriculums/Training Logs
- 3. Mental Health Staff NIC Training Certificates

Interviews:

- 1. Interviews with Mental Health Staff
- 2. Interview with Representative from St. Luke's Hospital

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">(a) NCJJC Zero-Tolerance Policy states "Within 72 hours of intake, and periodically throughout a resident's confinement, the Vulnerability Assessment Instrument shall be administered to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or to a resident. In a detention population, a new Risk Assessment will be conducted approximately every 60 days that a resident resides within the facility. In treatment, a new Risk Assessment will be generated every 120 days that a resident resides in the facility."</p> <p data-bbox="240 463 1485 656">This auditor discussed the PREA Risk Assessment with two staff who complete the form and the Agency PREA Coordinator. The PREA Risk Assessment is completed by staff (Youth Care Workers) upon intake and no later than 72 hours after admission. Each resident in the Detention Program is reassessed every 60 days and each resident in the Treatment Program is reassessed every 120 days. In addition, the PREA Risk Assessment is administered to any residents who transfer from the Detention Program to the Treatment Program or if there is a sexual abuse or sexual harassment incident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at NCJJC.</p> <p data-bbox="240 687 1485 880">During the past 12 months, there were 151 residents admitted to NCJJC whose length of stay in the facility was for 72 hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours by being administered the PREA Risk Assessment. This auditor was able to confirm the PREA Risk Assessment is completed upon intake by interviewing two staff who complete the screening and by reviewing resident files (both current resident files and closed resident files). In addition, all residents interviewed stated the PREA Risk Assessment is completed as noted in the agency zero-tolerance policy.</p> <p data-bbox="240 911 1485 1104">(b) The PREA Risk Assessment is an objective screening assessment used to conduct risk assessments of each resident upon admission to the facility and every 60 days after the initial screening is completed for residents residing in the Detention Program and every 120 days for residents residing in the Treatment Program. In addition, the PREA Risk Assessment is administered to any residents who transfer from the Detention Program to the Treatment Program or if there is a sexual abuse or sexual harassment incident. Two staff who administer the PREA Risk Assessment Screening were interviewed and understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse.</p> <p data-bbox="240 1135 1485 1359">(c) NCJJC Zero-Tolerance Policy states "At a minimum, NCJJC must attempt to ascertain information about: prior sexual victimization or abusiveness; any gender non-conforming appearance or manner of identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about the individual resident that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other residents."</p> <p data-bbox="240 1391 1485 1686">This auditor was able to review the PREA Risk Assessment that is used to screen residents at NCJJC and confirmed this screening captures the information required in this standard. A review of ten resident's files confirmed the PREA Risk Assessment Screening is being administered within 72 hours of intake and every 60 days after the initial screening is completed for residents residing in the Detention Program and every 120 days for residents residing in the Treatment Program. In addition, the PREA Risk Assessment is administered to any residents who transfer from the Detention Program to the Treatment Program or if there is a sexual abuse or sexual harassment incident. In addition, the PREA Risk Assessment is administered to any residents who transfer from one of the Detention pods to one of the Treatment pods or if there is a sexual abuse or sexual harassment incident. These screenings are being completed by staff (Youth Care Workers) at NCJJC.</p> <p data-bbox="240 1718 1485 1776">(d) NCJJC Zero-Tolerance Policy states "Information shall also be obtained through conversations with the resident, by reviewing court records, resident files, psychological assessments and other relevant documentation."</p> <p data-bbox="240 1807 1485 2000">Interviews with the Agency PREA Coordinator and two staff that administer the PREA Risk Assessment revealed that staff interview each resident upon admission and every 60 days after the initial screening is completed for residents residing in the Detention pods and every 120 days for residents residing in the Treatment pods. In addition, the PREA Risk Assessment is administered to any residents who transfer from one of the Detention pods to one of the Treatment pods or if there is a sexual abuse or sexual harassment incident. Staff that administer the PREA Risk Assessment also stated they use case history notes and behavioral records, in addition to the face-to-face interview, when completing the initial screening.</p> <p data-bbox="240 2031 1485 2089">(e) NCCJC Zero-Tolerance Policy states "NCJJC shall follow appropriate procedures and controls on the dissemination of sensitive information to ensure that information is protected."</p> <p data-bbox="240 2121 1485 2157">All completed PREA Risk Assessments are securely kept in the resident's files. All pertinent necessary information is</p>

recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Interviews with residents confirmed the PREA Risk Assessment has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at NCJJC. All residents interviewed also stated they have been asked these questions again periodically during their stay at the facility. Ten resident's files were reviewed for documentation verifying the PREA Risk Assessment Screening is being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening completed within 72 hours of intake, and every 60 days following their intake for residents residing in the Detention Program and every 120 days for residents residing in the Treatment Program.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. PREA Risk Assessment
3. Completed PREA Risk Assessments
4. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
3. Random Resident Interviews

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1481 360">(a) NCJJC Zero-Tolerance Policy states "NCJJC will use information obtained from the Vulnerability Assessment Instrument to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse."</p> <p data-bbox="240 396 1481 521">Interviews with the Agency PREA Coordinator and staff confirmed the PREA Risk Assessment Screening is completed by a staff (Youth Care Worker) within 72 hours of intake and room assignments are made accordingly to keep all residents at NCJJC free from sexual abuse and sexual harassment. They were able to discuss how the PREA Risk Assessment is used to place all residents in appropriate living units and bedrooms to ensure residents are kept safe while residing in the facility.</p> <p data-bbox="240 557 1493 846">A review of completed PREA Risk Assessments supported this policy. Residents confirmed through interviews that screenings are being administered as per policy. Any residents who were identified as sexually vulnerable from the information noted on the PREA Risk Assessments, had a Safety Plan developed for them and communicated to all staff to keep them safe. In addition, any residents identified as sexually aggressive from the information noted on the PREA Risk Assessments also had a Safety Plan developed for them and communicated to all staff 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 single bedrooms). 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="240 882 1493 972">It was also noted Mental Health staff review all completed PREA Risk Assessments to ensure Safety Plans and recommends are made for each resident. This was confirmed by reviewing completed PREA Risk Assessments and viewing notes and recommendations made by Mental Health staff.</p> <p data-bbox="240 1008 1493 1162">(b) It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at NCJJC. Interviews with the Director of Operations and Agency PREA Coordinator confirmed NCJJC 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="240 1198 1493 1288">(c) NCJJC Zero-Tolerance Policy states "Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall NCJJC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive."</p> <p data-bbox="240 1323 1481 1478">There was one resident who identified as LGBTI residing at the facility during the time of the on-site audit. This resident was interviewed by this auditor and confirmed he was not placed in a specific living unit basely solely on his sexual identification. In addition, the Agency PREA Coordinator stated that under no circumstance would a resident be placed in a specific living unit based solely on their sexual identification. The Agency PREA Coordinator stated residents are placed in appropriate bedrooms by using the results from the PREA Risk Assessment to ensure safety.</p> <p data-bbox="240 1514 1493 1639">(d) NCJJC Zero-Tolerance Policy states "In reaching a determination of whether to assign a transgender or intersex resident to a facility for male/female residents, as well as in making other housing and programming assignments, NCJJC shall consider, on a case-by-case basis, whether a placement would ensure the residents health and safety, and whether the placement would present programmatic management or security problems."</p> <p data-bbox="240 1675 1481 1800">There have been no transgender or intersex residents admitted to NCJJC during the past 12 months. An interview with the Agency PREA Coordinator confirmed a decision on which living unit or bedroom to place any transgender resident is to be made at the administrative level (Director of Operations and/or Deputy Directors) and be in the best interest of the resident's safety.</p> <p data-bbox="240 1836 1493 1926">(e) NCJJC Zero-Tolerance Policy states "Placement and programming assignments for each transgender or intersex resident shall be reassessed at a minimum of every six months (twice each year) to review any threats to safety that may have been experienced by the resident."</p> <p data-bbox="240 1962 1481 2087">There have been no transgender or intersex residents admitted to NCJJC during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. An interview with the Agency PREA Coordinator confirmed he would ensure placement and programming for any transgender or intersex resident would be reassessed by the Treatment Team at least twice a year while the resident is placed at NCJJC.</p> <p data-bbox="240 2123 1493 2145">(f) NCJJC Zero-Tolerance Policy states "A transgender or intersex resident's own views with respect to his or her own safety</p>

shall be considered seriously.”

There were no transgender or intersex residents admitted to NCJJC during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. An interview with the Agency PREA Coordinator confirmed he would ensure the resident’s views would be given serious consideration in the event a transgender or intersex resident would be admitted to NCJJC.

(g) NCJJC Zero-Tolerance Policy states “Transgender and intersex residents shall be provided the opportunity to shower separately from other residents.”

There were no transgender or intersex residents admitted to NCJJC during the past 12 months. An interview with the Agency PREA Coordinator confirmed any transgender or intersex resident admitted into the facility is given the opportunity to shower separately from the other residents in the program. He stated all residents in the facility shower in separate shower stalls.

(h) There were no residents at NCJJC who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. 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.

