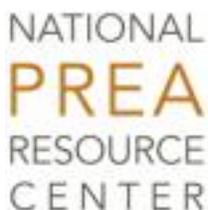


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		Goshen Secure Center	
<b>Physical address:</b>		97 Cross Road Goshen, NY 10924	
<b>Date report submitted:</b>		June 17, 2016	
<b>Auditor Information</b>		<b>Glen E. McKenzie, Jr. M.S.H.P.</b>	
<b>Email:</b>		<a href="mailto:GlenEMcKenzieJr.LLC@austin.rr.com">GlenEMcKenzieJr.LLC@austin.rr.com</a> for PREA Audit Purposes Only	
<b>Telephone number:</b>		512-576-1800	
<b>Date of facility visit:</b>		June 8-9, 2016	
<b>Facility Information: Goshen Secure Center</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		845-615-3000	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other – Residential Group Care Home
<b>Name of PREA Compliance Manager:</b>		Katherine Johnson	<b>Title:</b> Assistant Director for Treatment Services
<b>Email address:</b> Katherine.Johnson@ocfs.ny.gov			<b>Telephone number:</b> 845-615-3000
<b>Agency Information – Office of Children and Family Services</b>			
<b>Name of agency:</b>		Same as above	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>		New York State	
<b>Physical address:</b>		52 Washington Street, Room 130 North Rensselaer, New York 12144	
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		518-486-6766	
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Ines Nieves		<b>Title:</b>	Deputy Commissioner - DJJOY
<b>Email address:</b> ines.nieves@ocfs.ny.gov		<b>Telephone number:</b>	518-486-6766
<b>Agency-Wide PREA Coordinator</b>			

<b>Name: R.J. Strauser</b>	<b>Title:</b>	PREA Coordinator
<b>Email address: raymond.strauser@ocfs.ny.gov</b>	<b>Telephone number:</b>	518-474-0351

## **AUDIT FINDINGS**

### **NARRATIVE:**

The Goshen Secure Center is a secure facility designed to house 85 residents in single-housing unit male facility and is a New York State agency facility under authority of the Office of Children and Family Services. The PREA Audit took place June 8-9, 2015 in Goshen, New York. On June 7, 2016, the resident population was 48 males. Prior to arrival the auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with JUVENILE FACILITY PREA Standards. The pre-on-site review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to the auditor by the agency staff and any additional remaining questions were resolved prior to the on-site audit or during the on-site audit. On the evening of June 7, 2016 the auditor met with the agency PREA Coordinator and the facility PREA Compliance Manager to discuss any remaining questions and the final audit schedule. On the morning of June 8, 2016 the auditor entered the facility for purposes of conducting an on-sight tour of the facility and to interview residents, staff members, volunteers and contractors. The PREA Coordinator provided a list of all staff by shift and employee job categories and a list of all residents. The auditor interviewed ten residents with two (2) youth refusing to be interviewed. The resident population ranged from 50 residents in June 2015 to 58 residents in March 2016. In the previous 12 months, a total of 56 residents had been admitted to the facility. The age range of resident population is 13 years to 20 years of age. Residents' average length of stay was 413 days. There was one youth who identified gay and there were no youth who needed disability related services at the facility. No resident had requested to speak with the auditor nor had the auditor received any written correspondence from any resident or staff. In the prior 12 months, there had been zero (0) allegations of sexual abuse and there had been zero (0) allegations the facility received that a resident was abused while confined at another facility. The facility does not utilize isolation.

Following the facility tour, additional questions were answered by executive and upper-level management staff. Staff and resident interviews followed and were conducted privately in a conference room in the Administration Building. There are no SANE or SAFE staff employed at the facility. Those services are available at the Mental Health Association of Orange County, Inc. Regional Medical Center. The auditor reviewed the

Memorandum of Understanding (MOU) between the facility and Mental Health Association of Orange County, Inc. Regional Medical Center, Middletown, NY to provide SANE and SAFE services in conjunction with services of rape crisis center providers. All allegations of sexual abuse or sexual harassment are reported to the New York State Justice Center and criminal investigations are conducted exclusively by the New York State Justice Center. There were no volunteers interviewed as none were at the facility or available during the audit. One (1) medical contractor serving as a nurse was interviewed. The auditor had previously interviewed the agency PREA Coordinator. During the on-site audit, the auditor interviewed the following additional staffs: Facility Director, the PREA Compliance Manager who serves as the facility Assistant Director for Treatment for Treatment, intermediate/higher-level facility staff who conduct unannounced visits to the facility during the all shifts, medical and mental health staff, staff who performs screening for risk of victimization and abusiveness, incident review team staff, the staff responsible for monitoring for retaliation, first responders, intake staff, security staff and ten (10) random correctional officers. There is no human resources staff at the facility.

The Goshen Secure Center's mission is stated as "It is the mission of Goshen to provide only the best services, treatment & care for the children & families of our state. To accomplish this, we will ensure that every facet of our operation will be of a quality that we would expect for our own child." Its parent agency has the following Mission Statement: "The Office of Children and Family Services serves New York's public by promoting the well-being and safety of our children, families and communities. It is our goal to provide a safe and secure environment so all facility youth will have the opportunity to fully experience the rehabilitative process, and in doing so, to realize their full social, academic, vocational and emotional potential."

