

FINAL PREA AUDIT REPORT

JUVENILE FACILITIES



Auditor Information			
Auditor name: Jeff Rogers			
Address: 108 Jeannette Ave. Frankfort, Ky. 40601			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: July 21, 2015			
Facility Information			
Facility name: Youth Leadership Academy			
Facility physical address: 57081 State Highway 10, South Kortright, New York 13842			
Facility mailing address: <i>same</i>			
Facility telephone number: 607-538-1401			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Todd Schraffenberger			
Number of staff assigned to the facility in the last 12 months: 93			
Designed facility capacity: 25			
Current population of facility: 21			
Facility security levels/inmate custody levels: limited secure			
Age range of the population: 13-18			
Name of PREA Compliance Manager: Susan Newman		Title:	Asst. Director
Email address: susan.newman@ocfs.ny.gov		Telephone number:	607-538-1401
Agency Information			
Name of agency: Office of Children and Family Services			
Governing authority or parent agency: New York State			
Physical address: 52 Rensselaer, New York 12144			
Mailing address: <i>same</i>			
Telephone number: 518-486-6766			
Agency Chief Executive Officer			
Name: Ines Nieves		Title:	Dep. Commissioner
Email address:		Telephone number:	518-486-6766
Agency-Wide PREA Coordinator			
Name: R.J. Strauser		Title:	PREA Coordinator
Email address: raymond.strauser@ocfs.ny.gov		Telephone number:	518-474-0351

DESCRIPTION OF FACILITY CHARACTERISTICS

AUDIT FINDINGS

NARRATIVE

Prior to the on-site facility visit, the auditor reviewed a thumb drive containing the facility's documentation relating to the compliance of each of the 41 PREA Juvenile Standards. The thumb drive also contained the pre-audit questionnaire and some other related examples of practice. After the pre-audit review of the thumb drive, the auditor sent questions generated from the initial review of documents to the Agency PREA Coordinator. These questions were answered fully and to the satisfaction of the auditor.

The on-site portion of the audit occurred on July 21, 2015. Arriving in Albany, the auditor was met by the agency PREA Coordinator and transported to Oneonta, New York where the auditor was housed during the audit. The auditor was transported to the facility on July 21, 2015, arriving at approximately 8:45 a.m. After a brief meeting with the facility director, the PREA coordinator and the facility PREA compliance manager toured the facility for approximately one hour. This was possible in such a short period of time because of the compactness of the facility and the housing units are identical and have identical surveillance camera angles. After the tour the auditor worked with the Facility PREA compliance manager on obtaining personnel listings and resident information and determining who needed to be interviewed during the audit. Upon completion of this task the auditor began interviewing staff. A total of 14 specialty staff interviews took place. These interviews included the facility director, and the PREA compliance manager. Following these interviews, three mental/medical healthcare staff and one staff who conduct the risk assessments were interviewed. Following this, staff members were interviewed for the following specialty positions: two higher level staff who conducts unannounced rounds, human resources, two contractors, the person who monitors retaliation, one intake officer, and a member of the review team. There were eight random staff interviews. The agency head was not interviewed because she had been previously interviewed during another PREA audit. The responses to her interview were sent to this auditor to review prior to the audit. Also used in this audit were previous interviews with the agency PREA coordinator and the Justice Center staff who conduct investigations for the OCFS.

There were six residents interviewed, three from each cottage. There were no residents identified as being gay or sexually abused prior to arrival, and no residents with limited English proficiency.

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

Only one allegation occurred in this reporting period. The event occurred on December 23, 2014. The Justice Center determined the allegation to be inconclusive. The auditor reviewed the digital recording of this event and came to the same conclusion.

At the conclusion of the on-site work, a short out briefing occurred with the facility director and his management team and R.J. Strauser Agency PREA coordinator. The Sergeant Henry Johnson Youth Leadership Academy is located in South Kortright, New York in Delaware County approximately 15 miles east of the town Delhi in the Catskill Mountains. The physical address

DESCRIPTION OF FACILITY CHARACTERISTICS

is 57081 State Highway 10, South Kortright, New York 13842. The agency oversight is provided by the New York State Office of Children and Family Services (OCFS).

The facility provides a medium level of security and is located in a remote, rural location surrounded by mountains and beautiful scenery. The Youth Leadership Academy (YLA) was recently renovated which included landscaping, paving flooring, painting, furniture, lighting, cameras and other physical plant enhancements. The facility is neat, clean and well maintained in appearance.

The campus consists of three housing units, a maintenance/security building, and an administrative/support services building. Although there are three housing units, only two were being used at the time of the audit while the third remained vacant. Each housing unit is equipped with 20 individual rooms, four bathrooms/showers, a sub-control room, large dayroom laundry room and utility room for laundry and chemicals.

It should be noted that the living units are actually part of the former Fred Allen Resident Center which is adjacent to the YLA. It was decided to utilize these living units because there are single rooms rather than dormitory style living units that had previously been used at the YLA when it was a boot camp type program.

