

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



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

<b>Name of facility:</b>	Columbia Secure Girls Center		
<b>Physical address:</b>	419 Spookrock Road Claverack, NY 12536		
<b>Date report submitted:</b>	October 10, 2014		
<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>	September 30-October 2, 2014		
<b>Facility Information: Columbia Girls Secure Center</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	518 851 3211		
<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>	Dr. Patricia Fernandez		<b>Title:</b> PREA Compliance Manager/Assistant Director for Treatment
<b>Email address:</b>	Patricia.fernandez@ocfs.ny.gov		<b>Telephone number:</b> 518-851-3211
<b>Agency Information - Columbia Girls Secure Center</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>	419 Spookrock Road, Claverack, NY 12536		
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	518 851 3211		
<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: Kurt Pfisterer</b>		<b>Title:</b>	PREA Coordinator
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## **AUDIT FINDINGS**

### **NARRATIVE:**

The Columbia Girls Secure Center is a New York State operated facility, is a secure 25 bed female facility and. The PREA Audit took place September 30-October 2, 2014 and the audit period was from August 20, 2013 to August 19, 2014. The evening before the audit the auditor met with the PREA Coordinator, Kurt Pfisterer to discuss the final audit schedule. On the morning of September 30, 2014 the auditor entered the facility for purposes of conducting an on sight tour of the facility and interviewing 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 by housing unit. 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 facility staff and any additional remaining questions were resolved during the audit. The auditor interviewed seven (7) of the current 11 residents from different living units at random. Two (2) residents refused to be interviewed and the remaining two (2) residents were not available for interviews. Residents' length of stay for those interviewed ranged from less than one (1) month to 12 months. The average daily population has been 12 residents. There were no youth who identified themselves as lesbian, bisexual, gay, transgender or intersex residents nor were there any residents who needed translation services or other disability related services at the facility. No resident had requested to speak with the auditor nor had the auditor received any written/e-mail correspondence from any resident or staff. The facility does not utilize isolation.

Following the on-site review, additional questions were answered by executive and upper-level management staff. Staff and resident interviews followed and were conducted privately in the library building. There are no SANE or SAFE staff employed at the facility. These services are available at the local hospital through an agreement. The auditor reviewed the Memorandum of Understanding (MOU) between the facility and local hospital (Columbia Memorial Hospital) to provide SANE and SAFE services in conjunction with services of rape crisis center providers. The auditor interviewed

members of the incident review team and the staff member charged with monitoring retaliation. Administrative and criminal investigations are conducted exclusively by the New York State Justice Center. There were no volunteers or contractors interviewed as none were at the facility or available during the audit. The auditor interviewed the Assistant Director of Treatment serving as the Facility Administrator, ten (10) staff and seven (7) residents. It should be noted that due to the facility's low resident population and physical plant design, several staff served multiple responsibilities thereby reducing the overall number of specialized staff interviewed. The auditor interviewed a medical staff member and the mental health professional, along with intake staff who also conduct risk assessments for risk of victimization and abusiveness. The agency Executive Director and PREA Compliance Coordinator had been previously interviewed in a recent PREA audit. Also interviewed were mid to upper management staff that also conducts unannounced visits to the facility during the all shifts. All staff positions were currently filled.

The Columbia Girls Secure Center has the following Mission Statement: "Columbia Secure Center for Girls will strive to provide an environment and culture conducive to treatment and positive change for our youth. By employing the concepts from the New York Model, our trauma-informed system of care, we will work as a community to teach, coach and support our youth, as well as staff members. It will be a priority for our team to collaborate the efforts of positive programming with the focus on treatment in order to provide positive outcomes for youth upon their return to the community."

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Columbia Secure Center for Girls is located in the Hudson Valley region of New York State, southeast of the City of Hudson. There are two connected living units on campus - Opportunity Wing and Liberty Wing - each housing designed with a maximum of eight youth. The living units are connected to a dining hall, kitchen, education and medical area and administration offices. A second building contains the gymnasium, library and a separate education classroom.

The youth served are juvenile offenders/youth offenders who, while under the age of 16, committed certain designated felonies and were convicted and sentenced in adult criminal court. Depending upon the youth's sentence, these youth may remain in OCFS placement up to 21 years of age.

In addition, juvenile delinquents under the jurisdiction of the family court may also be placed at Columbia if they have been reassigned or "fennered" from a limited secure facility for violent behavior. Juvenile delinquents may remain in OCFS custody up to the

age of 18 depending on their placement order. Youth adjudicated as restricted juvenile delinquents generally range in age from 13 to 21.