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Goshen Secure Center is located at 97 Cross Road, Goshen (Orange County), New York, approximately 50 miles northwest of New York City. It is situated in a rural area surrounded with wooded areas dotted with farms.

The center is a two-story red brick building consisting of six occupied secure wings or units. The lower floor consists of wings 1, 2 and 3, and the upper floor consists of wings 4, 5 and 6. Wing 3 is considered the sexual offender "discrete" wing and wing 5 is considered the general population. The Center has only two wet rooms that are located in wing 1. Wing 1 is considered the lock down wing. The center is surrounded by a primary and secondary egress system looped with layers of razor wire for added security. The Goshen Secure Center has historical significance and was previously known as the Goshen Annex for Boys, an institution run by the New York State Training School System and managed by the New York State Division for Youth. Built in 1961, it is the oldest secure center.

The center is one of the twelve regional facilities under the umbrella of the New York State Office of Children and Family Services (OCFS). The region comprises of six regions. The center is located in region 5. The regional facilities include five limited secure facilities, two non-secure facilities (non-community based), one reception center and four secure facilities, including the Goshen Secure Center.

The center serves male juvenile offenders who, while under the age of 16, committed certain violent felonies and were convicted and sentenced in adult criminal court. Depending upon the sentence, residents may remain in OCFS custody up to 20 years of age. Goshen Secure Center also serves juvenile delinquents who are under the jurisdiction of the family court and restrictively placed.

Residents are housed in six wings of 18 beds each. There are 20 rooms on each wing with 18 cells and two offices. Wing 3 is the only exception with 17 cells and three offices. Each wing is equipped with detention chairs, couches, writing surfaces and a TV. The rooms are opposite to each other so that staff has the ability to observe both rooms from one location. There is a central foyer on each level connecting wings on each floor.

Each resident room has its own on/off switch inside the room. Each wing has a staff area and a place for private consultations between counselors and youth, also known as the hobby room, located at the entrance of each wing.

The center is equipped with academic classrooms, vocational shops, medical and dental offices, laundry, chapel, kitchen, dining room, gym, indoor recreational area, visit area, control center, commissary area and administrative offices. The grounds contain football, soccer and baseball fields, basketball courts and a handball court.

The staff at the Goshen Secure Center is committed to services benefiting the residents such as education, counselling, vocational opportunities, health, mental health, recreational, religious, substance abuse, community involvement and other special programs.

It should be noted that facility staff were very familiar with the residents; knew their individual names, their background, treatment needs, characteristics and their involvement with families. Staff was observed speaking politely and in a professional manner with residents. There was many staff that had numerous years of service at the facility. Staff spoke highly of the facility managers, of other employees and the numerous programs offered to residents. All residents stated they felt very safe at the facility and could speak with any staff about any issues/concerns.

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met 0

Number of standards not applicable: 3

### **§115.311 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment - entire policy - specifically page 2, section 1; pp. 4-5 section III A-E; pp. 13-14 J (1-3)

OCFS-4902 Youth Admission Handout – “What You Should Know About Sexual Abuse/Harassment”

Agency Organization Chart

Agency memo identifying PREA Coordinator

Agency policy PPM 3247.01 Prevention, Detection and Response to sexual Abuse, Assault and Harassment includes mandatory reporting, zero tolerance toward all forms of sexual abuse and harassment and outlines the facility’s approach to prevention, detecting and responding to such conduct. The policy meets all requirements including definitions of prohibitive behaviors regarding sexual abuse/sexual harassment and appropriate sanctions. Youth receive detailed information about rights and reporting during their admission processes. The agency PREA Coordinator is the full-time agency employee who reports to the Deputy Commissioner. He communicates directly with the facility PREA Managers regularly and meets quarterly with all facility PREA Managers. The facility PREA Manager appeared to have sufficient time to conduct her duties. The facility PREA Compliance Manager is a full time facility employee, oversees the facility’s PREA compliance activities and reports to the Facility Director.

### **§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)

**XX** Non-Applicable

The facility does not contract for the confinement of its residents with other private agencies/entities.

## **§115.313 – Supervision and Monitoring**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency policy PPM 3247.01 Prevention, Detection and Response to Sexual Abuse, p. 5/6, IV-A)

Agency policy PPM 3247.40 Administrative Coverage in OCFS Facilities, p. 2/3 (B) (D)

Goshen Secure Center Master Facility Staffing Schedule, Facility Video Surveillance and Staffing Plan and Staffing Plan Reviews

Number and placement of video cameras inside and outside the facility

Agency Employee Handbook – prohibiting staff from alerting other staff of unannounced rounds.

