PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

Name of Facility:	M.D.F.T. Girls Intermediate Residential Program				
Physical Address:	11 Country Place Litchfield, Ct. 06759				
Date report submitted					
Auditor information: G. Peter Zeegers					
Address	6302 Benjamin Road, Tampa, FL 33634				
Email:	pete.zeegers@us.g4s.com				
Telephone number:	863-441-2495				
Date of facility visit	2/27/15				
Facility Information					
Facility Mailing Address: *(if different from above)*					
Telephone Number:	860-361-6966				
The Facility is:	☐ Military	☐ County	☐ Federal		
	☐ Private for profit	☐ Municipal	☐ State		
	☒ Private not for profit				
Facility Type:	☐ Detention	☐ Correction	☒ Other: Residential Treatment Facility		
Name of PREA Compliance Manager:		Katie Vaill		**Title:**	Project Director, Girls Program
Email Address:		katievaill@nafi.com		**Telephone Number:**	860-567-3809, Ext. 254
Agency Information					
Name of Agency:	North American Family Institute – NAFI CT.				
Governing Authority or Parent Agency: *(if applicable)*					
Physical Address:	20 Batterson Park Rd. Suite 300, Farmington, Ct. 06032				
Mailing Address: *(if different from above)*					
Telephone Number:	860-284-1177				
Agency Chief Executive Officer					
Name: Lynn Bishop		**Title:**		Executive Director	
Email Address: LynnBishop@nafi.com		**Telephone Number:**		860-284-1177	
Agency Wide PREA Coordinator					
Name: Melissa Petrone		**Title:**		Director of Quality Assurance	
Email Address: MelissaPetrone@nafi.com		**Telephone Number:**		860-284-1177	

AUDIT FINDINGS

NARRATIVE:

The Multidimensional Family Therapy (MDFT) Community Residential program provides a safe, nurturing, therapeutic environment for young women ages 14-17 who are struggling substance abuse and who may also have co-occurring mental health disorders. The short-term residential setting provides a family-like structure to encourage trusting, healthy relationships. The goal of the evidence-based model is to decrease recidivism and criminal activity, decrease substance abuse dependence, improve educational functioning, improve mental health, and increase stability and overall family functioning. The program provides intensive integrated mental health and therapeutic substance abuse services, on-site educational and recreational services, and coordinates intensive comprehensive aftercare services. Program staff use evidence and research based programming to help clients and families to enhance protective factors by working on client's re-engagement and connection to family, community, and other support networks. Unlike traditional programs, NAFI CT's model offers a flexible continuum of care to provide high quality services that are tailored to individual client needs and emphasizes family work and community reintegration.

MDFT opened in 2013 and is a 6-bed staff secure residential treatment facility operated by NAFI, CT., located in Litchfield, Ct. The program has an on-grounds school that is accredited by the Connecticut Department of Education. The length of stay is an average of 4 months. The facility employs 20 full-time staff.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. The auditors conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff.

An on-site PREA Audit was conducted on February 27th, 2015. The entrance meeting was attended by Laura Pires, Program Director, Katie Vaill, Project Director of Girls Program, Melissa Petrone, Agency Director of Quality Assurance, Bobbi Pohlman-Rodgers, PREA Auditor, and Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed, youth and staff were selected for interviews, and specialized staff were also identified. Also, additional pre-audit information was obtained.

There was one PREA-related youth on youth sexual harassment allegation made in the previous 12 months.

Interviews were conducted with the agency Executive Director, the Program Director, Project Director, who also serves as the PREA Compliance Manager, a mental health therapist, the nursing supervisor, intake staff, custody staff randomly selected from each of the three shifts in this facility, and all six youth. The facility does not utilize volunteers right now but does utilize contractors (MH).

On the days of the on-site audit six youth were housed in the facility. Two youth had reported during the intake process previous physical or sexual abuse (none of which occurred in this or any other facility). No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, questioning, or gender nonconforming during the intake process. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

A tour of the facility was conducted, led by Program Director Laura Pires. The program opened in 2013, the facility is clean, in good repair, and well maintained. There is another girls program located on the facility grounds. The program is called Touchstone and is also operated by NAFI, CT. The girls mix only during school and recreation. The front door to the Administration Building is unsecured. There is no fence around the facility. Youth are housed in four bedrooms in a separate dorm. There are two double bed rooms and two single bedrooms on the second floor of the dorm building. There is one bathroom upstairs with a shower and a toilet. One resident in the bathroom at a time. There is also a similar style bathroom downstairs on first floor. Both showers have curtains. Both review of policies and interviews with staff and youth confirmed that male and/or female staff are not permitted to enter or remain in the bathroom area, and no staff infringe upon the resident's privacy. On the first floor of the dorm building there is a kitchen, laundry room, living room, staff offices, and a sun room. There is a building that has a gymnasium on the second floor. This is used for large muscle activities and becomes of good use during winter months. There is also a school house that have both groups of residents (Touchstone and MDFT) attending based on educational levels. There are two floors in the building.