The administrative and support services building is a pre-fabricated tan metal on the exterior and is surrounded by a security fence which includes a vehicle gate, pedestrian gate and barbed wire at the top of the fence. The master control room is located at the front entrance of the administrative building where staff and visitors are challenged to pass through a metal detector and wand to prevent entry of contraband. Keys, cameras, radios, logs and other security equipment are maintained inside the control room.

In addition to the master control room, administrative services, education, food services, medical, behavior health and indoor/outdoor recreational services are also provided in this building. The building also includes a regulation full-size basketball gymnasium, weight room, game room, and office space.

Although the facility design allows for some blind spots, the facility practices direct supervision and has sufficient cameras to enhance monitoring without taking the place of supervision. The staff ratio is at least 1:8, but often exceeds this.

The facility behavior programs incorporate the "Daily Achievement System" (DAS) along with the "Phase System." The DAS focuses on same day rewards earned during five periods of the day, totaling 25 points. The rewards are based on desirable behaviors that are applicable in the facility and can translate to the community. At the end of the day the points are tallied and the youth earn their way into group A, B or C. Group A has the most incentives, such as additional phone calls, game room, and TV time, while Group C may involve routine programming.

The Phase System operates parallel to the DAS; however, the Phase System is a five level system that is based on identifying goals upon admission, developing a plan to achieve the

goals, working toward the goals, becoming proficient and mastering the goals which help transitioning to the community. The phases are Engagement, Learning, Application, Generalization and Future.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Office of Children and Family Services is to serve New York's public by promoting the safety, permanency and well-being of children, families and communities. The goal is to achieve results by setting and enforcing policies, building partnerships, and funding and providing quality services.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeding: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment page 1 and pages 4-5 (A) & (E) and pages 13-14 (J) 1-3

OCFS DYYOY Organizational Chart

The Office of Children and Families, Division of Juvenile Justice and Opportunities for Youth organization chart shows the PREA Coordinator's position on the chart. This person, as well as the facility PREA compliance manager, has sufficient time to perform their duties. The agency's Zero Tolerance Policy meets the requirements of the standard.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

The New York Office of Children and Family Services does not contract with other agencies or facilities to house youth in its custody.

Standard 115.313 Supervision and monitoring

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

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

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

There has been no time when the staffing plan was not adhered to. There have been no judicial findings of inadequacy in staffing levels. The YLA exceeds the staffing ratio required of juvenile facilities by generally adhering to a 1:6 ratio at all times. The facility director, and his two assistant directors perform unannounced checks and document these each time a round is conducted.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

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

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

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

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

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

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

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

Standard 115.317 Hiring and promotion decisions

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

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

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

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

Standard 115.318 Upgrades to facilities and technologies

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

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

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

The facility prepares a Video Surveillance and Staffing plan each year. There are currently no major renovations occurring. New cameras are added as needed. The Video Surveillance and Staffing plan for 2015 indicates there are 73 cameras indoors and 35 cameras outdoors. There are four locations with seven monitors each for staff observation. The staff indicated that if renovations or camera upgrades are planned PREA compliance is a factor in any design.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

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

The YLA has an MOU with the O'Connor Hospital in Delhi, New York to provide SANE/SAFE services to residents of the facility. As part of the hospital's MOU with YLA, the Crisis Intervention Center would also be contacted and a representative of that group would come to the hospital during an exam and provide advocacy services. The Justice Center of New York was contacted via phone during a recent audit. The Justice Center representative confirmed that their office had adopted the requirements of PREA in their investigatory process. YLA staff confirmed that there are outside services available for any victims or perpetrators of sexual abuse. These services are provided at no cost to the resident.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

OCFS Policy 3429.01 Reportable Offenses

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

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

Standard 115.331 Employee training

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

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

OCFS Policy 3247.01 page 7-8 and page 11 G

OCFS Policy 3442.00 Lesbian, Gay, Bisexual and Transgender Question for Youth Appendix page 1 section 1

Facility Training Records

The facility director verified in writing that all staff had been trained in the PREA Curriculum. Five staff members' files were examined and the appropriate training documentation was present. Interviews with all staff members revealed awareness and an understanding of the PREA training and processes.

Standard 115.332 Volunteer and contractor training

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

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

Volunteer and Contractor PREA Training Verification Records

Each volunteer or contractor is trained in the PREA Requirements and signs an acknowledgement form. A sampling was viewed by the auditor. Two contractors were interviewed during the on-site visit. They confirmed receiving the training required for PREA on their first day at the facility.

Standard 115.333 Resident education

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

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

**OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 8 #5
OCFS Policy 3402.00 Limited Secure Admission and Orientation page 6 # 9-10, and page 11
PREA Training Video for Residents
Resident Handbook Acknowledgement signed forms
Resident signed training forms**

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

Standard 115.334 Specialized training: Investigations

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

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

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

Standard 115.335 Specialized training: Medical and mental health care

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

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

OCFS Policy 3247.01 Prevention, Detection and Response to Sexual Abuse, Assault or Sexual Harassment page 8 #4.