The agency policy relating to staffing plan, video monitoring, unannounced rounds and staffing ratios clearly documents PREA requirements. The tour reflected compliance with all components. The staffing plan is reviewed during management team meetings to ensure proper coverage is met. The Facility Director, Assistant Director for Treatment and other facility managers check the rosters of staff on-duty and on-call daily and spend time observing staff and resident programs daily. There had been no deviations from the staffing plan. The facility Assistant Director for Treatments and upper/mid-level managers conduct required unannounced visits on all shifts. Documentation of the unannounced visits by intermediate and higher-level supervisors is noted in the unit log books and further documented on the “Administrator Review Reports” of the unannounced rounds. The “Administrator Review Reports are submitted to the Director and higher level agency management. A random review of unit log books and memos documented unannounced visits on all shifts and interviews with staff provided additional confirmation of this practice. The staffing plan review with the PREA Manager and other managers occurs daily and no less than once each year to determine the adequacy of staff assignments and monitoring systems. Staff is prohibited from alerting other staff of unannounced rounds and is noted in employee handbooks provided to all staff and confirmed during staff interviews.

Goshen Secure Center has maintained a minimum staff ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours. During the tour, the auditor noted that the staff ratio is much higher which was explained as due to reduced resident population. The facility

tour confirmed ample resident supervision/monitoring capabilities. There were a total of 193 cameras at the facility: 162 video cameras inside the facility and 31 video cameras outside the facility strategically located throughout the facility, were in good working order and had adequate video recording capabilities. The Control Center security staff monitored the cameras 24-hours per day/ 365 days a year. There were neither judicial findings of inadequacy nor findings of inadequacy from any investigation agency/oversight bodies.

### **§115.315 – Limits to Cross-Gender Viewing and Searches**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy Contraband, Inspections & Searches PPM 3247.18, p. 4, section F, 3 (b)

Agency Policy PPM 3247.01 Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 5, III C/D/E; p. 6 (IV) A (5)

Training Curriculum/training logs

Random resident/staff interviews

Agency policy prohibits strip/body cavity searches and allows only male staff to conduct pat-down searches, except in exigent circumstances. There have been no cross-gender searches of residents by staff. Policy requires staff to respect the privacy of residents when showering, dressing and normal bodily functions and requires staff of the opposite sex to announce their presence when entering housing units. Resident interviews confirmed that staff respects residents' privacy during dressing, showering and using the rest room facilities. Physical examinations are not conducted for the sole purpose of determining resident genital status. Agency policies, training curriculum and training logs properly documented PREA standard compliance. Staff interviews further confirmed that these practices occur as required. Training had been completed for all staff.

### **§115.316 – Residents with Disabilities and Residents who are Limited English Proficient**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 2 I; p. 8 C (5).

Agency Policy PPM 3402.01 Secure Facilities Admission and Orientation, p. 11 (V), 2<sup>nd</sup> paragraph.

Training Curriculum/training logs related to disabled residents and residents with limited English proficiency

List of Language Assistance Resources – OCFS Intranet: <http://ocfs.state.nyenet/LED.asp>

Interviews - random residents/random staff

There have been zero (0) instances where the services of an interpreter was needed during the review period; however appropriate services may be provided through professional organizations. Resident interpreters, resident readers or other types of resident assistants are not utilized at this facility except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise residents' safety, the performance of first-responder duties or the investigation of the residents' allegation(s). The facility has an agreement with a language assistance resource free of charge to residents.

### **§115.317 – Hiring and Promotion Decisions**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was used in determining compliance with this standard:

<http://ocfs.state.nyenet/LED.asp> - Prohibition on hiring practices

PPM 2021.04 Employee Screening for Child Abuse and Maltreatment– entire policy

PPM 2026.03 p. 1(I), 2 (A/B); p. 2 (C) Criminal History Screening-Employees/Background record checks/Candidates

Justice Center Staff Exclusion List Checks for Prospective Staff Hired

Justice Center Frequently Asked Questions (FAQ – Criminal Background Checks, p. 3)

<https://www.justicecenter.ny.gov/about/faq>

Interviews with Facility Director, Assistant Director for Treatment for Treatment /PREA Manager

The New York State Justice Center for the Protection of People with Special Needs (known at the Justice Center) is the lead agency on conducting background checks. When a person applies for a position, the Justice Center checks to see if the person is identified on the Staff

Exclusion List (SEL). The Justice Center maintains a statewide register (SEL) which contains the names of individuals found responsible for serious or repeated acts of abuse and neglect. If the applicant is on the list, the person is no longer given further consideration for employment. If a person is not on the list, then the OCFS requests a criminal background check and a check of the Statewide Central Register of Child Abuse and Maltreatment. The Justice Center then informs the agency if the person has successfully passed the background check. Previous employment references are then contacted. On the application for employment, applicants are also required to report any arrests or misconduct that would impact their ability to work with young people. When a person is hired in OCFS, their name is entered into a national database that tracks all contacts with law enforcement agencies. If an OCFS employee is arrested in the U.S, a notification is immediately sent to the New York State Justice Center where a notice is then sent to the agency. While the agency does not do criminal background checks every five years, this system captures arrest information for current employees in real time. Agency policy states that employees have an affirmative duty to disclose misconduct that can impact on their ability to perform their responsibilities. OCFS checks the Statewide Central Register of Child Abuse and Maltreatment every two-years for current employees. Promotions follow similar procedures. Former employees who return to OCFS after 12 months of separation are re-fingerprinted for background checks to be completed prior to re-employment.