There are 17 cameras attached to a DVR monitoring most of the facility. There is no central or master control; however, one or more of the cameras may be monitored at the Supervisor's desk at any time. None of the cameras field of view includes the bedrooms or the toilet and showers areas. During the tour it was observed that there were a few blind spots located in the classrooms and in the dorm areas. Program Director Laura Pires, has already ordered four cameras to cover these blind spots. There will also be a security pipe system added to the bedrooms in order to document the staff security checks. The pipe system has already been ordered.

The PREA Audit notice was posted on the bulletin boards in the main hallway of the education building and dorm building, as well as copies of the PREA brochure (this is the same brochure given to youth during the intake process). Posters containing both the CSSD abuse number and PREA hotline are prominently posted in the hallways, as well.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 2

Number of standards met: 31

Number of standards not met: 0

Number of standards N/A: 8

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

☒ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility.

The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

The agency has designated a corporate manager as the PREA Coordinator. She is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The Program Manager serves as the PREA Compliance Manager and reports that she has sufficient time and authority to coordinate the facility's compliance with the PREA standards.

§115.312 - Contracting with other entities for the confinement of residents

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A.

§115.313 - Supervision and monitoring

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing staffing plan did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Although the ratio requirement of 115.313(c) is not applicable until October 1, 2017, the facility maintains a waking hours ratio of 1:3.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, even in exigent circumstances. The facility policy did not meet all expectations of the standard at the time of the audit. Working together with auditor, the facility now has all elements of the standard met. Facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff and youth interviews.

All toilets are private, and all showers have curtains. Staff are posted throughout the hallway area when the youth are in their bedrooms, showering and/or using the toilet. A staff escort is used when a youth needs to use the bathroom during the course of the daily schedule. Both review of policies and interviews with staff and youth confirmed that all staff are not permitted to enter or remain in the bathroom/shower area.

None of the cameras' field of view that includes the toilet/showers areas, which are the only spaces where youth dress and undress, etc.

The facility has incorporated the practice of all staff announcing their presence when entering a housing unit. Staff and youth interviews confirmed the practice.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Policy prohibits the use of resident translators, resident readers, or other types of resident assistants. The policy now incorporates the verbiage effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or who have low vision.

Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services.

§115.317 – Hiring and promotion decisions.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Files of all staff were reviewed and criminal background checks were completed. In addition questions on previous conduct are asked to the extent determined by law. Consistent with state law the facility makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Continuing duty to report by employees is enforced. Agency policy states that material omissions in applications regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Background checks on all staff are conducted every two years, as well as with contractors and were reviewed.

§115.318 – Upgrades to facilities and technology.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

There has been no upgrades to facility and technology. This standard is N/A.

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility does not conduct administrative or criminal investigations. The former are conducted by The State of Connecticut, Children's and Family Services (DCF), and the latter are conducted by the Connecticut State Police.

Forensic medical exams, when needed, would be conducted at Charlotte Hungerford Hospital in Torrington, Ct. at no cost to the resident.

The facility currently has an MOU for Victim Advocacy with the Susan B. Anthony Project.

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy ensures that an administrative/criminal investigation is completed, as required. Policy states that it is required that all allegations be reported to State of Connecticut, Department of Children's Services for investigation. Allegations that are criminal in nature are reported to the Connecticut State Police

There was one PREA-related youth on youth sexual harassment allegation made in the previous 12 months. It was substantiated.

§115.331 – Employee Training

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

All current staff have completed the facility PREA Training which includes all of the required topics. This training is specific to youth who are referred for treatment at the facility. Refresher training is provided every two years. Staff also review and sign the PREA acknowledgment form. Staff interviews confirmed the practice.

§115.332 – Volunteer and contractor training.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility does not utilize volunteers at this point. Contractors are required to complete the same PREA training that staff are required to complete. Contractors also review and sign the TDCS Acknowledgement and Notification of PREA form.

§115.333 – Resident education.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Initial resident education is provided during the intake admission process. Residents are provided the PREA pamphlet. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility.

Posters displaying the phone numbers for Sexual Abuse Hotline and the DCF Hotline are visible to youth and staff in the hallways of the school and the dorm.

Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.

§115.334 – Specialized training: Investigations.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. The facility does not conduct administrative or criminal investigations.

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Medical and Mental Health staff received Medical/Mental Health Professionals training. The facility does not conduct forensic medical exams.

As fulltime staff, they also receive the same PREA training as other staff.

115.341 – Obtaining information from residents.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

At the time of the on-site audit, the agency (NAFI) had in draft form a standardized screening form that measured all items listed in the standard with the intent of determining heightened risk of victimization or predatory behavior. The Assessment Tool is now in place. The facility has implemented appropriate controls on the dissemination of the screening information.
The facility initiated the procedure of the screening form within the 72 hours of resident's admission, and most commonly, within 24 hours. The screening consists of both youth interview questions and staff review of collateral information. The facility is now in compliance with the standard.