(i) There were no residents at NCJJC who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. 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.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. PREA Risk Assessment
3. Safety Plans
4. Review of Residents Files

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness
4. Random Staff Interviews
5. Interview with Resident who Identified as LGBTI

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1430 365">(a) NCJJC Zero-Tolerance Policy states "NCJJC shall provide multiple internal methods for residents to privately report sexual abuse and/or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and/or staff neglect or violation of responsibilities that may have contributed to such incidents."</p> <p data-bbox="240 398 1469 521">Reporting information is delivered to the residents through the intake process, Resident Handbook, PREA Education 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 data-bbox="240 555 699 582">These methods include, but are not limited to:</p> <ol data-bbox="276 633 743 862" style="list-style-type: none"> 1. Reporting to an employee 2. Reporting to an educational staff 3. Reporting to a contracted entity 4. Reporting to an Administrative Staff 5. Reporting to the Director of Operations 6. Reporting to the Agency PREA Coordinator 7. The grievance process <p data-bbox="240 891 1453 985">Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations internally to staff, supervisors, mental health staff, teachers, or administrative staff.</p> <p data-bbox="240 1014 1469 1142">(b) NCJJC Zero-Tolerance Policy states "In addition, NCJJC shall also provide at least one method for residents to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of NCJJC and that is able to receive and immediately forward resident reports of sexual abuse and/or sexual harassment to NCJJC officials allowing the resident to remain anonymous upon request. These methods include, but are not limited to:</p> <ol data-bbox="276 1193 1326 1256" style="list-style-type: none"> 1. Private reporting to a public or private entity, or an office that is not part of the agency; and 2. Staff shall provide residents with access to telephones to call ChildLine (800-932-0313) upon request." <p data-bbox="240 1285 1474 1413">Reporting information is delivered to the residents through the intake process, Resident Handbook, PREA Education 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 data-bbox="240 1442 1449 1570">In addition, the PREA Education pamphlet and the Resident Handbook were reviewed by this auditor and they contained telephone numbers and addresses for residents to report allegations of sexual abuse and sexual harassment to offices outside of NCJJC. Both contained the toll-free telephone number to contact the Pennsylvania Department of Human Services through the Childline Hotline.</p> <p data-bbox="240 1599 1461 1693">All residents interviewed were aware of their right to contact the Pennsylvania Department of Human Services through the Childline Hotline. Residents interviewed also confirmed they received this information through posters in their units and around the facility, the PREA Education pamphlet, Resident Handbook, and PREA education received at intake.</p> <p data-bbox="240 1722 1490 1986">There are no residents placed at NCJJC solely for civil immigration purposes. However, during an interview with the Director of Operations, it was determined the facility 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. The Director of Operations noted any residents at the facility solely for civil immigration purposes would be able to call the National Sexual Assault of the Rape, Abuse, and Incest National Network Hotline at 1-800-656-4673. The Director of Operations also noted there is a pamphlet available that was developed by the Department of Homeland Security that would be printed out for any residents placed at NCJJC solely for immigration purposes. This auditor was able to review the pamphlet from the Department of Homeland Security that is available to residents.</p> <p data-bbox="240 2016 1449 2078">(c) NCJJC Zero-Tolerance Policy states "Staff shall accept reports made verbally, in writing, anonymously, and from third parties. These reports shall be immediately processed according to child abuse regulations."</p> <p data-bbox="240 2107 1458 2134">Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual</p>

harassment, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Incident Report, notify the Supervisor on duty or administrative staff (Director of Operations or a Deputy Director), and contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation. Staff interviewed also noted they would complete a CY47 form prior to contacting the Pennsylvania Department of Human Services Childline Hotline.

(d) NCJJC Zero-Tolerance Policy states "NCJJC shall provide residents with access to tools necessary to create a written report. There shall be grievance forms located in all common areas to allow the residents to create a written report."

Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse and retaliation to the Pennsylvania Department of Human Services by calling the Childline Hotline listed in their Resident Handbook, PREA education pamphlets, and on posters posted throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.

(e) NCJJC Zero-Tolerance Policy states "Staff shall be provided the ability to privately report sexual abuse and/or sexual harassment of residents."

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they would contact the Pennsylvania Department of Human Services via the Childline Hotline to make a private report.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. PREA Education Pamphlet
3. NCJJC Resident Handbook
4. Department of Homeland Security Pamphlet
5. PREA Posters

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interviews with Randomly Selected Staff
4. Random Resident Interviews

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 465">(a) NCJJC Resident Rights and Grievance Procedures Policy states “The resident or parent/legal guardian may present to the primary supervisor, verbally or in writing, the nature of the grievance. The supervisor will respond with a decision regarding disposition of the grievance within three working days. If dissatisfied, the resident or parent/legal guardian may bring his/her written grievance to the Deputy Director of Program within three working days of the receipt of the first response. The Deputy Director of Program will respond within five working days of receipt of the grievance with a decision regarding the disposition of the grievance.”</p> <p data-bbox="240 499 1477 622">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 data-bbox="240 656 1477 779">All residents interviewed were aware of the grievance procedure. This auditor reviewed ten resident files (eight current resident files and two closed files). All the resident’s files reviewed contained notification (signed acknowledgement form) of the grievance process. The grievance process is also noted in the Resident Handbook. All residents receive a copy of the Resident Handbook during their first day at the facility (during the intake process).</p> <p data-bbox="240 813 1453 869">(b) NCJJC Zero-Tolerance Policy states “NCJJC shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.”</p> <p data-bbox="240 902 1453 992">Interviews with staff and residents confirmed they are aware of the grievance policy. Both staff and residents understood there is no time limit to submit a grievance alleging sexual abuse at the facility. Residents noted they are educated on the grievance procedure during intake (during their first day at the facility).</p> <p data-bbox="240 1025 1445 1081">(c) NCJJC Resident Rights and Grievance Procedures Policy states “A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.”</p> <p data-bbox="240 1115 1489 1238">An interview with the Director of Operations noted any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Pennsylvania Department of Human Services and/or the Easton Police Department for investigation. It was noted during this interview that the grievance submitted would not be referred to the staff who is the subject of the complaint.</p> <p data-bbox="240 1272 1485 1328">There were no grievances alleging sexual abuse at NCJJC during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.</p> <p data-bbox="240 1361 1485 1462">(d) NCJJC Resident Rights and Grievance Procedures Policy states “NCJJC will 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 any time consumed by the residents in preparing any administrative appeal.”</p> <p data-bbox="240 1496 1493 1619">An interview with the Director of Operations noted any decision on a grievance regarding sexual abuse or sexual harassment would be made by the Director of Operations and that decision would be shared with the resident who submitted the grievance within 90 days. It was noted if the subject of the grievance submitted was the Director of Operations, the grievance would be referred to the Court Administrator to make a final decision.</p> <p data-bbox="240 1653 1489 1742">(e) NCJJC Resident Rights and Grievance Procedures Policy states “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.”</p> <p data-bbox="240 1776 1493 1865">All parents, family members, and/or legal guardians receive an intake packet including the NCJJC 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 data-bbox="240 1899 1477 2022">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 that 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 and return noting they were educated on the grievance procedure at the facility.</p> <p data-bbox="240 2056 1477 2112">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 NCJJC during the past 12 months. This was confirmed by reviewing grievances submitted at the facility during the past 12 months.

(f) NCJJC Resident Rights and Grievance Procedures Policy states "If it is determined that resident in the care and custody of NCJJC is in immediate danger, an emergency grievance form can be filled out on the behalf of the resident in which immediate action from the Director of Operations will ensue.

1. The Director has the authority to provide any action that is required to protect the resident from any form of sexual abuse or harassment.
2. An immediate corrective action plan will then be implemented and will not exceed 48 hours for this to occur.
3. The Director will also issue a final directive agency wide within a 5-day period of time and will then support any policy or procedural change as well as any additionally needed training."

An interview with the Director of Operations revealed if anyone at NCJJC would receive a grievance alleging sexual abuse or sexual harassment, it would be treated as an Emergency Grievance. A Safety Plan would then be implemented (this plan would include referring the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and/or the Easton Police Department for investigation) within 48 hours and a final decision would be made within 5 days of receiving the grievance.

There were no grievances alleging sexual abuse or sexual harassment during the past 12 months at NCJJC. This was confirmed by this auditor by reviewing grievances filed at the facility during the past 12 months.

(g) NCJJC Resident Rights and Grievance Procedures Policy states "NCJJC may discipline a resident for filing a false grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith."

An interview with the Director of Operations 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. It was noted only the Director of Operations, or his designee, has the authority to issue accountability to a resident where it was determined a grievance alleging sexual abuse or sexual harassment was filed in bad faith.

Reviewed documentation to determine compliance:

1. NCJJC Resident Rights and Grievance Procedures Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. NCJJC Resident Handbook
4. Review of Residents Files
5. Review of Facility Grievance Records

Interviews:

1. Interview with Director of Operations
2. Interviews with Randomly Selected Staff
3. Random Resident Interviews

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1490 398">(a) NCJJC Zero-Tolerance Policy states "NCJJC shall enter into, maintain, and make accessible an MOU with Pennsylvania Forensic Associates to provide confidential emotional support services related to sexual abuse. NCJJC shall also provide residents with access to the following outside victim advocates by posting non-monitored, free-access phone numbers for the following services, and making their telephone numbers free to access:</p> <ol data-bbox="276 450 724 544" style="list-style-type: none"> 1. Pennsylvania Forensic Associates (PFA) 2. Department of Public Welfare (Child Line) 3. The National Sex Assault Hotline." <p data-bbox="240 573 1490 835">NCJJC's Resident Handbook and PREA Education pamphlet contain telephone numbers and addresses for victim advocates from Pennsylvania Forensic Associates. All residents receive a copy of the Resident Handbook and the PREA Education pamphlet at intake. In addition, NCJJC has a Memorandum of Agreement with Pennsylvania Forensic Associates. This Memorandum of Agreement states, Pennsylvania Forensic Associates will provide any victim of sexual abuse a victim advocate. In addition to residents receiving a copy of the above-mentioned Resident Handbook and PREA Education pamphlet, there are numerous posters posted around the facility with telephone numbers and addresses to victim advocate services (Pennsylvania Forensic Associates). This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility.</p> <p data-bbox="240 864 1477 925">Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual assault at NCJJC.</p> <p data-bbox="240 954 1493 1050">(b) NCJJC Zero-Tolerance Policy states "Informational posters shall be posted which outlines 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."</p> <p data-bbox="240 1079 1455 1274">All residents interviewed were aware of the services available to them in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with Pennsylvania Forensic Associates is confidential and private. In addition, the residents understood the responsibility of the victim advocate to report new information of sexual abuse to the authorities as they are mandated to report that information. Residents noted during interviews this information is provided to them during their intake and is noted in the Resident Handbook and PREA Education pamphlet they receive during their intake into the facility.</p> <p data-bbox="240 1303 1461 1400">There was one resident who made an allegation of sexual abuse at the facility to interview during the on-site portion of this audit. This resident stated that she was aware of these services but refused to use the services when they were offered to her.</p> <p data-bbox="240 1429 1477 1489">(c) NCJJC Zero-Tolerance Policy states "NCJJC shall enter into, maintain, and make accessible an MOU with Pennsylvania Forensic Associates to provide confidential emotional support services related to sexual abuse."</p> <p data-bbox="240 1518 1474 1713">A Memorandum of Agreement is in place with Pennsylvania Forensic Associates in accordance with this standard. This Memorandum of Agreement confirms each party's responsibilities regarding this standard. The Director of Operations and Agency PREA Coordinator discussed this Memorandum of Agreement and the services that are provided by Pennsylvania Forensic Associates to provide advocacy services to any victims of sexual assault at NCJJC. This auditor contacted a representative from Pennsylvania Forensic Associates, and she confirmed her agency would provide confidential emotional support services to any victim of sexual abuse as noted in the Memorandum of Agreement.</p> <p data-bbox="240 1742 1490 1870">(d) NCJJC Resident Rights and Grievance Procedures Policy states "A resident has the right to communicate and visit privately with their attorney and clergy." In addition, this policy states "A resident has the right to visit with their family at least once every two weeks, at a time and location convenient for the family unless visits are restricted by a Court Order. This right does not restrict more frequent visits."</p> <p data-bbox="240 1899 1490 2094">NCJJC provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to family members on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits (if the family is able to visit).</p> <p data-bbox="240 2123 1410 2152">The Director of Operations and Agency PREA Coordinator confirmed all resident visits with their attorney and/or legal</p>