During the past year all new employees who were hired received background checks which included child abuse registries. Background checks are conducted by the NYS Justice Center. Interviews with staff confirmed adherence of the required applicant background processes which ensured all staff considered for promotions are free of legal charges, convictions and civil or administrative adjudications of sexual abuse/harassment. Material omissions of sexual abuse or harassment incidents or the provision of materially false information are grounds for termination.

### **§115.318 – Upgrades to Facilities and Technology**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Video Surveillance and Staffing Plan

Interviews with Facility Director, Assistant Director for Treatment and agency PREA Coordinator

The facility staff prepares a Video Surveillance and Staffing Plan report each year. There have been no renovations to the facility during this review period; although one (1) additional camera was installed since August 2012. Through interviews it was confirmed that any additional plans for expansions or modifications will take into consideration the possible need to increase video monitoring and to further review monitoring technology.

## **§115.321 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Formal letter to NYS Justice Center Executive Director (June 2014) requesting investigations be conducted in compliance with PREA standards

Agency policy PPM 3243.16 Payment for Health Services, p.1 (A)

MOU with Mental Health Association (MHA) of Orange County, Inc., Orange County Rape Crisis Center, New York (March 2014)

The NY Justice Center conducts sexual abuse and sexual harassment administrative and criminal investigations. All alleged incidents involving sexual abuse/assault or that which may be criminal are also reported other to appropriate authorities as required. The agency Deputy Commissioner had formally asked the NYS Justice Center Executive Director to comply with PREA investigative standards. The agency PREA Coordinator stated that all criminal investigators employed by the NYS Justice Center who conduct investigations for the OCFS had been trained in a uniform evidence protocol by the National Institute of Corrections. All forensics examinations are provided without cost to the resident(s) and are completed at Columbia Memorial Hospital according to the written signed agreements of July 2015. Confirmation was based upon review of the agency policy and the MOU with Mental Health Association (MHA) of Orange County, Inc., interviews with facility medical staff and upper-level management and with the Executive Director of the Mental Health Association (MHA) of Orange County, Inc. There have been no allegations of sexual abuse; consequently no forensic examinations had been conducted. Victim advocates are available through the Mental Health Association (MHA) of Orange County, Inc. which coordinates services with a local provider of rape crisis hotlines and local intervention and counseling agencies not affiliated with the criminal justice system. There are staff members at the facility that can provide crisis intervention and accompany/support the resident through the forensic medical examination processes/interviews if requested by the resident. The facility PREA Coordinator stated she is required to conduct follow-ups on all investigations.

## **§115.322 – Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10 F, p. 11 (3<sup>rd</sup> paragraph)

Agency PREA Annual Report: 2014

<http://ocfs.ny.gov/main/rehab/prea/2014%20PREA%20Annual%20Report%20final.pdf>

NYS Justice Center investigation PREA requirements written request from agency Deputy Commissioner (June 2014)

The agency has policies and procedures which require administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse are referred to the Justice Center within 24 hours. There had been no allegations of sexual abuse or sexual harassment in the past year. The facility published its 2014 Annual Report which was reviewed at the facility, as well as facility policies which demonstrated compliance with the above PREA standard. The Facility Director, upper-level management staff and the PREA Coordinator were also interviewed. The agency Deputy Commissioner had formally asked the NYS Justice Center Executive Director to comply with PREA investigative standards.

### **§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 information was utilized to verify compliance with this standard:

PPM.3247.01 Prevention, Detection and Response to sexual Abuse, Assault and Harassment pp. 3-4; p. 7 (e-i), pp. 11-12

PPM.3442.00 Lesbian, Gay, Bisexual, Transgender and Questioning Youth pp.1-2

PREA Video by Professional Development Program, Rockefeller College, University at Albany

NIC PREA Training Curriculum

Employee Manual – Personnel Policies, Employee Benefits and Staff Conduct

Resident Sexual Misconduct Brochure

Random staff interviews

The auditor reviewed agency policies which stated that all employees receive training tailored to the needs/attributes/gender of residents on each of the following topics required by this PREA standard: Zero tolerance; employee responsibilities; residents' right to be free from sexual abuse/harassment; the right of employees and residents to be free from retaliation for

reporting sexual abuse/harassment; dynamics of sexual abuse/harassment in juvenile facilities; common reactions of juvenile victims of sexual abuse/harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact/abuse between residents; how to avoid inappropriate relationships with residents; effective and professional communication with all residents; compliance with relevant laws related to mandatory reporting and applicable age of consent. The facility's training curriculum was discussed with the Assistant Director for Treatment/PREA Coordinator. Training curriculum was inclusive of each topic required. Policy and training records documented staff participation and training hours received. Each staff documented that they understand the training they received. Staff also receives annual refresher training and information on current facility policies. Additionally, the Facility Director and upper-level management staff hold regular team meetings to communicate concerns related to PREA policies/procedures and other management issues. Refresher training is conducted regularly. Posters about the facility PREA policies are placed in conspicuous locations throughout the facility and in all housing units. This information is also contained in resident handbooks. Brochures and other forms of communicating to the residents about safety guides had been provided to all residents, staff, volunteers and contractors. The agency also has PREA information both for residents and the public in general through the agency website.