Youth are assessed annually, except if a youth makes an allegation of sexual abuse or harassment, the entire screening is re-conducted.

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has four separate bedrooms. Two doubles and two singles. The current housing classification system is based primarily on availability. Screening, assessment, and collateral information gathered during the intake process is used to place youth in a room that best ensures each youth's safety and security.

The facility does not utilize isolation in any form.

Although there were no gay, bisexual, transgender, questioning, or intersex youth in the program during the audit, facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth's safety is paramount in making these assignments, regardless of other issues. Facility staff and Court Support Service Division (CSSD) staff collaboratively determine whether each youth recommended for placement is appropriate, given the treatment modality and the space limitations of the physical plant.

115.351 – Resident reporting.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment, retaliation, and staff negligence by residents or staff. All youth identified the reporting numbers for state agencies listed on the posters in the hallway and education, as being one means of reporting. They also stated that they can confide in their therapist, tell a family member, or tell their Probation Officer or Case Worker. Youth also confirmed that they have access to writing materials, both during the school day, as well as in their dorm.

Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the DCF 800 number.

115.352 – Exhaustion of administrative remedies.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard:

Although there is a facility grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity. This standard is N/A.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

X Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has an MOU with the Susan B. Anthony Project to provide victim advocate and supportive services to youth upon request.

Posters containing both the DCF abuse number and PREA hotline are prominently posted in the hallways. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports. Each youth has a primary Probation Officer who can access outside support services upon request of the youth.

Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored.

Youth interviews confirmed that those residents who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed phone calls each week to family members.

115.354 – Third-party reporting

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility uses the DCF Hotline for this purpose, and informs parents and guardians that they should call this number to make a report.

115.361 – Staff and agency reporting duties.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

All staff are mandated child abuse reporters and receive appropriate training. Facility policy requires all staff to also report any retaliation against youth or staff who made a report.

Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an "as needed" basis in order to make treatment and related decision.

Staff interviews confirmed that medical and mental health staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

115.362 – Agency protection duties.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard

Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their

supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.

115.363 – Reporting to other confinement facilities.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.
While there has not been an allegation of sexual abuse at a prior facility in the previous 12 months, facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Connecticut law requires mandated reporters to report such an allegation to DCF.

115.364 – Staff first responder duties.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.
Facility policy now includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.

115.365 – Coordinated response.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has a detailed coordinated response plan that also includes a First Responder protocol and First Responder Check List that ensures the highest level of coordination amongst and between the various actors.

115.366 – Preservation of ability to protect residents from contact with abusers.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. There are no agreements of the type defined in the standard in place or contemplated.

115.367 – Agency protection against retaliation.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.

Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy.

115.368 – Post-allegation protective custody.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

This is N/A. The facility does not utilize any form of segregated housing.

115.371 – Criminal and administrative agency investigations

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

115.373 – Reporting to residents.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Facility policy requires the Program Director or designee to inform the resident who made the allegation of the outcome, as required by the standard, unless the allegation is unfounded.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no staff violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy generally included the requirements of the standard; however, during the on-site audit it was discovered that the requirements of 115.376(d) was not included. The facility has added that requirement, and the policy is now fully in compliance with the requirements of the standard.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

115.378 – Disciplinary sanctions for residents

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Whenever DCF substantiates an allegation of sexual abuse against a youth, that youth becomes classified as a sex offender and is moved out of the facility, because she is no longer appropriate for the scope of services provided there. Thus, there would be no disciplinary sanctions imposed by the facility. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. There were no cases of resident-on-resident sexual abuse that resulted in isolation, as there is no isolation practice, as punishment during the reporting period.

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

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

There were two youth who reported prior sexual victimization, both at the facility. Both youth were given the opportunity of getting medical and mental health services.

Interviews with medical and treatment staff confirmed that services are being provided, when requested by a youth.

Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as "need to know" basis.

Youth interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.

115.382 - Access to emergency medical and mental health services

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Now facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it.

Although there were no resident victims of sexual abuse during the prior 12 months, facility policy requires that the resident victim be provided with information regarding STD prophylaxis. Medical staff reported that this would also be provided at the hospital.

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

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no resident victims of sexual abuse in this facility during the prior 12 months, facility policy requires any resident victim be provided with the medical and mental health services that are needed. The policy was updated and now meets the standard.

115.386 – Sexual abuse incident reviews

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard

In the event that such a review becomes necessary facility procedures for conducting the review meet the requirements of the standard.

115.387 – Data collection

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.

115.388 – Data Review for Corrective Action

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility will be conducting its first annual review under this standard in early 2015.

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency meets the requirements of this standard and plans to establish a website where the public may access the agency's data reports and corrective actions.

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 or her ability to conduct an audit of the agency under review.

3/27/15

Auditor Signature Date