representation would be in private.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. NCJJC Resident Rights and Grievance Procedures Policy
3. NCJJC Resident Handbook
4. PREA Education Pamphlet
5. Memorandum of Agreement with Pennsylvania Forensic Associates
6. PREA Posters

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Pennsylvania Forensic Associates
4. Interviews with Randomly Selected Staff
5. Random Resident Interviews

115.354	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Reporting of Child Abuse 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 any staff, Director of Operations, Agency PREA Coordinator, Easton Police Department, or Pennsylvania Department of Human Services via the Childline Hotline.</p> <p>This auditor was able to review the agency's website and confirmed multiple methods to file a third-party report are posted on the website. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the visiting area and front lobby of the facility, and were observed by this auditor during the tour of the facility.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. 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. They also noted any information from a third-party report of abuse would be documented on an Incident Report and reported to the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p>There were no allegations of sexual abuse or sexual harassment filed by third-parties at NCJJC during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Reporting of Child Abuse Policy 2. Agency Website 3. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Random Resident Interviews
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) NCJJC Reporting of Child Abuse Policy states “NCJJC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</p> <p>All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment or information regarding an incident of sexual abuse, sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline and the Easton Police Department for investigation as they are Mandated Reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the Supervisor on duty or an administrative staff (Director of Operations or a Deputy Director) to report any information related to sexual abuse or sexual harassment and report the allegation to the proper investigating agencies (Easton Police Department and the Pennsylvania Department of Human Services). Staff also reported they could report any allegations of sexual abuse, sexual harassment, neglect, or retaliation privately by contacting the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p>(b) NCJJC Reporting of Child Abuse Policy notes all employees and volunteers who, in the course of their employment, come into contact with residents must abide by Pennsylvania Child Protective Services Law which notes all employees, volunteers, and contractors at residential facilities are mandated to report any knowledge or suspicion of child abuse as they are considered mandated reporters in the Commonwealth of Pennsylvania.</p> <p>All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment. The staff were able to describe their role as mandated reporters to this auditor during interviews and were aware of the Pennsylvania Department of Human Services Childline Hotline to report allegations. The staff noted they could either submit the allegation to Childline either by calling the toll-free telephone number or by submitting the allegation electronically.</p> <p>An interview with the Agency PREA Coordinator revealed that all staff are trained to report any suspicions of child abuse to the Pennsylvania Department of Human Services via the Childline Hotline. He stated staff are also trained that if there is any uncertainty about whether to report, they should always be resolved in favor of making a report.</p> <p>(c) NCJJC Reporting Child Abuse Policy states “Apart from reporting to designated supervisors or officials, staff shall not reveal 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.”</p> <p>Interviews with staff (including mental health staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse.</p> <p>(d) NCJJC Reporting of Child Abuse Policy states “All medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials as well as to the designated State or local services agency where required by mandatory reporting laws.”</p> <p>There are four mental health staff employed at NCJJC. Two mental health staff were interviewed by this auditor and indicated that they provide a disclosure statement to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services and periodically during therapy sessions with a resident. In addition, they stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to administrative staff (Director of Operations or a Deputy Director) immediately upon learning of an allegation. This information is also forwarded to the Pennsylvania Department of Human Services and the Easton Police Department for investigation.</p> <p>There are no medical staff employed at NCJJC. Therefore, there were no medical staff for this auditor to interview.</p> <p>(e) NCJJC Reporting Child Abuse Policy states “Upon receiving a report of child abuse, the designated reporter shall assume the responsibility and have the legal obligation to report the suspected child abuse to the Pennsylvania Department of Human Services.” In addition, NCJJC Reporting Child Abuse Policy states “The facility designated reporter will notify the resident’s parents, guardian, caseworker, or attorney following an incident of sexual assault or harassment. This response will be conducted following standard 115.361.”</p> <p>All staff interviewed stated that in addition to reporting the allegation to the Supervisor on duty or an administrative staff (Director of Operations or a Deputy Director), they are also required to report the allegation to the Pennsylvania Department</p>

of Human Services via the Childline Hotline and document the allegation/incident on an Incident Report.

(f) All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or the Easton Police Department for investigation.

It should be noted; all staff are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party. Staff interviewed noted they would document this information on an Incident Report and report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline if they received a third-party report.

Interviews with the Director of Operations, Agency PREA Coordinator, and staff (including mental health staff) confirmed they are aware of how to report an allegation and were aware all allegations of sexual abuse are investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. The Director of Operations and Agency PREA Coordinator were both able to describe the reporting process as well as the investigative process once an allegation is referred to the Pennsylvania Department of Human Services and the Easton Police Department.

There were two allegations of sexual abuse made during the past 12 months at NCJJC. This auditor was provided documentation (completed CY47 forms) noting the allegations were immediately referred to the Pennsylvania Department of Human Services via the Childline Hotline. The Pennsylvania Department of Human Services then referred to the allegations to the Easton Police Department for investigation.

Reviewed documentation to determine compliance:

1. NCJJC Reporting of Child Abuse Policy
2. CY47 Forms

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Mental Health Staff
4. Interviews with Randomly Selected Staff

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Reporting of Child Abuse Policy states "When the NCJJC learns that a resident is subject to substantial imminent sexual abuse they shall take immediate action to protect the resident from such abuse."</p> <p>The Director of Operations was interviewed regarding the protective action the agency takes when learning that a resident to subject to substantial risk of imminent sexual abuse. He reported NCJJC would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser by transferring the resident who is the alleged threat to another pod in the facility. If a staff is the potential abuser, the staff could also be removed from the pod and reassigned to another pod in the facility or placed on Administrative Leave pending an investigation.</p> <p>The Director of Operations also confirmed staff would be expected to act immediately to separate the resident at risk from the potential abuser/threat. In addition, he reported a Safety Plan would be developed and implemented by the Supervisor on duty to ensure the safety of the resident at risk. This Safety Plan would include increased supervisor/monitoring, separation from the potential abuser, and making a room/pod change if necessary.</p> <p>Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to the Supervisor on duty. The Supervisor would then contact the Director of Operations and/or a Deputy Director to determine the best course of action to ensure the safety of the resident.</p> <p>There were no residents that the facility determined was subject to substantial risk of sexual abuse during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Reporting of Child Abuse Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Interviews with Randomly Selected Staff
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Reporting of Child Abuse Policy states "Upon receiving an allegation that a juvenile was sexually abused while house at another facility, the Assistant Deputy Director or Director will immediately notify the head of the facility or appropriate office of the agency where the alleged abuse occurred."</p> <p>An interview with the Director of Operations confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. This was confirmed by this auditor by reviewing HCSIS (The Home and Community Services Information System) reports that were filed during the past 12 months at NCJJC.</p> <p>(b) NCJJC Reporting of Child Abuse Policy states "This notification shall be conducted immediately but under exigent circumstances no later than 72 hours after receiving the allegations."</p> <p>An interview with the Director of Operations confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. He stated that he would contact the head of the facility where the alleged sexual abuse occurred immediately.</p> <p>(c) NCJJC Reporting of Child Abuse Policy states "The Assistant Deputy Director or Director shall then document that the facility has provided such information and notification."</p> <p>An interview with the Director of Operations confirmed he would document any notification of alleged abuse on an Incident Report, generate a HCSIS report, complete a CY47 form, and contact the Pennsylvania Department of Human Services via the Childline Hotline. In addition, he stated, it would be documented in his Incident Report the date, time, and the name of the administrative staff he spoke to at the facility where the alleged abuse occurred to provide documentation of his notification.</p> <p>(d) NCJJC Reporting of Child Abuse Policy states "The Assistant Deputy Director or Director will also ensure that an immediate investigation will ensue as well as notifying DHS under the mandated reporter's law that we operate under."</p> <p>The Director of Operations was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused or sexually harassed while residing at NCJJC. He stated he would immediately generate a HCSIS report, complete a CY47 form, contact the Pennsylvania Department of Human Services via the Childline Hotline, and contact the Easton Police Department to report the allegation of abuse. He stated if the alleged abuser were still residing or employed at NCJJC, a Safety Plan would be developed immediately to ensure the safety of all residents.</p> <p>NCJJC did not receive any allegations/notifications from other facilities that any residents were sexually abused or sexually harassed during the past 12 months. This was confirmed by this auditor by reviewing HCSIS reports that were filed during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Reporting of Child Abuse Policy 2. Facility HCSIS Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Director of Operations