The perimeter is enclosed by a single fence with razor ribbon attached to the top. Entry and exit of the facility is controlled through one primary point operated by staff in the facility control center; a sally port that is designed for pedestrian traffic. A second secure entrance for is used for service delivery vehicles, which is also managed from the control center. Entry is limited to authorized persons. Ample video surveillance cameras/systems were noted throughout the facility, both inside all buildings and outside the facility of all grounds.

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. 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. Residents were able to identify individual staff members by name that had been particularly helpful to them during their confinement and with whom they could trust. The auditor observed the PREA Audit Notice postings throughout the facility.

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met 0

Number of standards not applicable: 4

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following 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 Section J

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

Facility Organization Chart

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 facility PREA Manager is a full-time employee who also serves as the Assistant Director of Treatment. She oversees the agency’s PREA compliance activities and reports to the Facility Superintendent, the Deputy Commissioner and to the agency PREA Coordinator. She appeared to have sufficient time to conduct her duties and was present during this audit.

### **§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 3247.40 Administrative Coverage in OCFS Facilities, p. 2/3 (B) (D)

Agency Staffing Plan and Staffing Plan Reviews

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 and the tour reflected compliance with all components. While the staffing plan was developed for a resident population of 16 residents, the daily population at the time of the audit was 11 residents. The staffing plan is reviewed during management team meetings to ensure proper coverage is met. The Assistant Director of Treatment/PREA Manager and other facility managers also check the rosters of staff on-duty and on-call daily. Any deviation from the staffing plan is immediately noted and modified. There were no deviations from the staffing plan during the past year. The facility Assistant Director of Treatment and other upper/mid-level managers conduct required unannounced visits on all shifts. A document of each unannounced visit by intermediate and higher-level supervisors is noted in the unit log books, agency forms and memos of the unannounced rounds are submitted to the Assistant Director of Treatment/PREA Manager and higher level agency management. A review of unit log books and memos documented unannounced visits on all shifts. The staffing plan review with the PREA Coordinator 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 is noted in employee handbooks provided to all staff.

Minimum staffing ratios range from 1:8 provided during resident waking hours and no less than 1:16 during resident sleeping hours. It should be noted that due to the lower resident population, the staffing ratio during the audit was 1:4 or lower on all shifts. The facility tour confirmed ample resident supervision/monitoring capabilities. Numerous video cameras were strategically located throughout the facility and were in good working order. 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)

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 C/D/E, p. 6

Training Curriculum/training logs

Random resident/staff interviews

Agency policy prohibits strip/body cavity searches and allows pat-down searches only, except in exigent circumstances. There have been no cross gender searches of residents by staff. Resident interviews confirmed that staff respects residents' privacy during dressing,

showering and normal bodily functions. 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. Policy prohibits staff from conducting a search or physically examining a transgender or intersex resident; staff interviews confirmed this prohibition. Physical examinations are not conducted for the sole purpose of determining resident genital status. Agency training curriculum and training logs properly document compliance. Staff interviews further confirmed that these practices occur as required.

## **§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, Section I and <http://ocfs.state.nyenet/LED.asp>

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

List of Language Assistance Resources – OCFS Intranet

Interviews - random residents/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. During the audit review period, there had been no residents who were limited English proficient or who had disabilities for which interpretative services were needed.

## **§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 2026.03 p. 2, (C) Criminal History Screening-Employees/Candidates

Agency policy 8.2 Personnel Records (E)

## Staff Exclusion List Checks for Prospective Staff Hired

### FAQ Criminal Background Checks Process/NYS Justice Center

Interviews with Assistant Director of Treatment/PREA Manager and PREA Coordinator

During the past year all new employees who were hired received background checks, to include child abuse registries. Background checks are conducted by the NYS Justice Center. The Assistant Director of Treatment/PREA Manager was interviewed and confirmed adherence of the required applicant background processes which ensured all individuals being considered for employment and all existing 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:

Interviews with Assistant Director of Treatment/PREA Manager, and discussion with PREA Coordinator

There have been no renovations to the facility during this review period. 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 requesting investigations be conducted in compliance with PREA standards

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

MOU with Columbia County Hospital

The NY Justice Center conducts all 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. If a felony criminal offense was committed, the New York State Police becomes responsible for additional investigation and action(s). The agency Deputy Commission had formally asked the NYS Justice Center Executive Director to comply with PREA investigative standards. All criminal investigators are sworn Law Enforcement Officers. All forensics examinations are provided without cost to the resident(s) and are completed at Columbia Memorial Hospital according to the written signed agreements. Confirmation was based upon review of the agency policy and the MOU with Columbia Memorial Hospital, interviews with facility medical staff and upper-level management. There have been no forensic examinations during the review period. Victim Advocates are available through the hospital 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 conducts follow-ups on all investigations should they occur.