Training Records of Medical Mental Health staff

The Medical and Mental Health staff at YLA have been trained in the appropriate topics. Forensic exams are conducted at the O'Connor Hospital in Delhi, New York. The Medical and Mental Health staff are employees of the YLA.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

**OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment page 6-B.
OCFS Policy 3402.00 Limited Secure Admission and Orientation page 9-10 #3 a-e.
Examples of Resident Risk Assessments.**

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

Standard 115.342 Use of screening information

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

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

**OCFS Policy 3247.15 Room Confinement page 2 A
OCFS Policy 3402.00 Limited Secure Admission and Orientation page 9-10**

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

Standard 115.351 Resident reporting

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

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

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

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

Standard 115.352 Exhaustion of administrative remedies

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

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

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

Standard 115.353 Resident access to outside confidential support services

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

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

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

OCFS Policy 3422.00 Resident Mail page 2 C

OCFS Policy 3455.00 Visitation page 5 C.

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

Standard 115.354 Third-party reporting

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

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

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

Standard 115.361 Staff and agency reporting duties

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

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

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment page 10-F
OCFS 3456.00 Child Abuse Reporting in OCFS Facilities pages 1-16

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

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

Standard 115.362 Agency protection duties

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

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

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

Standard 115.363 Reporting to other confinement facilities

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

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

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

OCFS policy and procedures articulate reporting requirements when an allegation of sexual abuse of a resident is made while the resident was at another facility. OCFS policy and procedures meet the requirements of this standard. There have been no reports of this type reported. The Facility Director said in an interview that he would call the Justice Center immediately to report the incident.

Standard 115.364 Staff first responder duties

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

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

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

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

Standard 115.365 Coordinated response

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

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

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

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

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

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

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

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

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

The auditor did not conduct the interview with the deputy commissioner but relied on another auditor who did interview her last year. The Agency PREA coordinator confirmed that this information is still accurate.

Standard 115.367 Agency protection against retaliation

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

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

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment page 10-11 G
OCFS Policy 3443.00 Resident Rules
OCFS Policy 2613.00 Employees Reporting of Personal Threats

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

Standard 115.368 Post-allegation protective custody

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

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

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

Standard 115.371 Criminal and administrative agency investigations

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

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

OCFS Policy 3247.01 Prevention, Detection, and Reporting of Sexual Abuse, Assault, or Harassment
page 10 F

Interview with the Justice Center Staff

The Justice Center and the New York State Police are the two primary agencies that are designated to investigate allegations of sexual abuse and sexual harassment in OCFS facilities. Evidence is gathered and preserved, and victims, witnesses, and alleged offenders are interviewed according to professional law enforcement practices. Criminal case investigations will be referred to the local prosecuting attorney or the special prosecutor in the Justice Center where a decision will be made on how to proceed with the case. All investigations will consider whether staff neglect or failures contributed to the assault. Written reports will be presented to the appropriate bodies for further action.

All investigations (criminal and administrative) are documented in written reports. Reports include a thorough description of all the evidence taken in the course of the investigation. OCFS policy and procedures regarding investigations are consistent with the requirements of the standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

Standard 115.373 Reporting to residents

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

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

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

The YLA meets the requirements of this standard. According to the Facility Director a resident would always be informed of the outcome of any sexual abuse or harassment investigation. The auditor was presented with evidence that the one resident who had been the recipient of an alleged sexual misconduct had been given a written notice that the allegation was considered inconclusive according to the Justice Center.

Standard 115.376 Disciplinary sanctions for staff

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

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

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

The policy referenced above meets the requirement of this standard. Staff would be terminated and reports to law enforcement officials would occur.

Standard 115.377 Corrective action for contractors and volunteers

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

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

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

This policy outlines the process for corrective action should the need arise. As with staff, any contractor or volunteer who had a substantiated finding of sexual abuse would be terminated and turned over to law enforcement.

Standard 115.378 Disciplinary sanctions for residents

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

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

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

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

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

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

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

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

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

Standard 115.382 Access to emergency medical and mental health services

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

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

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

This policy is in compliance with the standard. Interviews indicate that sexually transmitted infection prophylaxis would be offered if needed. The facility has an MOU with the O'Connor Hospital in Delhi, New York for any emergency medical treatments necessary. Residents would be transported to the medical center without delay.

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

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

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

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

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

Standard 115.386 Sexual abuse incident reviews

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

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

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

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

Standard 115.387 Data collection

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

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

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

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

Standard 115.388 Data review for corrective action

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

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

The YLA reports all PREA-related allegations to the PREA compliance manager who sends the data to the Agency PREA coordinator. An annual report is completed and posted on the Agency's website. No personally identifiable information is included in this report.

Standard 115.389 Data storage, publication, and destruction

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

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Jeff Rogers

July 31, 2015

Auditor Signature

Date