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser, taking necessary steps to protect the victim immediately; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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." <p>During the past 12 months, there were two allegations of sexual abuse at NCJJC. None of the allegations required staff to act as first responders.</p> <p>Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with NCJJC policy. All staff noted they have been trained on steps to take as a first responder in the event of an incident of sexual assault at the facility. Staff's responses were consistent as all staff noted they would separate the victim from the abuser, call for assistance, secure the scene, report the incident to the supervisor on shift, and document the incident on an Incident Report.</p> <p>(b) NCJJC Zero-Tolerance Policy states "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff."</p> <p>Non-security staff have been trained appropriately in the above-mentioned duties as a first responder. In addition, all non-security staff are trained to immediately contact a security staff, separate the victim from the abuser, and to secure the scene in the event of an incident of sexual assault at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1453 499">(a) NCJJC has a written plan 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. This plan is easy to read and review. This Coordinated Response Plan notes the role of each NCJJC staff and administrative staff in the event of an incident of sexual assault. This plan was forwarded to this auditor for review and met the requirements of this standard. In addition, the facility has developed a PREA Alleged Abuse and Sexual Assault Checklist to ensure the Coordinated Response Plan is followed. This checklist notes all of the steps that are to be taken in the event of an allegation of sexual abuse at NCJJC.</p> <p data-bbox="242 533 1485 656">Interviews with the Director of Operations, Agency PREA Coordinator, direct care staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault. All staff interviewed stated they were familiar with this plan 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 data-bbox="242 689 756 716">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 768 820 862" style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Coordinated Response Plan 3. PREA Alleged Abuse and Sexual Assault Checklist <p data-bbox="242 891 352 918">Interviews:</p> <ol data-bbox="277 969 719 1099" style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Interviews with Mental Health Staff 4. Interviews with Randomly Selected Staff

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1453 398">(a) NCJJC Zero-Tolerance Policy states "Neither the (NCJJC) nor any other governmental entity responsible for collective bargaining on the (NCJJC)'s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."</p> <p data-bbox="240 432 1481 689">The Collective bargaining agreement does not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline. An interview with the Director of Operations 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) or by placing the staff member on Administrative Leave until an investigation can be completed by the Easton Police Department and/or Pennsylvania Department of Human Services. The local union that represents staff at NCJJC is AFSCME. This auditor was provided with a copy of the current collective bargaining contract that is effective from January 1, 2020 through December 31, 2022, to review to confirm compliance with this standard.</p> <p data-bbox="240 723 756 750">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 801 639 862" style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Collective Bargaining Agreement <p data-bbox="240 891 352 918">Interviews:</p> <ol data-bbox="276 969 711 996" style="list-style-type: none"> 1. Interview with the Director of Operations

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a – e) NCJJC Zero-Tolerance Policy states “All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff.

The PREA Coordinator shall be designated to monitor juveniles and their treatment to ensure that they are protected from retaliation for a period of at least 90 days. The Coordinator shall monitor and be aware of any disciplinary measures taken against the juvenile, any housing, placement or program changes, any involvement with altercations, arguments or problems with other juveniles or staff, and shall include periodic interviews with the juvenile. The Director shall be designated to monitor staff members and their treatment to ensure that they are protected from retaliation for a period of at least 90 days. The Director shall conduct interviews with the staff members, and shall also monitor staff reassignments, negative performance evaluations, schedule changes or any other reports or notes that supervisors may have regarding the staff member.

NCJJC shall employ multiple protection measures, including, but not limited to:

1. Housing changes or transfers for resident victims or abusers
2. Removal of alleged staff or resident abusers from contact with victims
3. Emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations

If any other individual who cooperates with an investigation expresses a fear of retaliation, NCJJC shall take appropriate measures to protect that individual against retaliation. NCJJC’s obligation to monitor shall terminate if the allegation is determined to be unfounded or if the juvenile being monitored is released.”

The Agency PREA Coordinator is the person charged with monitoring retaliation of residents and the Director of Operations is the person charged with monitoring retaliation of staff to ensure they are protected from retaliation at NCJJC. It was noted that NCJJC employs multiple measures, such as housing unit changes or transfer for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at the facility is to 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, NCJJC’s obligation to monitor must terminate should the allegation be determined to be Unfounded following an investigation by the Easton Police Department or Pennsylvania Department of Human Services.

An interview with the Agency PREA Coordinator indicated he monitors retaliation of residents at the facility. He was educated on the signs of retaliation when interviewed and understood the signs of retaliation he is to look for. He stated that actions would be taken immediately to ensure the resident 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. He stated he would monitor a resident by completing status checks for at least 90 days per policy. These status checks are made on a weekly basis in addition to reviewing documentation such as resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. In addition, he noted the Director of Operations monitors staff for retaliation at NCJJC.

There were two allegations of sexual abuse at NCJJC during the past 12 months. This auditor reviewed documentation of these allegations and there was no documentation noting the residents were monitored for retaliation after the allegations were made. The Agency PREA Coordinator also stated that retaliation was not monitored after these allegations were made by residents at the facility. During the Corrective Action period, regular retaliation monitoring will occur and be documented in the event there is an allegation of sexual abuse or sexual harassment at the facility.

Corrective Action:

NCJJC will develop a retaliation monitoring form/tracking system to ensure all residents and staff who report allegations of sexual abuse or sexual harassment are monitored for a minimum of 90 days following the submission of an allegation. This retaliation form/tracking system will be forwarded to this auditor for review. In addition, any retaliation monitoring during the next 120 days will be forwarded to this auditor for review.

Resolution:

NCJJC was able to develop a Retaliation Monitoring form to ensure all residents who report allegations of sexual harassment and sexual harassment are monitored for retaliation for a minimum of 90 days, or until an allegation is

investigated and determined to be Unfounded. This auditor received a copy of the form that the facility implemented to monitor retaliation. Each resident is monitored on a weekly basis for 13 weeks and documentation is kept on the Retaliation Monitoring Form. There are several different methods to monitor retaliation listed on this form including meeting face to face with the resident, reviewing incident reports, and reviewing educational reports. Upon completion of the 90 – day monitoring period, the Retaliation Monitoring form is then placed in the resident's file.

During the past 120 days, there were no allegations of sexual harassment or sexual abuse at NCJJC that required retaliation monitoring. This auditor confirmed this by traveling to the facility on October 4, 2021, to interview the person responsible for monitoring retaliation (Agency PREA Coordinator) and reviewed the facility database which contains all reportable incidents at NCJJC (including any PREA related incidents).

NCJJC is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. Retaliation Monitoring Form

Interviews:

1. Interview with Person Responsible for Monitoring Retaliation

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">(a) Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. This includes NCJJC and all residential facilities in the Commonwealth of Pennsylvania.</p> <p data-bbox="240 360 1490 456">Interviews with the Director of Operations and Agency PREA Coordinator confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p data-bbox="240 486 756 512">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 564 1058 627" style="list-style-type: none"> 1. Pennsylvania Department of Human Services 3800 Child Care Regulations 2. Tour of Facility <p data-bbox="240 656 352 683">Interviews:</p> <ol data-bbox="276 734 719 828" style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Random Resident Interviews

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">(a) NCJJC Reporting of Child Abuse Policy notes all allegations of sexual abuse must be reported to the Pennsylvania Department of Human Services via the Childline Hotline. The Pennsylvania Department of Human Services will then notify the Easton Police Department of the allegation and the Easton Police Department will take the lead on the investigation. The Easton Police Department will work in conjunction with the Pennsylvania Department of Human Services during any investigation at NCJJC.</p> <p data-bbox="240 461 1490 656">An interview with the Director of Operations confirmed all PREA related allegations are immediately referred to the Pennsylvania Department of Human Services through the Childline Hotline. Criminal investigations are referred to the Easton Police Department by the Pennsylvania Department of Human Services. Administrative investigations are completed by the Pennsylvania Department of Human Services. There were two sexual abuse allegations reported to the Pennsylvania Department of Human Services via the Childline Hotline and the Easton Police Department for investigation during the past 12 months. These allegations were investigated and determined to be Unfounded.</p> <p data-bbox="240 685 1469 880">(b) NCJJC does not complete investigations for allegations of sexual abuse. Criminal investigations are completed by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. Allegations of sexual harassment which are not criminal in nature are investigated by the Pennsylvania Department of Human Services. If at any time during the investigation of an allegation of sexual harassment, the allegation appears to be criminal, it is immediately referred to the Easton Police Department. The Easton Police Department will then oversee the investigation. Administrative investigations are completed by the Pennsylvania Department of Human Services.</p> <p data-bbox="240 909 1474 1070">An interview with the Director of Operations confirmed any allegations of sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline. If the allegation is criminal, the Pennsylvania Department of Human Services then refers the allegation to the Easton Police Department for investigation. If the allegation is not determined to be criminal in nature, an administrative investigation is completed by the Pennsylvania Department of Human Services.</p> <p data-bbox="240 1099 1485 1294">An interview with the Agency PREA Coordinator revealed he is a trained investigator at the facility and assists the Pennsylvania Department of Human Services in conducting an administrative investigation. He stated if, at any point of the investigation, the allegation appears to be criminal in nature, the allegation is referred to the Easton Police Department for investigation. This auditor was provided with a training certificate from the National Institution of Corrections for review noting the Agency PREA Coordinator completed the National Institution of Corrections training titled "PREA: Investigating Sexual Abuse in a Confinement Facility".</p> <p data-bbox="240 1323 1410 1386">An interview with a representative from the Easton Police Department confirmed investigators assigned to investigate criminal allegations of sexual abuse at NCJJC completed a training specific to juvenile sexual abuse victims.</p> <p data-bbox="240 1415 1485 1610">(c) An interview with a representative from the Easton Police Department noted an investigator would report to the scene of the allegation immediately after being notified. He stated the investigator would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if the department was notified within 96 hours of the incident. The representative noted an investigator would also review the video from the video surveillance system at the facility and interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.</p> <p data-bbox="240 1639 1385 1702">(d) NCJJC Zero-Tolerance Policy states "NCJJC shall not seek or request the investigating agency to terminate an investigation solely because the source of the allegation recants the allegation."</p> <p data-bbox="240 1731 1469 1794">An interview with a representative from the Easton Police Department confirmed investigations are not terminated because the source of the allegation recants the allegation.</p> <p data-bbox="240 1823 1453 1917">(e) An interview with a representative from the Easton Police Department confirmed whenever evidence supports criminal prosecution, he consults with the Northampton County District Attorney to avoid obstacles to subsequent criminal prosecution.</p> <p data-bbox="240 1946 1485 2076">(f) NCJJC Zero-Tolerance Policy states "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not simply by the person's status as an in-custody juvenile or staff." In addition, this policy notes the prohibition of requiring a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation of such an allegation.</p> <p data-bbox="240 2105 1469 2134">An interview with a representative from the Easton Police Department noted the alleged victim's credibility will be assessed</p>

on an individual basis and not determined by their status as a resident or staff. The representative from the Easton Police Department also stated all investigations are conducted in the same manner, investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.