### **§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. 11, third paragraph

Agency PREA Annual Report: 2013

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

The facility recently published its 2013 Annual Report which was reviewed at the facility, as well as facility policies which demonstrated compliance with the above PREA standard. There were no allegations of sexual abuse/harassment during the review period; consequently, no referrals for investigations had been made. The Assistant Director for Treatment Services/PREA Manager, upper-level management staff and the PREA Coordinator were interviewed and confirmed that referrals would be appropriately made should an allegation be made. 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)

**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:

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 (National Institute of Corrections DVD materials) and the agency's training curriculum were reviewed and discussed with the 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 understood the training they received and could offer examples of training topics. Staff will also receive annual refresher training every two (2) years and in alternative years they will receive information on current facility policies. Additionally, the Assistant Director of Treatment/PREA Manager and upper-level management staff hold regular team meetings to communicate concerns related to PREA policies/procedures and other management issues. All staff has received the required training within the past 12 months and refresher training is conducted regularly. There are posters about the facility PREA policies 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 review period, there had been no volunteers. Contractors have been trained (based on services provided) in the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection and response. Contractors documented that they understood the training they received. There were no volunteers or contractors available for interview.

### **§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 Limited Secure and Non-Secure Facilities Admission and Orientation, p. 8, Section 10 (I), 12 Sections 6, 9.

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

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

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

Facility PREA posters

Random resident/staff interviews

During this review period, 38 residents had been admitted to the facility. 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. The information is also provided to residents in a brochure created by the facility and through posters prominently placed throughout the facility. Interviews of randomly sampled residents documented that they received such information. While there were no residents at the facility with limited English proficiency, deaf, visually impaired, limited reading skills or otherwise disabled, 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. 10/11

Random staff interviews

Interviews with facility Assistant Director for Treatment Services/PREA Manager

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, assault and 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.

### **§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 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. Forensic examinations are to be conducted at the Columbia Memorial Hospital.

## **§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 Section 3

Facility Classification Form – OCFS-4928

Intake staff 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. The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization/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 all residents (100%) received this screening within 24 hours. Reassessments are conducted every six (6) months. All residents in placement more than six (6) months who were interviewed stated this screening and/or reassessments had been performed.

## **§115.342 – Use of Screening Information**

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 3247.15, p. 2 Section 3 (A), p. 5 Section J

Facility Classification Form – OCFS-4928

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 two (2) times each year following the residents' admission to the facility. While there were no reported transgender or intersex residents at the facility, serious consideration of transgender or intersex residents own views are to 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.

### **§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, Section (D)

PPM 3429.00 Reportable Incidents

Form OCFS-4903-4 Admission Checklist

Resident Education Booklet

Postings on all living units and program areas

Interviews with residents and staff

The facility provides multiple methods for residents to report allegations of sexual misconduct internally and externally (Justice Center and OCFS Ombudsman). Staff is required to report all verbal allegations immediately and document such action(s). Residents and staff may privately report allegations of sexual abuse/harassment and retaliation 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. There had been no residents who

reported sexual abuse/harassment at another facility. There were no residents detained 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

The facility's Grievance Procedure policy outlines administrative procedures to address resident grievances. Allegations of sexual abuse/harassment may be reported to authorities through multiple channels, including reporting to staff/administrators/Ombudsman/Justice Center. 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 were aware of how to report and to whom including outside third parties including parents and legal guardians. Residents were also aware they did not have to report an allegation to the person alleging to have committed an act of sexual abuse or harassment.

## **§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, Section 5

PPM 3455 Visits to Youth at DJJOJ Facilities pp. 2 Section 2

PPM 3422 Resident Mail p. 2 Section C

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

Memoranda of Understanding between Columbia Girls Secure Center and Columbia Memorial Hospital to provide advocate for rape counseling and advocacy services.

Facility PREA posters

Interviews with 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. Services are provided through Columbia Memorial Hospital. 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 can 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 Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, p. 10 F

<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 their 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 Assistant Director of Treatment/PREA Manager or Ombudsman. While there were zero (0) third party reports, third parties can also report to law enforcement, department of social services or use confidential grievance lock boxes.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following 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 Child Abuse and Neglect Reporting, p. 2, second paragraph

Random staff interviews

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 facility investigators. 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. Staff will report the allegation promptly within 72 hours after receiving the allegation. 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)

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:

Code of Conduct, p.1, Section 2

Interviews with the Assistant Director of Treatment Services/PREA Manager 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.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following 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, Section F; p. 11 second paragraph

Interviews with the Assistant Director of Treatment/PREA Manager and PREA Coordinator

Policies and procedures properly document reporting actions which will be taken upon receiving an allegation of sexual abuse of a resident while at another facility with such action(s) initiated no later than 72 hours and actions documented. There have zero (0) instances of these allegations received from other facilities.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following 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. There have been zero (0) allegations of sexual abuse during this review period.