### **§115.332– Volunteer and Contractor Training**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Employee /Volunteer/Contractor Training and Acknowledgement

Sexual Misconduct Brochure

In the past 12 months, 16 volunteers and contractors have been trained (based on services provided) in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. A sample of three (3) volunteer/contractor training records was reviewed. Volunteers and contractors documented that they understood the training they received. There were no volunteers or contractors available for interview during the audit.

### **§115.333 – Resident Education**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3402.00 Limited Secure and Non-Secure Facilities Admission and Orientation, p. 12 (6,9)

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, pp. 6, B, 8 (5), (10)

Agency form OCFS-4902 – Youth Admission Handout “What you should know about sexual abuse/assault”

Resident Booklet – “Checking in for: YOUR SAFETY AT OCFS DJJOY”

Facility PREA posters

Random resident/staff interviews

In the past year, 56 residents had been admitted. Residents had been given information about the zero-tolerance policy and how to report incidents/suspicions of sexual abuse/harassment orally and in writing in the resident handbook during the intake process. Documentation of resident participation in PREA training confirmed that each resident signed a receipt for the training. The information is also provided to residents in a brochure created by the facility and through posters prominently placed throughout the facility. Interviews of ten (10) residents determined that they received such information. Should youth with limited English proficiency, deaf, visually impaired, limited reading skills or otherwise disabled be admitted in the future, they will be provided assistance as outlined in agency policies. These practices were additionally verified through staff interviews.

### **§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)

**XX** Non-Applicable

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

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 11 F

Random staff interviews

Interview with Facility Director and Assistant Director for Treatment/PREA Manager

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10 F

NYS Justice Center investigation requirements formal request from agency Deputy Commissioner.

The New York State Justice Center is the State entity outside the agency responsible for investigation allegations of sexual abuse and sexual harassment within the Office of Children and Family Services operated juvenile justice facilities. The agency Deputy Commissioner had formally asked the NYS Justice Center Executive Director to comply with PREA investigative standards. The agency PREA Coordinator stated that the NYS Justice Center investigators assigned to the Goshen Secure Center had been trained in conducting investigations of allegations of sexual abuse in confinement settings and provided training records for investigators. This information had been previously confirmed by a Certified PREA Auditor who had recently interviewed several NYS Justice Center investigators.

### **§115.335 – Specialized training: Medical and mental health care**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 8 (4)

Training curriculum

Training records

Medical/mental health staff interviews

All medical and mental health care staff has received required trainings as documented in training records and confirmed through interviews with medical/mental health staff. Training included how to detect and assess signs of sexual abuse/harassment, preservation of physical evidence of sexual abuse, effective/professional response to victims, reporting of allegations or suspicions of sexual abuse/harassment. Medical staff at Goshen Secure Center do not conduct forensic examinations.

### **§115.341 – Screening for risk of victimization and abusiveness.**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 6, (B)

Agency Policy PPM 3402.00, Limited Secure and Non-Secure Facilities Admission and Orientation, p. 9 (3 a-e)

Facility Classification Form – OCFS-4928

Interviews with agency PREA Coordinator, facility Assistant Director for Treatment, intake staff responsible for risk screening and resident interviews

Initial screening is conducted on all residents prior to living unit/room assignments. Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are conducted within 72 hours of admission. Interviews with staff and residents confirmed that resident screening occurs within 72 hours of admission and most of the time, this screening occurs during the first day of admission prior to housing assignment. The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization and/or abusiveness, any gender nonconforming appearance or manner/identification and whether the resident may be vulnerable to sexual abuse. Information is also obtained related to current charges/offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, residents' perception of vulnerability and any other specific information (medical/mental health screenings, any court records and resident file documentation) that may indicate heightened supervision needs and additional safety precautions, to include separation from certain other residents. The screening instrument is used in conjunction with resident history and records from referral agencies. Information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff/contractors/volunteers or other residents. Random resident records were reviewed. The review demonstrated the required initial screening and the facility reported that residents received this screening within 72 hours. Reassessments are conducted every six (6) months and more often as indicated. The facility stated that there had been 56 youth assigned to the facility in the past 12 months. All residents interviewed stated screening and/or reassessment had been conducted accordingly and that they felt safe at the facility.

### **§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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.15, p. 2 III (A); p. 5 (J)

Agency policy PPM,3402.00 Limited Secure Admission and Orientation, pp. 9-10

Interviews with Facility Director, facility Assistant Director-Treatment, mental health staff, staff responsible for risk screening

All screening results are used to establish housing/room assignments and to increase awareness of potential safety concerns of staff who work directly with residents. The housing/room assignments are considered on an individual basis to ensure the health and safety of each resident and whether such assignment would present potential management or security problems. Screening occurs no less than two (2) times each year. While there were no reported transgender or intersex residents at the facility, interviews with facility staff indicated that serious consideration of transgender or intersex residents own views will be made. This facility does not utilize isolation of residents. Housing/bed/other assignments are not made solely on the basis of identification or status nor made as an indicator of likelihood of being sexually abusive. One (1) youth interviewed stated he identified as gay and that he had been asked about his sexual identity during his risk screening on his first day at the facility.

### **§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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 8 (D) and p. 10 (F)

Agency policy PPM.3456.00 Child Abuse and Neglect Reporting in OCFS Programs, p. 2 (2<sup>nd</sup> paragraph)

NYS Justice Center investigation requirements formal request from agency Deputy Commissioner

OCFS Employee Manual, pp. 3, 6

Agency Policy PPM 3429.00 Reportable Incidents

Agency Policy PPM 3456.01 Justice Center-Related Reportable Incidents in OCFS Facilities and Programs.

Resident Booklet – “Checking in for: YOUR SAFETY AT OCFS DJJOY”: English and Spanish versions

Postings on all living units and program areas

Interviews with facility PREA Compliance Manager, random staff and residents

The facility provides multiple methods and the means for residents to report allegations of sexual misconduct internally and externally. Staff is required to report all verbal allegations immediately and document such action(s). Residents and staff may privately report allegations confidentially, through in-person reporting, e-mail communication, anonymously, and through private telephone communication with local agencies. Reports may also include staff neglect or violation of responsibilities that may have contributed to such incidents. All residents interviewed were able to state the procedures for making allegations of sexual abuse or sexual harassment, how to report retaliation by other residents or staff for making such reports, including staff neglect or violation of responsibilities that may have contributed to such incidents. The facility does not detain residents for civil immigration purposes.

### **§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)

**XX** Non-Applicable

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

Agency Grievance Policy PPM 3443.00 –entire policy

Resident Booklet – “Checking in for: YOUR SAFETY AT OCFS DJJOY”: English and Spanish versions

The agency does not consider the grievance process as a formal mechanism to report sexual abuse. However, if we were to receive a grievance alleging sexual abuse, it would be treated as a written submission.

If a resident files a grievance related to imminent sexual abuse, the grievance will be classified as an emergency grievance and forwarded appropriately. No time limit is imposed on any resident for allegations of sexual abuse and does not require the use of any informal grievance process and does not attempt to resolve an alleged incident of sexual abuse with staff. There is no statute of limitation restricting the facility’s ability to defend itself against a lawsuit filed by any resident. Third parties, without resident consent, may report allegations of sexual misconduct to designated facility staff, local law enforcement, the Justice Center or the Ombudsman’s office.

Resident interviews indicated that residents knew of how to report and to whom including outside third parties including parents and legal guardians.

### **§115.353 – Resident Access to Outside Support Services and Legal Representation**

- Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 8, D

Agency Policy PPM 3455.00 Visits to Youth p. 5 (C),

Agency Policy PPM 3422.00 Resident Mail, entire policy

Resident Booklet –in English and Spanish “Checking in for: YOUR SAFETY AT OCFS DJJOY”

OCFS 4902 Youth Admission Handout “What you should know about sexual abuse/assault

Memoranda of Understanding between Goshen Secure Center and MHA of Orange County, Inc.– to provide advocate for rape counseling and advocacy services

Facility PREA posters

Interviews with Facility Director, Assistant Director of Treatment/PREA Compliance Manager, residents and staff

The facility provides residents with outside victim advocates for emotional support services related to sexual abuse and has provided this information to all residents through resident handbooks, intake orientation, brochures, and posters placed throughout the facility.

Residents may call an attorney at any time and may receive telephone calls according to scheduled hours. Should parents or guardians, not be able to call according to scheduled hours, they will be accommodated by arrangements at other times.

### **§115.354 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency public website – <http://http://ocfs.ny.gov/main/rehab/prea.asp>

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10 F

Facility PREA posters with third party reporting information.

<http://www.justicecenter.ny.gov/> information regarding Third Party Reporting made available on the agency's website.

The facility's policy on Prevention, Detection and Response to sexual Abuse, Assault and Harassment describes multiple methods used to receive third-party reports of sexual abuse/harassment and is posted on the agency's website to inform the public about reporting resident sexual abuse or harassment on behalf of residents. Third party reports can also be made to the Director or Ombudsman. While there were zero (0) third party reports, third parties can also report to law enforcement or department of social services.

### **§115.361 – Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10 F

Agency Policy PPM 3456.01 Child Abuse and Neglect Reporting, p;. 7 (III-A)

Interviews with Facility Director, facility Assistant Director – Treatment, mental health staff and random staff

The facility's policy on Prevention, Detection and Response to sexual Abuse, Assault and Harassment describes requirements for all staff (including medical and mental health practitioners) to immediately report any knowledge, suspicion or information received related to sexual abuse/harassment incidents, retaliation and staff negligence that may have contributed to such incidents. Staff is required to make such reports to the facility administration. Random staff interviews confirmed their responsibility to comply with facility policies and mandatory child abuse reporting laws and to maintain that information in confidence except as necessary to make treatment/investigation and other security/management decisions. Staffs stated they are required to report all allegations promptly. There were zero (0) number of allegations of sexual abuse the facility received from other facilities.

### **§115.362 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Justice Center Code of Conduct, p.1, (2), p. 2 (10)

Laminated procedures/protocol for protecting residents

Interviews with the Facility Director and random staff

The facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been zero (0) instances that the facility determined that a resident was subject to risk of imminent sexual abuse. Interviews confirmed compliance with expected practices. Employees are provided with a laminated information card that outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

### **§115.363 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10, F; p. 11 (second paragraph)

Interview with the Facility Director

Policies and procedures specify reporting actions to be taken upon receiving an allegation of sexual abuse of a resident while at another facility. Such action(s) are to be initiated as soon as possible, but no later than 72 hours and actions documented. There have been no instances in the last twelve months of allegations by any resident who had reported abuse while confined at another facility or allegations from any other facility.

### **§115.364 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10, E

Interviews with the random staff/first responders

Facility policies comply with all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as possible, including the request of the victim not to take any actions which could destroy any

physical evidence) and all staff has been trained accordingly. Interviews with random staff/first responders confirmed knowledge of policy requirements and staff expectations. In the past 12 months, there have been no allegations that a resident was sexually abused.

### **§115.365 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Local Operating Practice PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 1-2

Laminated procedures/protocol for protecting residents

Interview with Facility Director

The facility has a written local operating policy which coordinates actions to be taken should a sexual abuse incident occur. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. The interview with the Facility Director indicated that staff is aware of their responsibilities to coordinate responses within the facility. Employees are provided with a laminated information card that outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

### **§115.366 – Preservation of Ability to Protect Residents from Contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Non-Applicable

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

There have been no new or renewed collective bargaining agreements in the past year; however, any contracts developed or renewed will not limit alleged staff sexual abusers to be removed from contact with residents pending the outcome of the investigation and a determination of discipline.

### **§115.367 – Agency Protection Against Retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 11, G

Interview with Facility Director

Interview with Assistant Director for Treatment/PREA Compliance Manager who is charged with monitoring for retaliation

The facility has a written policy related to protection against retaliation. The Facility Director and the Assistant Director for Treatment/PREA Manager are charged with monitoring for retaliation. Should any other person who cooperates with a sexual misconduct investigation express fear of retaliation, appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. An interview with the Assistant Director for Treatment confirmed her duties and responsibilities. There have been zero instances of alleged retaliations in the past 12 months.

### **§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)

**XX** Not Applicable

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

Agency Policy PPM 3447.15, Use of Room Confinement

Interviews with Assistant Director for Treatment/PREA Compliance Manager, medical/mental health staff

Segregated housing of residents as a means to keep them safe from sexual misconduct is not used. Interviews confirmed the prohibition of segregated housing for this purpose. The facility does not use isolation.

### **§115.371 – Criminal and Administrative Agency Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment, p. 11, F

Interviews with Facility Director, Assistant Director for Treatment/PREA Compliance Manager

NYS Justice Center investigation PREA requirements written request from agency Deputy Commissioner

There have been zero (0) investigations of sexual abuse or sexual harassment at this facility. Investigations are to use any available evidence, including witness interviews and suspected sexual abuse perpetrator reports. Investigations are not terminated should the source of the allegation recant the allegation. Should criminal prosecution be considered interviews of alleged victims/suspected abusers and witnesses will be conducted by the NYS Justice Center investigators who will also gather physical and DNA evidence, and any electronic data; along with prior complaints and reports. No truth-telling device is used as a condition for continuing the investigation.

Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for at least seven (7) years from resident(s) discharge or until the age of majority is reached whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress.

### **§115.372 – Evidentiary Standard for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment

New York State Justice Center Law p.33, section 493 (3a)

NYS Justice Center investigation PREA requirements written request from agency Deputy Commissioner (June 2014)

Assistant Director for Treatment/PREA Compliance Manager

Facility policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. The NYS Justice Center has been asked to use this standard for investigations at the facility. Through an interview with the agency PREA Coordinator, it was stated that the NYS Justice Center uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.

### **§115.373 – Reporting to Residents**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 14, (K)

Interviews with Facility Director and Assistant Director for Treatment

Facility policy requires residents to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another resident. There have been zero (0) residents who had alleged sexual. Interviews with the Director, Assistant Director for Treatment/PREA Manager and PREA Coordinator confirmed practices involving all standard components are in place. Information regarding the status of investigations is readily available (either through telephone or e-mail communication) through the NYC Justice Center.

### **§115.376 – Disciplinary Sanctions for Staff**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 13, J (1) (A)

Interviews with Facility Director and Assistant Director for Treatment/PREA Compliance Manager

No staff has violated agency sexual abuse or harassment policies. Interviews conducted with the Facility Director and Assistant Director for Treatment verified that there had been no substantiated allegations at the facility during this audit period review. Interviews also confirmed that agency policies would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.

### **§115.377 – Corrective Action for Contractors and Volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 13, J (2)

Interviews with Facility Director and Assistant Director for Treatment/PREA Compliance Manager

Contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse/harassment policies. There have been zero (0) contractors or volunteers accused of sexual misconduct in the audit review period. According to the Facility Director and Assistant Director for Treatment, should any violation of this type be substantiated, the facility has complete agency policies related to administering remedial measures including prohibiting further contact with residents.

### **§115.378 – Disciplinary Sanctions for Residents**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 14, 3 (d-f)

Agency policy PPM 3443.00 Youth Rules p. 6 (IV), p. 7 (6)

Interviews with Facility Director, medical/mental health staff

Should an investigation for resident on resident findings of sexual abuse, administrative sanctions will be administered following the formal disciplinary processes applied commensurate with the level of infractions. Interviews revealed that a therapeutic approach

would be used when administering sanctions. The facility does not use isolation as a sanction. Residents' access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.

### **§115.381 – Medical and Mental Health Screenings; History of Sexual Abuse**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency policy PPM 3243.18 Initial Mental Health and Health Screening Interview for Facility Youth p. 2 (B)

Agency policy PPM.1901.00 OCFS HIPPA Security

OCFS 1448 Admission Screening Interview

Interviews medical/mental health staff and Risk Screening (Intake) Staff

Facility policies are complete on all standard elements. There were zero (0) residents who disclosed a prior sexual victimization during the resident screening processes. There have been zero (0) instances of resident reports of sexual abuse. Interviews confirmed agency policy expectations and staff were aware of their responsibilities including limiting information strictly to medical/mental health and other staff, as necessary. Medical and mental health staff was also aware of mandatory reporting laws.

### **§115.382 – Access to Emergency Medical and Mental Health Services**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 9 (1), p. 10 (D/E)

Agency policy PPM 3243.16 Payment for Health Services, p. 1 (A)

Interviews with Facility Director, Assistant Director for Treatment/PREA Compliance Manager, medical/mental health staff, Risk Screening (Intake) Staff, first responders and residents and with the Executive Director for the MHA Orange County, NY.

There had been zero (0) resident victims of sexual abuse in the past 12 months. A review of facility policy documented PREA requirements for access to emergency medical and mental health services. An agreement exists with Mental Health Association of Orange County, Inc. Regional Medical Center, Middletown, NY at no cost to the victim for medical/mental health services necessary when facility mental health staff is not available.

### **§115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3243.33 Behavioral Health Services, p. 5 B (2)

Agency Policy PPM 3243.01 Health Services, p.1, II (A)

Agency Policy PPM 3247.01, Prevention, Detection, Response to Sexual Abuse and Sexual Harassment, p. 10 (D-4)

Medical/mental health staff interviews

The facility agency policy offers medical/mental health evaluations and treatment at no cost to sexual abuse victims and abusers. Medical/mental health staff verified this as a necessary practice and residents are to be seen within a week after being notified; however mental health staff stated that as soon as an incident was reported, a counseling session would be scheduled. When residents are transferred or discharged, a continuing care plan is developed for follow-up services consistent with those services provided in the community. The facility is a male-only facility. Tests for sexually transmitted infections will be offered to resident victims of sexual abuse, but there had been zero (0) resident victims.

### **§115.386 – Sexual Abuse Incident Reviews**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 12, (H)

2013 PREA Annual Survey of Sexual Violence

Interviews with Facility Director, Assistant Director for Treatment/PREA Compliance Manager, Incident Review Team member

The sexual abuse incident review team has not had to conduct a sexual abuse incident review because there had been zero (0) allegations/incidents of sexual abuse. As outlined in agency policies, should a sexual abuse allegation be made, an incident review will be conducted following a final determination of findings, unless unfounded. Residents may be assigned to another living unit to increase supervision capabilities. Upper-level staff has received incident review training which allows for input from supervisors, Justice Center investigators, medical or mental health staff. The facility will implement the recommendation(s) of this team or will document its reasons for not implementing the recommendation(s).

### **§115.387 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, pp. 2-4 (C), p. 15, L

The facility collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files and incident reviews. Aggregate annual data from other state facilities are available through the Statewide PREA Database. The agency provided this information to the Department of Justice in 2013. The Department of Justice has not requested this data from the agency; however, an annual report of aggregated data for 2014 will be submitted to the Department of Justice due in September 2015.

### **§115.388 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency's website posting of 2013 PREA Annual Survey of Sexual Violence

Interview with Assistant Director for Treatment/PREA Compliance Manager

The agency PREA Coordinator and Incident Review Team review all incidents for corrective action measures. The annual report will provide data collected through 2014 and will compare that data to 2013 and will track progress on all recommended corrective actions. No personally identifiable information is included in the report. The annual report for 2013 is

located at <http://www.ocfs.state.ny.us/main/rehab/2013-SSV-Survey-DJJOY-Facilities.pdf>.  
The report is approved by the agency Deputy Commissioner.

### **§§115.389 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

**XX** 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 information was utilized to verify compliance with this standard:

Agency Policy PPM 1900.00 Telecommunications and Computer Use Policy, p3. (1-5)

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, pp. 2-4, p. 15, L

Agency's website posting of 2013 PREA Annual Survey of Sexual Violence  
<http://www.ocfs.state.ny.us/main/rehab/2013-SSV-Survey-DJJOY-Facilities.pdf>.

Interview with agency PREA Coordinator

Data collected is retained via limited access and through a secure server for at least ten (10) years. No personally identifiable information is included in the report.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his/her ability to conduct an audit of the agency under review.

*Glen E. McKemie, Jr.*

June 17, 2016

Auditor Signature

Date