There were two allegations of sexual abuse at NCJJC during the past 12 months. Both of these allegations involved a former staff who no longer worked at the facility when they were made. Both allegations were investigated by the Easton Police Department and their findings were reported to the Pennsylvania Department of Human Services. The allegations were determined to be Unfounded.

This auditor was able to interview one of the residents who made an allegation during the past 12 months, and she stated the investigators were respectful and professional, and did not require her to take a polygraph test as a condition for proceeding with the investigation. The other resident who made an allegation during the past 12 months was released from the facility prior to the on-site portion of this audit.

(g) All investigative reports are completed by the Pennsylvania Department of Human Services (non-criminal investigations) and the Easton Police Department (criminal investigations). At the completion of each investigation, the Pennsylvania Department of Human Services conducts an administrative investigation and prepares a Determination Letter that is sent to the Director of Operations. Each Determination Letter clearly notes if the allegation is Substantiated, Unsubstantiated, or Unfounded.

There were two allegations of sexual abuse reported to the Pennsylvania Department of Human Services and the Easton Police Department during the past 12 months. Both of the allegations were investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. Both of the allegations were determined to be Unfounded at the completion of each investigation. This auditor was provided with Determination Letters noting the outcome of each investigation.

(h) There were two allegations of sexual abuse during the past 12 months at NCJJC. Both of these allegations were investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. Following the completion of each investigation, the Easton Police Department provided the Pennsylvania Department of Human Services thorough investigation reports noting its findings. The Pennsylvania Department of Human Services then conducted an administrative investigations and prepared a Determination Letter that was sent the Director of Operations noting the determination of each investigation. This auditor was provided with Determination Letters which noted both allegations were investigated and determined to be Unfounded.

(i) NCJJC Zero-Tolerance Policy states "Substantiated allegations of conduct that appears to be criminal shall be referred to the Northampton County Prosecuting Attorney's Office for prosecution."

All substantiated allegations of sexual abuse are referred to the Northampton County District Attorney for prosecution by the Easton Police Department. This was confirmed during an interview with a representative from the Easton Police Department.

During the past 12 months, there were no allegations of sexual abuse referred to the Northampton District Attorney for prosecution. This was confirmed during interviews with the Director of Operations and a representative from the Easton Police Department.

(j) NCJJC Zero-Tolerance Policy states "Reports of investigations involving sexual abuse by staff shall be turned over to the Northampton County Human Resources Department for inclusion in the staff's member's file, which are kept for at least 10 years past termination date. Any and all written reports that the (NCJJC) receives as a result of any criminal or administrative investigation completed as a result of an allegation, report of grievance involving sexual abuse shall be kept for at least ten (10) years past the juvenile's 18th birthday."

It was confirmed during interviews with the Agency PREA Coordinator and the Human Resources designee that all reports are kept on file for a minimum of 10 years.

(k) NCJJC Zero-Tolerance Policy states "The departure of the alleged abuser or victim from the employment or control of the (NCJJC) shall not provide a basis for terminating an investigation."

An interview with a representative from the Easton Police Department confirmed the departure of an alleged or abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation.

(l) NCJJC has an Agreement of Cooperation with the Easton Police Department to comply with PREA investigative standards. This Agreement of Cooperation was reviewed by this auditor to confirm compliance.

(m) NCJJC Zero-Tolerance Policy states "NCJJC shall cooperate fully in any investigation, and shall participate in any investigative process when requested to do so by the main investigative agency, including conducting compelled interviews

as directed by the Northampton County Prosecuting Attorney's Office or Northampton County Human Resources Department as long as the compelled interviews will not be an obstacle for subsequent criminal prosecution when the quality of evidence appears to support criminal prosecution. To the extent allowed by the investigating agency, NCJJC shall endeavor to remain informed of the progress and outcome of the investigation."

The Director of Operations stated he maintains contact with the Pennsylvania Department of Human Services and the Easton Police Department during an open investigation via telephone calls, emails, and on-site visits.

There were two allegations of sexual abuse or sexual harassment reported in the past 12 months at NCJJC. The Director of Operations noted he maintained regular contact with both the Pennsylvania Department of Human Services and the Easton Police Department throughout the course of the investigation.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. NCJJC Reporting of Child Abuse Policy
3. NCJJC Sexual Abuse and Assault Policy
4. Agreement of Cooperation with the Easton Police Department
5. NIC Investigator Training Certificate

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Representative from the Easton Police Department

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states "NCJJC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>NCJJC has Agreement of Cooperation with the Easton Police Department to comply with PREA investigative standards. This Agreement of Cooperation was reviewed by this auditor to confirm compliance.</p> <p>An interview with a representative from the Easton Police Department confirmed the department uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment investigations.</p> <p>In addition, an interview with the Director of Operations confirmed the Pennsylvania Department of Human Services would send him a Determination Letter noting the determination of the investigation and an investigative report upon the completion of any investigation by the Easton Police Department. He stated that all allegations are reported to the Pennsylvania Department of Human Services through the Childline Hotline. If the allegation is criminal in nature, the allegation is immediately referred to the Easton Police Department by the Pennsylvania Department of Human Services. The Easton Police Department would then take the lead in the investigation and would work in conjunction with the Pennsylvania Department of Human Services throughout the investigation. If the allegation is not criminal in nature, the Pennsylvania Department of Human Services would complete an administrative investigation.</p> <p>There were two allegations of sexual abuse during the past 12 months at NCJJC. This auditor was able to review Determination Letters from the Pennsylvania Department of Human Services noting the determination of each investigation that was conducted and completed by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. Both allegations were determined to be Unfounded.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Agreement of Cooperation with the Easton Police Department <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Representative from the Easton Police Department
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115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 362">(a) NCJJC Zero-Tolerance Policy states "Following an investigation into a juvenile's allegation of sexual abuse suffered in the NCJJC, the juvenile shall be informed by NCJJC staff as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."</p> <p data-bbox="240 398 1430 456">All investigations of sexual abuse are completed by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services.</p> <p data-bbox="240 488 1430 577">There were two investigations of sexual abuse during the past 12 months at NCJJC. One of the residents who made an allegation of sexual abuse was interviewed and stated she was informed of the determination of the investigation by an administrative staff upon the completion of the investigation.</p> <p data-bbox="240 609 1430 676">(b) NCJJC Zero-Tolerance Policy states "If NCJJC did not conduct the investigation, NCJJC shall request the relevant information from the investigative agency in order to inform the juvenile."</p> <p data-bbox="240 707 1493 900">During the past 12 months, there were two allegations of sexual abuse investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services. Upon the completion of each investigation, the Easton Police Department notified the Pennsylvania Department of Human Services of its findings. The Pennsylvania Department of Human Services then sent a Determination Letter to the Facility Direction at the completion of each investigation noting the determination. Both allegations of sexual abuse at NCJJC were determined to be Unfounded. This auditor was provided with Determination Letters the Director of Operations received from the Pennsylvania Department of Human Services to review.</p> <p data-bbox="240 931 1461 1021">(c) NCJJC Zero-Tolerance Policy states "Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, NCJJC shall subsequently inform the juvenile (unless it has been determined that the allegation is unfounded or the juvenile has been released) whenever:</p> <ol data-bbox="272 1070 1430 1200" style="list-style-type: none"> 1. The staff member will no longer be posted within the resident's unit 2. The staff member is no longer employed at NCJJC 3. NCJJC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. NCJJC learns that the staff member has been convicted on a charge related to sexual abuse within the facility." <p data-bbox="240 1232 1477 1460">During the past 12 months, there were two allegations of sexual abuse made by residents against staff at NCJJC. It was noted the allegations were made by residents against a former staff who no longer was employed at the facility when the allegations were made. These allegations were investigated by the Easton Police Department in conjunction with the Pennsylvania Department of Human Services and were determined to be Unfounded. Since the staff alleged to have committed sexual abuse was no longer employed at the facility and the allegations were determined to be Unfounded, there was no documentation to review. An interview with the Agency PREA Coordinator confirmed the process noted in the policy would be followed whenever a resident alleges a staff has committed sexual abuse against the resident.</p> <p data-bbox="240 1491 1493 1581">(d) NCJJC Zero-Tolerance Policy states "Following a juvenile's allegation that he or she has been sexually abused by another juvenile, NCJJC shall subsequently inform the alleged victim (unless it has been determined that the allegation is unfounded or the juvenile has been released) whenever:</p> <ol data-bbox="272 1630 1430 1697" style="list-style-type: none"> 1. NCJJC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. NCJJC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." <p data-bbox="240 1729 1477 1818">During the past 12 months, there were no allegations of sexual abuse made by residents against other residents at NCJJC. Therefore, there was no documentation to review. An interview with the Agency PREA Coordinator confirmed the process noted in the policy would be followed whenever a resident alleges a staff has committed sexual abuse against the resident.</p> <p data-bbox="240 1850 1461 1908">(e – f) NCJJC Zero-Tolerance Policy states "All notifications described above shall be documented. NCJJC's obligation to report under this standard must terminate if the youth is released from its custody."</p> <p data-bbox="240 1939 1445 2101">Interviews with the Director of Operations and Agency PREA Coordinator indicated that residents are notified of the determination of an investigation verbally. Although the residents are to be notified of the determination of an allegation verbally, there was no documentation noting the residents are being informed of the determination of an allegation at the completion of an investigation. The Director of Operations and Agency PREA Coordinator were both aware the facility's obligation to report under this standard must terminate if the resident is released from NCJJC custody.</p> <p data-bbox="240 2132 424 2159">Corrective Action:</p>

NCJJC will create a form which documents each resident who makes an allegation of sexual abuse or sexual harassment at the facility is notified of the determination of the investigation at the completion of each investigation. This form will note if the allegation is determined to be Unfounded, Unsubstantiated, or Substantiated, and the resident and the staff/administrator who notified the resident will sign the form. The facility's obligation to report shall terminate if the resident is released from the facility prior to the determination of an allegation of sexual abuse. This will be monitored for 120 days. During that time, NCJJC will document notifications of a determination to any resident who makes an allegation of sexual abuse at the completion of an investigation if the resident is still in the custody of the facility.