## **§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

Interview with Assistant Director of Treatment/PREA Manager

The facility has a written local operating practice which coordinates actions to be taken when an incident occurs. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. Staff interviews and interviews with the Assistant Director of Treatment/PREA Manager indicated that staff is aware of their responsibilities to coordinate responses within the facility.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**XX** Non-Applicable

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

There have been no new or renewed contracts in the past year; however, any contracts developed or renewed will allow 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

## Interviews with Assistant Director of Treatment/PREA Manager

The facility has a written policy related to protection against retaliation. The PREA Manager/Assistant Director of Treatment Services is 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. Interviews with the Assistant Director of Treatment Services/PREA Manager confirmed her duties and responsibilities. There have been zero instances of alleged retaliations.

### **§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:

Interviews with Executive Director, Assistant Director of Treatment Services/PREA Manager, agency PREA Coordinator, medical/mental health staff

Segregated housing of residents as a means to keep them safe from sexual misconduct has not been used. Interviews confirmed the prohibition of segregated housing for this purpose.

### **§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, third (3<sup>rd</sup>) paragraph

Interviews with Assistant Director of Treatment Services/PREA Manager, agency PREA Coordinator, medical/mental health staff

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

There have been no criminal or administrations during this review period. The Deputy Commissioner formally requested that the NYS Justice Center conduct investigations outlined by PREA standards. 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

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.

### **§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 Assistant Director of Treatment/PREA Manager, agency PREA Coordinator

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. If a sexual misconduct allegation is confirmed, the resident will be informed of the abuser's employment/volunteer/contractor status; and as appropriate of an indictment/conviction. Interviews with the Assistant Director of Treatment/PREA Manager and the PREA Coordinator confirmed practices involving all standard components were in place. Information regarding the status of investigations is readily available (either through telephone call 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 Assistant Director of Treatment/PREA Manager

No staff has violated agency sexual abuse or harassment policies. Interviews conducted with the Assistant Director of Treatment/PREA Manager and agency PREA Coordinator verified that there had been no substantiated allegations of sexual abuse/harassment 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 Assistant Director of Treatment/PREA Manager

Contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse/harassment policies. There have been no contractors or volunteers accused of sexual misconduct in the audit review period. According to the

Assistant Director of Treatment/PREA Manager, 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 3443 Youth Rules p. 6 Section IV, p. 7 Section 6

Interviews with Assistant Director of Treatment/PREA Manager, Medical/Mental Health staff interviews

There have been zero (0) instances of resident disciplinary sanctions for resident-on-resident sexual abuse during this review period. 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 a therapeutic approach when administering sanctions. Residents indicated in interviews that they are aware that should the need arise there are staff who will assist them with obtaining appropriate counseling. 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 Section B

Medical/Mental Health staff, Risk Screening (Intake) Staff and resident interviews

Facility policies are complete on all standard elements. There were zero (0) residents who disclosed a prior sexual victimization. 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 p. 9, Section 1; p. 10, Section 5

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

Medical/Mental Health staff, Risk Screening (Intake) Staff and resident interviews

A review of facility policies documented PREA requirements for access to emergency medical and mental health services. An agreement exists with Columbia Memorial Hospital, for mental health services necessary when facility mental health staff is not available. These services, which are provided at no cost to the resident whether the victim names the abuser or cooperated with any investigation, have not had to be used during the audit review period.

### **§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, Section ii (A)

Medical/Mental Health staff

The facility as identified in 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 female-only facility. Tests for sexually transmitted infections are offered, but no resident had requested testing.

### **§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, (8)

2013 PREA Annual Survey of Sexual Violence

Assistant Director of Treatment/PREA Manager, PREA Coordinator, Incident Team member interviews

There had been no allegations of sexual abuse during the review period. The facility will conduct a sexual abuse incident review following each sexual abuse investigation regardless of 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.

### **§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, 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 Data Base. There agency has provided this information to the Department of Justice.

### **§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

The Director of Treatment Services/PREA Coordinator and Incident Review Team review all incidents for corrective action measures. The annual report provides data collected in 2013 and will compare data collected from 2014 to the previous year. The agency will track progress on all recommended corrective actions. 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, p.3, (1-5)

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>.

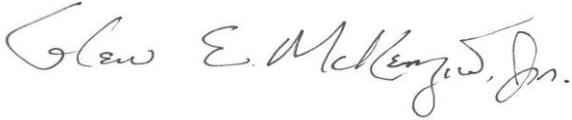
Data collected is retained via limited access and through a secure server for at least ten (10) years.

Any questions about PREA standards, required documentation or process can be answered by referring to the PREA Resource Center website under Juvenile Standards:

(<http://www.prearesourcecenter.org/audit/audit-instruments/juvenile-facilities>)

### **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.



Auditor Signature

October 6, 2014

Date