Resolution:

NCJJC was able to develop a Resident Notification form to document all residents who make an allegation of sexual abuse or sexual harassment at the facility is notified of the determination of the investigation at the completion of each investigation. The Agency PREA Coordinator forwarded this auditor a copy of the Resident Notification form that was implemented at NCJJC on June 23, 2021. This form was reviewed by this auditor, and it was noted that it meets the requirements of this standard.

During the past 120 days, there were no allegations of sexual harassment or sexual abuse at NCJJC. Therefore, there were no instances where a resident had to be notified of a determination at the conclusion of an investigation. This auditor confirmed this by traveling to the facility on October 4, 2021, to interview the Agency PREA Coordinator and reviewed the facility database which contains all reportable incidents at NCJJC (including any PREA related incidents).

NCJJC is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. Resident Notification Form

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states "Any NCJJC staff member who is found to have committed any act of sexual abuse, including, but not limited to those outlined in section II, B (Definitions) of this policy, shall be terminated. Any act of sexual abuse of a resident by staff is also a violation of Pennsylvania State Law and shall be referred to the appropriate authorities for criminal prosecution. Any NCJJC staff member who is found to have committed any act of sexual harassment of residents, other staff members, visitors or contractors, shall be subject to disciplinary sanctions which shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories."</p> <p>An interview with the Director of Operations confirmed any staff will be subject to disciplinary sanctions, up to and including termination, for violation of NCJJC Zero-Tolerance Policy referring to incidents of sexual harassment and sexual abuse.</p> <p>(b) NCJJC Zero-Tolerance Policy states "Any (NCJJC) staff member who is found to have committed any act of sexual abuse, including, but not limited to those outlined in section II, B (Definitions) of this policy, shall be terminated."</p> <p>There were no staff terminated (or resigned prior to termination) for violating NCJJC Zero-Tolerance Policy by sexually abusing a resident during the past 12 months at NCJJC. This was confirmed during interviews with the Director of Operations and the Human Resources designee.</p> <p>(c) NCJJC Zero-Tolerance Policy states "Any NCJJC staff member who is found to have committed any act of sexual harassment of residents, other staff members, visitors or contractors, shall be subject to disciplinary sanctions which shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories."</p> <p>During the past 12 months, there have been no staff disciplined or terminated for violation of NCJJC Zero-Tolerance Policy regarding sexual abuse or sexual harassment. This was confirmed during interviews with the Director of Operations and the Human Resources designee.</p> <p>(d) NCJJC Zero-Tolerance Policy states "All terminations including those for violations of NCJJC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are required to be, and shall be reported, along with the reason and supporting documentation, to the Easton Police Department, the Department of Public Welfare as well as any relevant licensing agencies."</p> <p>During an interview with the Director of Operations, it was reported the Pennsylvania Department of Human Services will contact the Easton Police Department to lead any sexual abuse investigation or any sexual harassment investigation (that appears to be criminal). The Easton Police Department will then work in conjunction with the Pennsylvania Department of Human Services throughout the investigation until a determination is made.</p> <p>There were no staff reported to law enforcement for violation of NCJJC Zero-Tolerance Policy during the past 12 months at NCJJC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency Human Resources Designee

115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states "Any contractor or volunteer who engages in sexual abuse shall be prohibited from having access to NCJJC and shall be reported to law enforcement agencies for possible criminal prosecution, and to relevant licensing bodies."</p> <p>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 at NCJJC. This was confirmed during interviews with the Director of Operations, Agency PREA Coordinator, Human Resources designee, and a representative from the Easton Police Department.</p> <p>(b) NCJJC Zero-Tolerance Policy states "The (NCJJC) shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with juveniles, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."</p> <p>Interviews with the Director of Operations and Agency PREA Coordinator confirmed that the facility would immediately remove the contractor or volunteer from the facility, contact the Pennsylvania Department of Human Services through the Childline Hotline and the Easton Police Department, and would not allow them to return until the completion of an investigation and a determination is made. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past 12 months at NCJJC. This was confirmed during interviews with the Director of Operations, Agency PREA Coordinator, and a representative from the Easton Police Department.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Interview with Human Resources Designee 4. Representative from the Easton Police Department
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115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 398">(a) NCJJC Zero-Tolerance Policy states "If, during the course of any investigation, it is reported by the investigators or prosecutors that there is a preponderance of the evidence to substantiate an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse, or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the juvenile shall be subject to disciplinary sanctions pursuant to the formal disciplinary process."</p> <p data-bbox="240 434 1485 524">During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at NCJJC. This was confirmed through interviews with the Director of Operations, Agency PREA Coordinator, and a representative from the Easton Police Department.</p> <p data-bbox="240 560 1485 779">b) NCJJC Zero-Tolerance Policy states "Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile, NCJJC shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services, unless the juvenile has demonstrated that his/her behavior clearly jeopardizes the safety and security of staff or other juveniles. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible."</p> <p data-bbox="240 815 1485 940">The Pennsylvania Department of Human Services 3800 Child Care Regulations prohibits isolation of residents. As a result, isolation is not used at this facility and there were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months at NCJJC. This auditor was able to interview the Director of Operations, Agency PREA Coordinator, staff, and residents who all confirmed isolation is not used at NCJJC.</p> <p data-bbox="240 976 1485 1030">(c) NCJJC Zero-Tolerance Policy states "The disciplinary process shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior."</p> <p data-bbox="240 1066 1485 1285">Interviews with the Director of Operations, Agency PREA Coordinator, members of the Sexual Abuse Incident Review Team, and mental health staff confirmed that a resident's mental health would be considered when discipline is imposed for incidents of sexual abuse. In addition, it was noted the resident's mental health diagnosis would be reviewed and considered during a Sexual Abuse Incident Review following a Substantiated or Unsubstantiated determination to ensure appropriate discipline was imposed. It was noted disciplinary sanctions include loss of level, loss of privileges in the program, and/or removal from the facility. If the allegations are criminal in nature, the Easton Police Department would be responsible for filing charges through the Northampton County District Attorney's Office.</p> <p data-bbox="240 1321 1485 1478">(d) NCJJC Zero-Tolerance Policy states "To the extent possible, NCJJC shall consider whether to offer the offending juvenile participation in interventions such as therapy, counseling, or other programs designed to address and correct underlying reasons or motivations for the abuse, but only to the extent available. NCJJC may require participation in such interventions, if available, as a condition of access to any rewards-based behavior management system such as the Level System, but not as a condition to access to general programming or education."</p> <p data-bbox="240 1514 1485 1733">This auditor was able to interview two mental health staff during the on-site portion of this audit. These interviews confirmed NCJJC would offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse while they are residing at the facility. It was noted the facility also has specific programs in the Treatment Program that offers therapy for sexually abusive residents. The mental health staff stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives. In addition, it was noted the mental health services the resident would be referred to would be designed to address and correct the underlying reasons or motivations of sexual abuse.</p> <p data-bbox="240 1769 1485 1823">There were no incidents of resident-on-resident sexual abuse during the past 12 months at NCJJC. Therefore, there were no mental health records/referrals for this auditor to review.</p> <p data-bbox="240 1859 1485 1948">(e) NCJJC Zero-Tolerance Policy states "A juvenile may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. Such a finding may also require a referral for prosecution of the juvenile."</p> <p data-bbox="240 1984 1485 2110">There were no incidents of resident-on-staff sexual abuse at NCJJC during the past 12 months. This auditor was able to interview the Director of Operations who confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. In addition, the Resident Handbook notes NCJJC prohibits all sexual activity at the facility. All residents are provided a copy of this Resident Handbook upon their arrival at the facility.</p>

(f) NCJJC Zero-Tolerance Policy states "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, and may not be the grounds for disciplinary action, even if an investigation does not establish evidence sufficient to substantiate the allegation."

An interview with the Director of Operations confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation.

(g) NCJJC Zero-Tolerance Policy states "NCJJC prohibits all sexual activity between residents and may discipline residents for such activity. NCJJC Center does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

Interviews with the Director of Operations and Agency PREA Coordinator confirmed all sexual activity between residents is prohibited at NCJJC. This is also noted in the Resident Handbook that all residents received upon intake into the facility.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Resident Handbook

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Members of Sexual Abuse Incident Review Team
4. Interviews with Mental Health Staff
5. Interview with Representative from the Easton Police Department

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) NCJJC Accepting New Intakes Policy states “If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the resident immediately upon reviewing the screening materials. Administrative staff (or the supervisor on duty) will document the offer of follow-up services and the resident’s response, facilitate the arrangement of the follow-up care, and collaborate with other departments to arrange for transportation.”</p> <p>During the past 12 months, all residents who disclosed prior sexual victimization during their intake screenings were referred to a medical practitioner (contracted Physician) and mental health staff for a follow up meeting. This is documented on the PREA Risk Assessment. This auditor interviewed mental health staff and intake staff during the on-site portion of the audit, and all staff interviewed confirmed the referral process once a resident discloses prior sexual victimization. This auditor was also able to review files of residents who disclosed prior sexual victimization. All resident files reviewed contained documentation noting the resident was referred to the contracted Physician and mental health staff followed up with the resident within 14 days of the intake screening.</p> <p>(b) NCJJC Accepting New Intakes Policy states “If the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the resident immediately upon reviewing the screening materials. Administrative staff (or the supervisor on duty) will document the offer of follow-up services and the resident’s response, facilitate the arrangement of the follow-up care, and collaborate with other departments to arrange for transportation.”</p> <p>During the past 12 months, any residents admitted into NCJJC who previously perpetrated sexual abuse were referred to a mental health staff for a follow up meeting. This auditor interviewed mental health staff and intake staff during the on-site portion of the audit, and they confirmed the referral process for a resident who previously perpetrated sexual abuse. This referral is documented on the PREA Risk Assessment. In addition to interviewing mental health staff and intake staff, this auditor was also able to review the PREA Risk Assessment and confirmed there is a section to refer the resident to a mental health staff. The mental health then is able to document their assessment of the resident and notes recommendations. This occurs within 14 days of the intake screening.</p> <p>(c) NCJJC Zero-Tolerance Policy states “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.”</p> <p>Interviews with the Director of Operations, Agency PREA Coordinator, and two mental health staff confirmed any information from the intake screening is limited to administrative staff, medical staff, and mental health staff. It was noted any information from the intake screening relayed to direct care staff is done so only for safety and security reasons and this information is documented in a Safety Plan to ensure the safety of the residents. This auditor was also able to review completed Safety Plans for residents who disclosed prior sexual victimization during the intake screening to confirm compliance with this standard.</p> <p>(d) NCJJC Zero-Tolerance Policy states “NCJJC staff members shall 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. The majority of residents at NCJJC are under 18 years of age; therefore, information will, in those cases, be subject to the PA Mandated Child Abuse Reporting Law.”</p> <p>During interviews with the Director of Operations, Agency PREA Coordinator, mental health staff, and intake staff, it was noted they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon intake of their reporting duties.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Accepting New Intakes Policy 2. NCJJC Zero-Tolerance Policy 3. PREA Risk Assessment

4. Resident Files

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interview with Mental Health Staff
4. Interview with Intake Staff
5. Interviews with Residents who Disclosed Prior Victimization during Screening

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states “Juvenile victims of sexual abuse shall 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.”</p> <p>Interviews with the Director of Operations and the Agency PREA Coordinator confirmed any resident victims of sexual abuse will receive timely, unimpeded medical treatment at St. Luke’s Hospital and crisis intervention services through Pennsylvania Forensic Association.</p> <p>There were no residents at NCJJC who reported sexual abuse with penetration during the past 12 months at NCJJC. Therefore, there were no records to review and no residents to interview. There were two allegations of sexual abuse at NCJJC during the past 12 months. However, these allegations were made several months after the alleged incidents took place and were made about a former staff who no longer worked at the facility at the time of the allegations. Neither of these alleged incidents of sexual abuse involved penetration.</p> <p>(b) NCJJC Zero-Tolerance Policy states “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners.”</p> <p>All staff at NCJJC 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 St. Luke’s Hospital for a forensic examination.</p> <p>(c) NCJJC Zero-Tolerance Policy states “Juvenile victims of sexual abuse while incarcerated shall be 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.”</p> <p>During an interview with the Agency PREA Coordinator, he stated any resident of sexual abuse at NCJJC would be offered timely information and access to emergency contraception and sexually transmitted diseases while at St. Luke’s Hospital and during follow-up appointments while they are residing in the facility. He noted the contracted Physician for the facility would oversee the case and ensure all follow up recommendations from the hospital are followed through on. In addition, during an interview with a representative from St. Luke’s Hospital, it was noted they would provide any resident victim of sexual abuse timely information and access to emergency contraception and sexually transmitted diseases.</p> <p>There were two residents at NCJJC who reported sexual abuse during the past 12 months. Both residents were referred to the contracted Physician for follow up services and refused these services.</p> <p>(d) NCJJC Zero-Tolerance Policy states “Treatment services shall be 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.”</p> <p>This auditor was able to interview the Director of Operations and Agency PREA Coordinator during the on-site portion of this audit and he confirmed that any victim of sexual assault would be referred to St. Luke’s Hospital and receive medical and mental health treatment at no cost as noted in the Zero-Tolerance Policy.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Director of Operations 2. Interview with Agency PREA Coordinator 3. Interviews with Randomly Selected Staff

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1417 331">(a) NCJJC Zero-Tolerance Policy states "NCJJC shall offer medical and mental health evaluation and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any secure confinement."</p> <p data-bbox="240 360 1453 521">Interviews with the Director of Operations, Agency PREA Coordinator, and two mental health staff confirmed all residents residing at NCJJC are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a confinement facility or not). This auditor interviewed two residents who disclosed sexual abuse during the initial screening and both stated they were referred to the contracted Physician and mental health staff for a mental health evaluation promptly.</p> <p data-bbox="240 553 1442 613">There were no resident victims of sexual abuse at other confinement facilities admitted into the facility during the past 12 months.</p> <p data-bbox="240 645 1465 739">(b) NCJJC Zero-Tolerance Policy states "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to other facilities, or their release from custody."</p> <p data-bbox="240 770 1465 963">Two mental health staff were interviewed by this auditor and noted all residents admitted into the facility receive an assessment from a mental health staff with recommendations within their first 30 days at the facility (if they have been a victim of sexual abuse in a confinement facility or not). If a resident victim of sexual abuse was being released from the facility, a referral would be made immediately for community-based services and recommendations would include specific follow up services. They were both able to describe the process in the event any resident was the victim of sexual abuse to this auditor during the interview.</p> <p data-bbox="240 994 1390 1055">(c) NCJJC Zero-Tolerance Policy states "NCJJC shall provide such victims with medical and mental health services consistent with the community level of care."</p> <p data-bbox="240 1086 1490 1146">Two mental health staff were interviewed and stated they feel the services offered to residents exceed the community level of care because the residents have immediate access to a mental health staff while residing at the facility.</p> <p data-bbox="240 1178 1481 1238">(d) NCJJC Zero-Tolerance Policy states "Juvenile victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests."</p> <p data-bbox="240 1270 1481 1395">There were no incidents of sexual abusive vaginal penetration at NCJJC during the past 12 months. This auditor was able to interview the Director of Operations and Agency PREA Coordinator and both confirmed that any resident who is a victim of sexual abusive vaginal penetration would be offered a pregnancy test as part of the follow up to the incident with the contracted Physician.</p> <p data-bbox="240 1426 1481 1487">(e) NCJJC Zero-Tolerance Policy states "If pregnancy results, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."</p> <p data-bbox="240 1518 1437 1644">Interviews with the Director of Operations and Agency PREA Coordinator 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 during follow-up consultations with the contracted Physician at the facility or during outpatient follow-up appointments.</p> <p data-bbox="240 1675 1490 1736">(f) NCJJC Zero-Tolerance Policy states "Juvenile victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate."</p> <p data-bbox="240 1767 1481 1861">An interview with the Director of Operations confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow up. This would occur if the victim was tested at the hospital or not.</p> <p data-bbox="240 1892 1406 1953">(g) NCJJC Zero-Tolerance Policy states "Treatment services shall be 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."</p> <p data-bbox="240 1984 1465 2045">Interviews with the Director of Operations and Agency PREA Coordinator confirmed treatment services would be offered to the victim without financial cost regardless if they named the abuser or cooperated with the investigation.</p> <p data-bbox="240 2076 1490 2161">(h) NCJJC Zero-Tolerance Policy states "The Northampton County Juvenile Probation Department historically sets up mental health evaluations of all juveniles who are known and suspected juvenile-on-juvenile abusers. If this is not accomplished within 60 days of learning of such abuse, NCJJC will attempt to have the evaluation completed and offer treatment when</p>

deemed appropriate by mental health practitioners.”

Interviews with the Director of Operations, Agency PREA Coordinator, and mental health staff confirmed all residents receive a mental health evaluation within 30 days of their arrival in one of the Treatment programs at NCJJC. This includes any residents who have a history of resident-on-resident abuse at past residential facilities. All mental health evaluations contain treatment recommendations and referrals for further evaluations if deemed necessary.

Reviewed documentation to determine compliance:

1. NCJJC Zero-Tolerance Policy

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interviews with Mental Health Staff
4. Interview with Representative from St. Luke's Hospital

115.386	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1490 362">(a) NCJJC Zero-Tolerance Policy states "Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by the NCJJC sexual abuse incident review team, unless the allegation was found to have been unfounded."</p> <p data-bbox="240 398 1477 488">An interview with the Agency PREA Coordinator confirmed he is aware a Sexual Abuse Incident Review must be completed at the conclusion of every sexual abuse investigation that has been determined to be Substantiated or Unsubstantiated. He noted that he would head the PREA Sexual Abuse Incident Review.</p> <p data-bbox="240 524 1477 613">During the past 12 months, there have been no allegations of sexual abuse at NCJJC that were determined to be Substantiated or Unsubstantiated. Therefore, there have been no Sexual Abuse Incident Reviews and no documentation for this auditor to review.</p> <p data-bbox="240 649 1490 739">(b) NCJJC Zero-Tolerance Policy states "Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by the NCJJC sexual abuse incident review team, unless the allegation was found to have been unfounded."</p> <p data-bbox="240 775 1458 864">An interview with the Agency PREA Coordinator confirmed any PREA Sexual Abuse Incident Review would be completed within 30 days of the conclusion of an investigation of an allegation of sexual abuse if the allegation was determined to be Substantiated or Unsubstantiated.</p> <p data-bbox="240 900 1477 990">During the past 12 months, there have been no allegations of sexual abuse at NCJJC that were determined to be Substantiated or Unsubstantiated. Therefore, there have been no Sexual Abuse Incident Reviews and no documentation for this auditor to review.</p> <p data-bbox="240 1025 1445 1115">(c) NCJJC Zero-Tolerance Policy states "The review team shall consist of the Director, the Training Coordinator, and the PREA Coordinator. Input and/or participation should also be solicited from supervisors, investigators, medical and mental health practitioners."</p> <p data-bbox="240 1151 1426 1240">Interviews with the Director of Operations and Agency PREA Coordinator confirmed the Sexual Abuse Incident Review Team includes upper-level management officials (Director of Operations and Deputy Directors), Agency PREA Coordinator/Training Coordinator, supervisors, Contracting Physician, mental health staff, and education staff.</p> <p data-bbox="240 1276 928 1303">(d) NCJJC Zero-Tolerance Policy states "The review team shall also:</p> <ol data-bbox="276 1348 1490 1617" style="list-style-type: none"> 1. Consider whether there is a need to change policy or practice to better prevent, detect or respond to sexual abuse; the motivation for the incident (i.e. race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or other group dynamics at the facility); 2. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 3. Assess the adequacy of staffing levels in that area during different shifts; 4. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 5. Prepare a report of its findings, with any recommendations for improvement." <p data-bbox="240 1653 1445 1742">(e) NCJJC Zero-Tolerance Policy states "The review team's recommendations shall be considered for implementation to improve the effectiveness of the (NCJJC) to protect residents. If the facility does not implement the recommendations for improvement, the facility shall document its reasons for not doing so."</p> <p data-bbox="240 1778 1490 2002">There were no Sexual Abuse Incident Reviews at NCJJC during the past 12 months. Interviews with the Director of Operations and Agency PREA Coordinator confirmed both are on the Sexual Abuse Incident Review Team and they both stated any Sexual Abuse Incident Reviews would be documented by the Agency PREA Coordinator on a PREA Sexual Abuse Incident Review. Any recommendations would also be documented on the PREA Sexual Abuse Incident Review and implemented in the facility to prevent further incidents of sexual abuse and a means to educate staff. This auditor was able to review a template of the PREA Sexual Abuse Incident Review form that would be completed by the Agency PREA Coordinator following any PREA Sexual Abuse Incident Review Team Meeting.</p> <p data-bbox="240 2038 1414 2092">All Sexual Abuse Incident Reviews and findings are incorporated into the agency Annual Report by the Agency PREA Coordinator and submitted to the Director of Operations for approval.</p> <p data-bbox="240 2128 756 2154">Reviewed documentation to determine compliance:</p>

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

Interviews:

1. Interview with Director of Operations
2. Interview with Agency PREA Coordinator
3. Interviews with Incident Review Team Members

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy noted NCJJC will collect uniform data for all allegations of sexual abuse and sexual assault. This information must be entered into the NCJJC PREA Database using standardized data fields and standardized definitions. The NCJJC PREA database is the central repository for all information regarding allegations of sexual abuse and sexual assault. The Agency PREA Coordinator is responsible for ensuring all allegations of resident-on-resident sexual abuse and staff sexual misconduct/sexual harassment are entered into the NCJJC PREA Database.</p> <p>This auditor was able to interview the Agency PREA Coordinator who confirmed he collects uniform data for all allegations of sexual abuse and sexual assault and enters this data into the NCJJC PREA Database. This data is then reviewed and included into the Agency's PREA Annual Report. There were two allegations of sexual abuse at NCJJC during the past 12 months noted on the NCJJC PREA Database.</p> <p>(b) NCJJC Zero-Tolerance Policy states "At least annually, NCJJC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control."</p> <p>An interview with the Agency PREA Coordinator confirmed he is responsible for gathering data on each reported incident of sexual abuse and sexual assault to aggregate an annual report. This auditor was able to review the 2019 PREA Annual Report and the 2020 PREA Annual Report. These PREA Annual Reports provided in-depth information regarding PREA implementation. The Annual PREA Reports note allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p>(c) NCJJC Zero-Tolerance Policy states "The incident-based data collected shall 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."</p> <p>NCJJC was not requested by the United States Department of Justice to complete the Survey of Sexual Violence during the previous calendar year. However, the data necessary from the most recent version of the Survey of Sexual Violence was included in the 2020 PREA Annual Report that was reviewed by this auditor.</p> <p>(d) NCJJC Zero-Tolerance Policy states "NCJJC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."</p> <p>During an interview with the Agency PREA Coordinator, this auditor confirmed NCJJC utilizes data collected from incident reports, reports, investigation files, and incident reviews on a PREA Database. This information is then used to formulate the Agency's PREA Annual Report each year. This auditor was able to review the NCJJC PREA Database and there were two allegations of sexual abuse during the past 12 months at NCJJC listed on the database.</p> <p>(e) This substandard is not applicable to NCJJC as they do not contract with private facilities for the confinement of its residents.</p> <p>(f) NCJJC Zero-Tolerance Policy states "Upon request, NCJJC will provide all such data from the previous calendar year to the Department of Justice no later than June 30."</p> <p>The agency was not requested by the United States Department of Justice to complete the Survey of Sexual Violence during the previous calendar year.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. NCJJC PREA Database 3. 2019 NCJJC PREA Annual Report 4. 2020 NCJJC PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states "NCJJC shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole." <p>This auditor interviewed the Agency PREA Coordinator and he stated he reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. He stated NCJJC ensures the data collected is securely retained in the NCJJC PREA Database. This auditor was able to review the NCJJC PREA Database as it was created to retain data collected and aggregated following each allegation of sexual abuse. There were two allegations of sexual abuse at NCJJC listed on the NCJJC PREA Database during the past 12 months.</p> <p>(b) NCJJC Zero-Tolerance Policy states "Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse."</p> <p>NCJJC completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This annual report includes a comparison of the current year's data and corrective actions with those from prior years. This auditor was able to review the 2019 and 2020 PREA Annual Reports and confirmed these reports contained the above-mentioned data, comparisons, and corrective actions.</p> <p>(c) NCJJC Zero-Tolerance Policy states "The agency's report shall be approved by the Director of Operations and made readily available to the public through its website."</p> <p>The PREA Annual Reports are approved by the Director of Operations and made available to the public through the agency's website. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the agency website. It was noted that PREA Annual Reports since 2017 are posted on the agency's website.</p> <p>(d) NCJJC Zero-Tolerance Policy states "NCJJC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."</p> <p>The Agency PREA Coordinator was interviewed and stated information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in the NCJJC Zero-Tolerance Policy. This auditor was able to review the past two agency PREA Annual Reports from 2019 and 2020, and any personal information that would present clear and specific threats to the safety and security of the program, as well as personal identifiers, was redacted.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Agency Website 3. NCJJC PREA Database 4. 2019 NCJJC PREA Annual Report 5. 2020 NCJJC PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC Zero-Tolerance Policy states “NCJJC shall ensure that data collected is securely retained.”</p> <p>All data collected at NCJJC is securely retained on the NCJJC PREA Database. This data is imputed by the Agency PREA Coordinator. Access to the NCJJC PREA Database is limited to the Director of Operations, Deputy Directors, Agency PREA Coordinator, and Administrative Assistant. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the NCJJC PREA Database.</p> <p>(b) NCJJC Zero-Tolerance Policy states “At least annually, NCJJC makes its aggregated sexual abuse data available to the public via the agency website.”</p> <p>NCJJC makes all aggregated sexual abuse data available to the public on its agency website. The agency’s PREA Annual Report is reviewed and approved by the Director of Operations and made available to the public through the agency website. The 2019 and 2020 PREA Annual Reports were reviewed by this auditor to confirm compliance with this standard. PREA Annual Reports since 2017 are posted on the agency website.</p> <p>(c) NCJJC Zero-Tolerance Policy states “NCJJC will remove all personal identifiers before any incidents are posted on website.”</p> <p>This auditor was able to review PREA Annual Reports from 2019 and 2020 to confirm all personal identifiers were removed prior to posting on the agency website. An interview with the Agency PREA Coordinator confirmed all personal identifiers are removed from the PREA Annual Report prior to posting on the agency website.</p> <p>(d) NCJJC Zero-Tolerance Policy states “All data of sexual abuse will be kept on file for 10 years. NCJJC will destroy all evidence of such sexual abuse incidents after 10 years of data collection.”</p> <p>An interview with the Agency PREA Coordinator confirmed NCJJC maintains sexual abuse data collected for at least 10 years on the agency PREA Database. This auditor was also able to view the NCJJC PREA Database to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Zero-Tolerance Policy 2. Agency Website 3. NCJJC PREA Database 4. 2019 NCJJC PREA Annual Report 5. 2020 NCJJC PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NCJJC was audited during the first year of the 1st three-year PREA cycle (audited on April 22 – 25, 2014, and was found to be fully compliant on December 18, 2014) and during the second year of the 2nd three-year PREA cycle (audited on November 7 – 9, 2017, and was found to be fully compliant on April 5, 2018). 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 March 29 – 30, 2021.</p> <p>(b) NCJJC has met this standard by having its facility audited during the 1st and 2nd three-year PREA 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 (March 29 – 30, 2021).</p> <p>(h) This auditor had unimpeded access to all areas of NCJJC during the on-site portion of this audit. The administrative team at NCJJC accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documents from the Agency PREA Coordinator in a timely fashion during the pre-audit phase, on-site portion of the audit, and the post-audit phase.</p> <p>(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications were posted in all housing units, visiting area, and lobby six weeks prior to the on-site portion of this audit (originally posted on January 8, 2021 and reposted on February 2, 2021 after the on-site portion of the audit was rescheduled). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Photographs were emailed to this auditor on the date the notifications were posted to confirm they were posted in the above-mentioned areas of the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. NCJJC Pre-Audit Questionnaire 2. PREA Audit Notification 3. Photographs of PREA Audit Notification 4. Tour of Facility 5. Agency Website
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115.403	Audit contents and findings
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1497 331">(f) This auditor confirmed that NCJJC has published the Final Audit Reports from the 1st and 2nd PREA cycles on the agency website.</p> <p data-bbox="244 367 754 394">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 443 472 470" style="list-style-type: none"> 1. Agency Website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: 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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes