

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** July 22, 2016

|   |  |   |   |
|---|--|---|---|
| <b>Auditor Information</b>  |  |   |   |
| <b>Auditor name:</b> Matthew A. Burns   |  |   |   |
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| <b>Date of facility visit:</b> July 13-14, 2016   |  |   |   |
| <b>Facility Information</b>   |  |   |   |
| <b>Facility name:</b> Brentwood Residential Center for Girls  |  |   |   |
| <b>Facility physical address:</b> 1230 Commack Road, Dix Hills, NY 11746                                    |  |   |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a> |  |   |   |
| <b>Facility telephone number:</b> 631-667-1188  |  |   |   |
| <b>The facility is:</b>   | <input type="checkbox"/> Federal                 | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County             |
|   | <input type="checkbox"/> Military                | <input type="checkbox"/> Municipal        | <input type="checkbox"/> Private for profit |
|   | <input type="checkbox"/> Private not for profit  |   |   |
| <b>Facility type:</b>   | <input checked="" type="checkbox"/> Correctional | <input type="checkbox"/> Detention        | <input type="checkbox"/> Other              |
| <b>Name of facility's Chief Executive Officer:</b> Valarie Fitts  |  |   |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 56                                   |  |   |   |
| <b>Designed facility capacity:</b> 25   |  |   |   |
| <b>Current population of facility:</b> 15   |  |   |   |
| <b>Facility security levels/inmate custody levels:</b> Non-Secure   |  |   |   |
| <b>Age range of the population:</b> 13-17   |  |   |   |
| <b>Name of PREA Compliance Manager:</b> Valarie Fitts   |  | <b>Title:</b> Facility Director           |   |
| <b>Email address:</b> Valarie.Fitts@ocfs.ny.gov   |  | <b>Telephone number:</b> 631-667-1188     |   |
| <b>Agency Information</b>   |  |   |   |
| <b>Name of agency:</b> Office of Children and Family Services   |  |   |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i> New York State                          |  |   |   |
| <b>Physical address:</b> 52 Washington Street, Room 130 North, Rensselaer, NY 12144                         |  |   |   |
| <b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>          |  |   |   |
| <b>Telephone number:</b> 518-486-6766   |  |   |   |
| <b>Agency Chief Executive Officer</b>   |  |   |   |
| <b>Name:</b> Ines Nieves  |  | <b>Title:</b> Deputy Commissioner - DJJOY |   |
| <b>Email address:</b> ines.nieves@ocfs.ny.gov   |  | <b>Telephone number:</b> 518-486-6766     |   |
| <b>Agency-Wide PREA Coordinator</b>   |  |   |   |
| <b>Name:</b> R.J. Strauser  |  | <b>Title:</b> PREA Coordinator            |   |
| <b>Email address:</b> Raymond.strauser@ocfs.ny.gov  |  | <b>Telephone number:</b> 518-474-0351     |   |

## AUDIT FINDINGS

### NARRATIVE

The Brentwood Residential Center for Girls is a staff secure facility designed to house 25 girls. It is a New York State agency facility under the authority of the Office of Children and Family Services (OCFS). There are two living units (Unit A and Unit B) the residents reside in. All resident bedrooms are single living units. On July 13, 2016, the resident population was 15 girls (8 residing in Unit A and 7 residing in Unit B). The age range of the resident population ranged from age 14 to age 17. In the previous 12 months, a total of 43 residents had been admitted into the facility. The average length of stay was 7 months.

The on-site portion of the PREA audit took place on July 13, 2016. Prior to the on-site facility visit, the auditor reviewed a flash drive containing the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 41 PREA Juvenile Standards. The flash drive was very effective enabling the auditor to easily review the information contained on it. Each standard file was set up to include supporting information and "protocols" which included OCFS policies. After the pre-audit review of the flash drive, the auditor sent questions generated from the initial review of documents to the agency PREA Coordinator. These questions were answered to the satisfaction of the auditor. The PREA Coordinator was always courteous and provided additional information in an expeditious manner. The notifications of the on-site audit were posted throughout the facility accessible to staff, residents, and visitors prior to the on-site audit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to the auditor, noting their locations. Telephone conversations were held with the PREA Coordinator to review the PREA audit processes prior to the on-site audit.

The auditor arrived at the facility on July 13, 2016 at approximately 8:00am. At that time, a brief meeting with the Agency PREA Coordinator (R.J. Strauser), Facility Director/PREA Compliance Manager (Valarie Fitts), Associate Commissioner (Farooq Mallick), and Facilities Manager (Anita Sapio) took place. This meeting was followed by a detailed tour of the facility which took approximately 1 hour. During the tour, the auditor noticed numerous PREA audit notices and a wide variety of attractive zero tolerance posters posted throughout the facility, including living units and programing areas. The zero-tolerance posters were printed in both English and Spanish. The tour was able to be completed in such a short period of time due to the compactness of the facility.

Following the tour, the auditor met with the Facility Director/Compliance Manager to discuss the audit schedule and review the resident and staff rosters as well as video surveillance at the facility. The auditor interviewed Ms. Fitts as she serves as both the Facility Director and PREA Compliance Manager. Upon completing this interview, the auditor spent the rest of the day interviewing residents, staff members (including specialty staff), reviewing files/records, and contacting outside agencies involved in the PREA process at Brentwood Residential Center for Girls.

10 randomly selected residents were selected from the resident roster and interviewed. 5 residents from Unit A and 5 residents from Unit B were interviewed. There were no residents who identified as LGBTI or presented any physical disabilities to interview. Ages of the residents interviewed ranged from 13 years old to 17 years old. All of the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and understood the services which were available to them at the facility (including outside resources).

A total of 23 staff interviews took place (13 of the staff interviewed were Specialized Staff). These interviews included the following:

- ✓ PREA Compliance Manager
- ✓ Facility Director/Superintendent
- ✓ 2 Mental Health/Medical Staff
- ✓ 2 Staff who conduct Risk Assessments
- ✓ 2 First Responder Staff
- ✓ 2 Intake Staff
- ✓ 1 Staff who conduct Unannounced Rounds
- ✓ 1 Person who monitors retaliation
- ✓ 1 Member of the Incident Review Team
- ✓ 10 Randomly selected staff members representing all shifts

Randomly selected staff members interviewed years of experience ranged from 1 year to 36 years. 8 of the staff members interviewed were Youth Development Aides (YDA's) while the other 2 were Youth Counselors (YC's). All of the staff members were very knowledgeable of PREA, Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. The Agency Head, Agency PREA Coordinator, and Justice Center of New York were not interviewed because they were interviewed during a previous PREA audit. The responses to their interviews were sent to the auditor prior to the on-site audit to review. The Justice Center of New York investigates all allegations of sexual abuse, sexual assault, and sexual harassment. There were no volunteers interviewed as there were none at the facility to interview.

After interviews were completed, the auditor reviewed 5 staff files for training records and completion of background checks. In addition, PREA Audit Report

5 resident files were reviewed for documentation verifying the PREA education and risk assessments. Prior to the on-site portion of the audit, training records were forwarded to the auditor and it was confirmed all staff members had successfully completed PREA Trainings. It also should be noted; all mental health and medical staff members completed an on-line specialty training specific to Mental Health and Medical Health in a Confinement Setting. These training were offered by the National Institute of Corrections (NIC).

No residents had requested to speak with the auditor nor had the auditor received any written or email correspondence from any resident or staff member. In the prior 12 months, there have been 4 allegations of sexual abuse, assault, or harassment. Of these 4 allegations, one was deemed unfounded, one was deemed unsubstantiated, and two remain open and are being investigated by the Justice Center of New York. The staff members indicated in the 2 open investigations are currently placed on Administrative Leave pending completion of the investigations. All allegations are reported to the Justice Center of New York and investigated by that agency. During an open investigation, communication is maintained between the facility and the Justice Center of New York.

Unannounced Rounds are completed on a regular basis by upper level management staff at the facility. Logs of these Unannounced Rounds were reviewed by the auditor and met the standard. Shower and restroom areas provided privacy during showers and when residents used the restrooms. Male staff do not conduct showers and female staff position themselves to observe and ensure residents do not leave the shower area without approval. Residents go to the showers clothed and return clothed.

The Auditor conducted an exit meeting with the PREA team at the Brentwood Residential Center for Girls on July 13, 2016, at approximately 6:30pm. The Auditor shared the findings of the audit and thanked the PREA team and the staff members at the Brentwood Residential Center for Girls for their hard work and commitment to the full implementation of PREA in their facility. It was also noted; the staff members were extremely courteous to the auditor during the entire on-site audit and this was extremely helpful as the staff members were knowledgeable of the program and policies, protocol, and practices within the program. Staff were also professional and indicated they were very serious about providing a sexually safe environment for the residents at the facility.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Brentwood Residential Center for Girls is located in the central Long Island community of Dix Hills, New York. The physical address of the facility is 1230 Commack Road, Dix Hills, New York, 11746. The 40-acre campus includes two buildings, a softball field, running track, and picnic area. The main building houses a central control center, two living units, a dining area, classrooms, and administrative offices. A second building contains a gymnasium, additional classrooms, and additional offices. The facility is designed for a maximum capacity of 25 youth. The facility is equipped with 64 video surveillance cameras (50 indoor cameras and 14 outdoor cameras).

Recordings from these devices remain on a secure server for approximately 14 days. There are a total of 5 monitors in the Central Control Center. Entry into the facility is facilitated by the Central Control Center. Each visitor is required to present identification, sign in, and pass through a metal detector upon entrance into the facility. Any keys or personal items a visitor or staff member may have on them entering the facility, are given to the Central Control Center officer. The visitor or staff member is then given a chit. Upon exiting the facility and presenting the chit to the Central Control Center officer, the keys and/or personal items are returned to the visitor or staff member.

The youth served are female adjudicated juvenile delinquents, generally between the ages of 12 and 18, placed with OCFS by the New York State Family Courts.

The following services are offered to all residents in the facility:

**Counseling:** The Youth Counselor meets with residents and assists with release planning, family work, and crisis intervention. Treatment team meetings with the Youth Counselor, Mentor, Education Coordinator, and other relevant are held on a 21-day basis for all youth.

**Education:** All youth are involved in a structured school setting with small class sizes. The facility provides educational programming for youth according to New York State Education Department requirements. Qualifying youth may also enroll in the Alternative High School Education Programs and pursue Test Assessing Secondary Completion (TASC).

**Vocational Opportunities:** Youth receive instruction in job readiness and portfolio development.

**Health Services:** Comprehensive health services are provided by licensed health professionals. Registered nurses are on duty during day and evening shifts seven days a week. A physician visits the facility twice a month.

**Mental Health Services:** Individual and group psychotherapy sessions are conducted for all residents by an OCFS psychologist.

**Recreational:** Recreational programming is provided to encourage professional confidence, build self-esteem, support sportsman-like conduct, and provide opportunities for productive use of leisure time. Recreational activities include arts and crafts, hobbies, games, physical fitness, and sporting events.

**Religious Services:** A non-denominational service is offered on a weekly basis for the spiritual needs of the youth. Bi-lingual Spanish language services are also available.

**Visitation:** Families are vital to the treatment for youth in placement and are encouraged to visit on weekends. Family engagement is actively pursued through a series of video conferences, participation in treatment team meetings, as well as facility-sponsored visits to the facility.

**Special Programs and Community Partnerships:** Brentwood Residential Center for Girls has partnered with Long Island Youth Mentoring, a program that matches youth with mentors from the community. Hofstra University School of Law teaches Transformative Medication to both youth and staff. The facility has a Community Advisory Board that provides youth mentoring, yoga, and Zumba classes, and donates holiday gifts to the youth.

**Pre-Release Orientation:** Release planning begins at intake. The facility support team members work closely with residents, parents, and community service team (CST) members to ensure that residents and their families receive the support needed for a timely and successful return to the community.

The following MOU's are currently in place at the Brentwood Residential Center for Girls:

1. Good Samaritan Hospital (West Islip, New York)
2. VIBS Family Violence and Rape Crisis Center (Central Islip, New York)

The Brentwood Residential Center for Girls mission statement reads "To prepare youth for positive, successful lives by developing self-discipline, affiliation, self-esteem, and self-worth as individuals, by developing the family as a viable support for goals, developing alternative placements when necessary, and establishing education as a source of esteem and worth".

## SUMMARY OF AUDIT FINDINGS

An initial review of the OCFS policies and supporting documentation, which was provided to the auditor on a flash drive, clearly indicated that the department takes PREA seriously. Policies and procedures are comprehensive, detailed, and address the facility's approach to prevention, detecting, responding, and reporting allegations of sexual abuse, assault, and harassment. An initial review and evaluation of information provided on the flash drive documented that the agency's policies and procedures were in compliance with the PREA standards. The flash drive was organized to include policies and practices corresponding to each standard. Minimal additional documentation was requested to provide clarification.

The agency has developed a very thorough and detailed plan that addresses virtually all of the PREA standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of the policies indicates the seriousness with which OCFS takes regarding sexual safety and the commitment to the PREA standards.

A tour of the facility indicated the facility has an ample amount of video surveillance cameras located both inside and outside of the facility. In addition to the video surveillance cameras, staff are required to keep residents in a direct line of sight at all times. Unannounced Rounds are completed on a regular basis by upper management staff.

The auditor randomly selected and interviewed a total of 10 residents. These interviews included residents from both living units. The following staff were interviewed: 10 randomly selected staff members from all shifts, PREA Compliance Manager, Facility Director/Superintendent, 2 Mental Health/Medical Staff, 2 Staff who conduct Risk Assessments, 2 First Responder Staff, 2 Intake Staff, 1 Person who conduct Unannounced Rounds, 1 Person who monitors retaliation, and 1 Member of the Incident Review Team. Interviews indicated that staff have been educated on PREA and were especially knowledgeable of the agency's Zero Tolerance for any form of sexual activity, responding to allegations, suspicions, and knowledge of sexual abuse, assault, or harassment, protecting evidence, and responding. All staff members are provided "PREA cards" which outlines procedures and proper protocol for protecting residents from imminent sexual abuse. Staff were professional and enthusiastic about their work and their PREA knowledge. Staff related they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters. Interviewed residents were also extremely knowledgeable about PREA and were able to articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting. All residents interviewed stated they thought staff would take all allegations and reports of sexual abuse and sexual harassment seriously and that staff would protect them and take care of them.

This auditor found the Brentwood Residential Center for Girls to be compliant with all PREA Juvenile Standards.

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.00 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires Zero Tolerance to all forms of sexual abuse and sexual harassment. It also describes the agency’s response to preventing, detecting, responding to, and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed documentation. Zero Tolerance is communicated to all residents during the intake process into the facility and through continued education. The agency provided an agency Organizational Chart that confirms the PREA Coordinator reports directly to the Associate Commissioner (Office of Facilities Management). Two separate memos from the OCFS Deputy Commissioner note the role and responsibilities of the PREA Coordinator and PREA Compliance Manager. The PREA Compliance Manager at the facility also serves as the Facility Director. This position reports to the Facility Coordinator. The agency has a very comprehensive and extremely detailed approach to prevention, detection, responding, and reporting all allegations of sexual abuse or sexual harassment. The agency has gone above and beyond in developing detailed procedures and processes to keep residents sexually safe.

The agency PREA Coordinator was extremely knowledgeable of the PREA standards and it was evident that he was committed to PREA and in implementing PREA in all OCFS facilities. He also reported that he has the support needed to implement PREA and has the time to fulfill his PREA responsibilities. The facility PREA Compliance Manager was also very knowledgeable of the PREA standards and has the time to fulfill her PREA responsibilities. These interviews reaffirmed the auditor’s initial impressions of the agency’s commitment to PREA and sexual safety for the residents at the Brentwood Residential Center for Girls.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
- ✓ Agency Organizational Chart
- ✓ Brentwood Residential Center for Girls PREA Pre-Audit Questionnaire
- ✓ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ✓ Agency Memo Identifying PREA Coordinator
- ✓ Agency Memo Identifying Facility Compliance Manager
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interview with Agency PREA Coordinator

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

### Standard 115.313 Supervision and monitoring

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Staffing at Brentwood Residential Center for Girls is predicated upon the designed facility capacity of 22 beds. The facility is obligated to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:15 during resident sleeping hours. The annual Video Surveillance and Staffing Plan, submitted as part of the facility documentation, requires the facility maintain staffing ratios of a minimum of 1:8 and 1:15, except during limited and exigent circumstances. The Video Surveillance and Staffing Plan noted the facility is currently budgeted for 45 direct care staff; 34 of those positions are currently filled. Reviewed documentation, interviews with staff and residents, and observations made during the on-site audit indicated the facility is currently exceeding the minimum staff to resident ratios as required. The facility regularly runs at a 1:4 staff/resident ratio during waking hours and a 1:5 staff/resident ratio during resident sleeping hours. These ratios would also exceed the minimum staff to resident ratio if the facility was at full capacity. During the on-site audit, the Facility Director provided a staffing schedule which documented these practices.

The facility is equipped with 64 video surveillance cameras (50 indoor cameras and 14 outdoor cameras). Recordings from these devices remain on a secure server for approximately 14 days. There are a total of 5 monitors in the Central Control Center.

The facility has documented its best efforts to protect residents from sexual abuse through a staffing pattern which exceeds the minimum ratios required, through the use of video monitoring, positioning of staff in the living units, and through conducted Unannounced Rounds. In the case staffing ratios cannot be maintained, staff would be held over and paid overtime.

Interviews with the PREA Coordinator, PREA Compliance Manager/Facility Director, randomly selected staff, and randomly selected residents indicated the facility exceeds the minimum staffing ratios required. Interviews with intermediate and higher level staff confirmed Unannounced Rounds are being made at the facility.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
- ✓ Brentwood Residential Center for Girls Staffing Schedule, Video Surveillance and Staffing Plan, and Staffing Plan Reviews
- ✓ Agency Employee Manual – Prohibiting staff from alerting other staff of Unannounced Rounds
- ✓ Locations of Video Surveillance Cameras (inside and outside of facility)

### Standard 115.315 Limits to cross-gender viewing and searches

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.18 – Contraband, Inspections, and Searches prohibits Brentwood Residential Center for Girls from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the audit period. The facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The Pre-Audit Questionnaire indicated no searches occurred during this audit period. Policy 3247.18 requires the facility to implement procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Showers were observed to provide for privacy through the use of curtains or clothed doors. Residents are required to come to the showers clothed and depart the showers clothed. Female staff conduct showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers. All male staff members are required to announce their presence when entering a living unit. This was observed during the tour of the facility.

All of the randomly selected staff interviewed stated that staff are prohibited from conducting any form of cross-gender searches. They also stated they are prohibited from searching transgender or intersex residents to determine their genital status. Each male staff interviewed stated they have never searched a female resident. They indicated there are always female staff on duty and if necessary they would watch the residents and supervise them until a female staff was available. All of the female staff interviewed stated they have never witnessed a male staff search a female resident. All of the residents interviewed stated they have never been searched by a male staff nor have they ever witnessed a cross-gender search by a male staff. Staff confirmed the showering process and stated residents are never in view of staff while naked, either in the showers or while using the restroom. Female and male staff stated that anytime a male enters the living unit, he always announces his presence by saying “male on the floor” or he announces his name to alert residents he is one the unit. All 10 of the residents interviewed stated they are able to shower, dress, and use the restroom without any staff viewing them.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Contraband, Inspections, and Searches Policy (PPM 3247.18)
- ✓ Conducting Comprehensive Searches Training Curriculum/Training Logs
- ✓ Random Resident Interviews
- ✓ Random Staff Interviews

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3402.01 – Secure Facilities Admission and Orientation notes that if it is determined a resident requires language interpretation, the orientation shall be conducted in the resident’s native language. This may be accomplished by facility staff who speak the native language of the resident or via contracted translation services. The Language Line Services is available at 1-800-752-6096. The auditor was also provided a comprehensive list of facility staff who are bilingual prior to the on-site audit to review. Policy 3402.01 further states that each facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit all aspects of OCFS’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency PREA Youth Brochure is available to residents in both English and Spanish. Both versions of this brochure was reviewed by the auditor prior to the on-site audit.



The Brentwood Residential Center for Girls Pre-Audit Questionnaire indicated that the use of resident interpreters, resident readers, or other types of resident assistants is prohibited except in the event of exigent circumstances where a delay could result in the resident's safety being put into jeopardy.

Staff, in their interviews, consistently related they would not rely on resident interpreters to translate or interpret for a resident in the reporting of an incident of sexual abuse, assault, or harassment; expect in the event of exigent circumstances where delay could result in the resident's safety being put into jeopardy.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Secure Facilities Admission and Orientation Policy (PPM 3402.01)
- ✓ Language Assistance Resources
- ✓ Agency PREA Youth Brochure
- ✓ Random Resident Interviews
- ✓ Random Staff Interviews

### Standard 115.317 Hiring and promotion decisions

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 2026.03 – Criminal History Screening – Employees/Candidates and OCFS Policy 2021.04 – Employee Screening for Child Abuse and Maltreatment prohibits any OCFS facility from hiring or promoting anyone who is found responsible for serious or repeated acts of abuse or neglect. The Justice Center of New York is the lead agency in conducting background checks. The Justice Center maintains a Staff Exclusion List (SEL) that logs all individuals in the state of New York who have been found responsible for serious or repeated acts of abuse or neglect. If a prospective employee is listed on the SEL, he or she is no longer given further consideration for employment. If a person is not on the SEL, OCFS requests a criminal background check and a check of the statewide Central Register of Child Abuse and Maltreatment. The Justice Center will then notify the agency if the person has successfully complete the background check. Previous employment references are then contacted. Applicants are also required to report on their application for employment any arrests that may impact their ability to work with youth. When a person is hired in OCFS, their name is registered in a national database that tracks any contacts with law enforcement agencies. If an OCFS employee is arrested anywhere in the United States, a notification is immediately sent to the Justice Center. The Justice Center then sends a notification to the facility. This system captures arrest records for all employees. As a result, criminal background checks are not completed every 5 years. OCFS checks the statewide Central Register of Child Abuse and Maltreatment every 2 years for current employees and any employee eligible for a promotion. All randomly selected staff member's file contained the above-mentioned background information. This was also confirmed with an email to the Human Resources Department.

The PREA Coordinator was able to describe the agency hiring and promotion process in detail to the auditor.

Reviewed documentation to determine compliance:

- ✓ Justice Center's Frequently Asked Questions – Criminal Background Checks
- ✓ Justice Center's Staff Exclusion List Checks for Prospective Staff Hired
- ✓ Employee Screening for Child Abuse and Maltreatment Policy (PPM 2021.04)
- ✓ Criminal History Screening – Employees/Candidates Policy (PPM 2026.03)
- ✓ Interview with Agency PREA Coordinator

### Standard 115.318 Upgrades to facilities and technologies

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Brentwood Residential Center for Girls develops a Video Surveillance and Staff Plan on an annual basis. This plan was reviewed by the auditor prior to the on-site audit and was confirmed during interviews with the agency PREA Coordinator and the Facility Director/PREA Compliance Manager. There have been no renovations to the facility during this review period. Through interviews, it was confirmed that if there are any additional plans for expansion or modifications, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology.

Reviewed documentation to determine compliance:

- ✓ Brentwood Residential Center Video Surveillance and Staffing Plan
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interview with Agency PREA Coordinator

### Standard 115.321 Evidence protocol and forensic medical examinations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Justice Center of New York conducts sexual abuse and sexual harassment administrative and criminal investigations. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are also reported to other appropriate authorities as required. The OCFS Deputy Commissioner formally asked the Justice Center Executive Director to comply with all PREA investigative standards in a letter dated June 2, 2014. The agency PREA Coordinator stated that all investigators at the Justice Center who conduct investigations at OCFS facilities have been trained in a uniform evidence protocol by the National Institute of Corrections (NIC). It is noted in OCFS Policy 3243.16 – Payment for Health Services that all forensic examinations are provided without cost to the resident. These forensic examinations are completed at Good Samaritan Hospital by a Sexual Assault Nurse Examiner (SANE). An MOU with Good Samaritan Hospital confirmed this process. The Pre-Audit Questionnaire indicated that there have been no incidents requiring forensic medical exams during the past 12 months.

If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as needed. Signed MOU's are in place with Good Samaritan Hospital and VIBS Family Violence and Rape Crisis Center to provide the above-mentioned services.

Reviewed documentation to determine compliance:

- ✓ Payment for Health Services Policy (PPM 3243.16)
- ✓ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ✓ MOU with Good Samaritan Hospital
- ✓ MOU with VIBS Family Violence and Rape Crisis Center

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires an administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse are reported to the Justice Center of New York within 24 hours. The facility published its 2014 Annual Report which was reviewed at the facility along with facility policies which demonstrated compliance in this standard.

There were 4 allegations of sexual abuse or sexual harassment reported in the past 12 months. These allegations were all referred to the Justice Center of New York. One of the allegations was unfounded (involved a staff member communicating and interacting with a former resident outside of the facility), one of the allegations was unsubstantiated (resident boundary issue with another resident), and the other 2 allegations are currently open (these 2 allegations pertained to resident boundary issues with other resident).

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ✓ 2014 Annual Report
- ✓ Interview with Facility Director/PREA Compliance Manager

**Standard 115.331 Employee training**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes all employees shall receive training that is specific to juveniles and the gender of the population they are working with. Employees must sign an acknowledgement

form verifying they understand the training they receive. Staff must be retrained when they transfer to a different gender population. Current employees must receive this training and receive refresher training annually. The training includes 11 different topics required by the PREA standards:

- ✓ Agency Zero Tolerance Policy
- ✓ Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures.
- ✓ Resident's right to be free from sexual abuse, assault, and harassment.
- ✓ Right of residents and employees to be free from retaliation.
- ✓ Dynamics of sexual abuse and sexual harassment in juvenile facilities.
- ✓ Common reactions of juvenile victims of sexual abuse and harassment.
- ✓ How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents.
- ✓ How to avoid inappropriate relationships with residents.
- ✓ Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questions (LGBTQ) or gender non-conforming.
- ✓ Compliance with relevant laws related to mandatory reporting of sexual abuse.
- ✓ Laws governing consent for OCFS youth.

Posters are posted throughout the facility in order to educate both staff and residents on facility PREA policies. Brochures noting PREA requirements are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both youth and the public posted on its website.

The Pre Audit Questionnaire documented that all staff members currently employed at the Brentwood Residential Center for Girls were trained or retrained on the PREA requirements. The facility provided documentation that indicated staff were and are trained as stated and required. This included training logs for all employees at the facility.

Randomly selected staff, as well as specialized staff, were knowledgeable of PREA. Specialized staff were able to articulate their understanding of PREA and the topics that they were trained in. Staff demonstrated their knowledge of PREA and were consistently able to articulate their responsibilities to report all suspicions, knowledge, allegations, or reports of sexual abuse and they would report it regardless of how the allegation was received. They were well aware of the Zero Tolerance Policy and residents and staff's right to be free from retaliation for reporting. Staff understood their roles as first responders and how to protect evidence. In addition, staff members are provided "PREA cards" which outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ PREA Training Curriculum/Training Logs
- ✓ Conducting Comprehensive Searches Training Curriculum/Training Logs
- ✓ Sexual Misconduct Brochure
- ✓ Random Staff Interviews
- ✓ Agency website

### **Standard 115.332 Volunteer and contractor training**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities in regards to PREA and reporting allegations of sexual abuse or sexual harassment as noted in the policy. The level and type of training shall be based on the services they provide and the level of contact they have with the residents. Regardless of the level of contact, all volunteers and contractors who have contact with residents are notified, in writing, of the agency’s Zero Tolerance policy and how to report incidents or suspicions of sexual abuse, assault, or harassment.

During the past 12 months, 7 volunteers and contractors have been trained on the agency’s policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All 7 volunteer/contractor training records were reviewed by the auditor. There were no volunteers or contractors at the facility to interview during the on-site audit.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Employee/Volunteer/Contractor Training and Acknowledgement
- ✓ Sexual Misconduct Brochure

### Standard 115.333 Resident education

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The residents at the Brentwood Residential Center for Girls receive information about the Zero Tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. The Resident Handbook, which all residents are given, advises residents of their right to be safe from sexual abuse, how to report, what to do if the resident is assaulted, and honesty in filing an allegation. In addition, residents receive information regarding treatment and counseling for victims of sexual abuse or assault.

The above information is communicated orally and in writing, in a language clearly understood by the resident, during the intake process. Language assistance resources are available through the OCFS Public Information Office.

The facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and PREA pamphlets.

The facility has done an excellent job of educating the residents and although all of the residents were not able to articulate information about outside agencies, that information is provided to them in multiple ways and they have the names and addresses of those organizations and are able to access them easily, if needed.

All of the residents interviewed were knowledgeable about PREA, including the Zero Tolerance policy, their rights to be free from sexual abuse and harassment, their right to be free from retaliation for reporting, and multiple ways to report (both internally and externally). Residents consistently stated they felt safe in the facility. They also stated they signed PREA Acknowledgements upon their entrance into the facility. The one area in which residents were not knowledgeable was in the area of “outside support organizations”. Although residents have access to the phone numbers and addresses of these organizations, it is recommended that a refresher training be provided to educate residents about the availability of outside support services, what these services would include, how they can access them, and information related to confidentiality of information if a resident sought support services. None of the residents has ever needed these services so it is understandable that they might not be able to name any of the services they might provide.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Limited Secure and Non-Secure Facilities Admission and Orientation Policy (PPM 3402.00)
- ✓ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ✓ Brentwood Residential Center for Girls - Resident Zero Tolerance Acknowledgement
- ✓ PREA Posters
- ✓ Random Resident Interviews
- ✓ Random Staff Interviews

**Standard 115.334 Specialized training: Investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Justice Center of New York is the state entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment in OCFS facilities. The OCFS Deputy Commissioner has formally asked the Justice Center Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards. The letter was dated June 2, 2014, and a copy was provided to the auditor.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ✓ Random Staff Interviews
- ✓ Interview with Facility Director/PREA Compliance Manager

**Standard 115.335 Specialized training: Medical and mental health care**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment states medical staff and mental health clinicians shall receive specialized training (in addition to the training provided to all employees) in the following:

- ✓ Detecting and assessing signs of sexual abuse, assault, and harassment.
- ✓ Preserving physical evidence of sexual abuse and assault.

- ✓ Responding efficiently and professionally to victims of sexual abuse, assault, and harassment.
- ✓ How and whom to report allegations or suspicions of sexual abuse and assault.

Training records confirmed all medical staff and mental health staff received the above-mentioned training. Upon completion of the training(s), staff received a certificate of completion. The specialized trainings were provided by the National Institute of Corrections (NIC). Medical staff at Brentwood Residential Center for Girls do not conduct forensic examinations.

Interviews with medical and mental health staff indicated they have received the specialized training (Medical Health Care Providers in Confinement Settings and Mental Health Care Providers in Confinement Settings) required by the PREA standards.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Training Curriculum/Training Records
- ✓ Interviews with Medical Staff and Mental Health Staff

### Standard 115.341 Screening for risk of victimization and abusiveness

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment states residents will be screened for potential vulnerabilities to victimization and propensity to victimize others with sexually aggressive behavior upon arrival at a OCFS facility. This screening is documented using Brentwood Residential Center for Girls Classification Form (OCFS – 4928). Living units and room assignments will be made accordingly. A Youth Counselor is required to conduct this interview at intake to ascertain information about a resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Reassessments are completed every 6 months and more often as indicated. There have been 43 youth admitted to the facility during the past 12 months. All residents interviewed stated the screening and/or reassessment had been completed as stated in the policy.

Interviews with the intake staff and staff responsible for performing the screening for risk of victimization and abusiveness indicated staff are complying with OCFS policy and that they were aware of the importance of securing vital information during this process to ensure the resident’s safety. Staff reported the risk assessment take place at intake or within 72 hours of intake.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Limited Secure and Non-Secure Facilities Admission and Orientation Policy (PPM 3402.00)
- ✓ Brentwood Residential Center for Girls Classification Form (OCFS – 4928)
- ✓ Interview with Agency PREA Coordinator
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Intake Staff/Staff Responsible for Risk Screening

### Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

After conducting the screening, the facility uses this information to inform housing, bed, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment requires residents at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The Pre-Audit Questionnaire indicated there have not been any residents who were at risk of sexual victimization placed in isolation during the past 12 months.

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Placement and programming for transgender and intersex residents shall be reassessed at least twice a year to review any threat to safety experienced by the resident.

Interviews with randomly selected staff and the Facility Director/PREA Compliance Manager confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. They also stated identification or status is not considered as an indicator of the likelihood that the resident will be sexually abusive.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Room Confinement Policy (PPM 3247.15)
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Mental Health Staff
- ✓ Interviews with Staff Responsible for Risk Screening

### Standard 115.351 Resident reporting

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Brentwood Residential Center for Girls have established procedures allowing for multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident. The documentation showed five ways for residents to report sexual abuse and sexual harassment or retaliation. These are:

- ✓ Tell a safe person/Someone you trust/Staff member at facility
- ✓ OCFS Ombudsman
- ✓ Justice Center of New York
- ✓ Anonymously



✓ Third Parties

Reporting information is delivered to residents through the intake process, the education process, in the Resident Handbook, pamphlets, and posters. Staff are required to document verbal reports immediately. Posters were observed throughout the facility during the tour. These posters highlighted the various ways youth and staff can report incidents.

All of the residents interviewed confirmed they have received information through a number of venues instructing them how to report any allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they were well aware of the grievance process.

Staff interviewed were also very knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, and retaliation.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)
- ✓ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ✓ OCFS Employee Manual
- ✓ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ✓ Resident Handbook – “Checking in for: YOUR SAFETY AT OCFS DJJOY”
- ✓ Posters in Living Units
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Randomly Selected Staff
- ✓ Interviews with Randomly Selected Residents

### Standard 115.352 Exhaustion of administrative remedies

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

### Standard 115.353 Resident access to outside confidential support services

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the facility is to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The Brentwood Residential Center for Girls also provides residents with reasonable and confidential access to their attorneys and/or legal representation; as well as parents or legal guardians. The facility has provided this information to all youth through Resident Handbooks, intake process, brochures, and posters placed throughout the facility.

Interviewed residents were aware of how to access outside agencies through the hotlines and all of them stated they would have access to a telephone if they needed to report anything. Residents were not as knowledgeable about the names of these agencies/organizations or the services they might provide to them if they ever needed them. Although the residents have access to the information, it is recommended that a refresher training be given to the residents to ensure they have knowledge of the names of the agencies/organizations and the services they would provide.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Resident Mail Policy (PPM 3422.00)
- ✓ Visits to Youth at DJJOY Facilities (PPM 3455.00)
- ✓ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ✓ Resident Handbook – “Checking in for: YOUR SAFETY AT OCFS DJJOY”
- ✓ MOU with Good Samaritan Hospital
- ✓ PREA Posters
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Randomly Selected Staff
- ✓ Interviews with Randomly Selected Residents

### **Standard 115.354 Third-party reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes multiple methods used to receive third party reports of sexual abuse or sexual harassment and is posted on the agency’s website in order to inform the public about reporting resident sexual abuse or sexual harassment on behalf of residents. Third party reports can also be made to the Facility Director, the Ombudsman, law enforcement, or the Department of Social Services.

Interviews with residents confirmed that they were aware of who third parties are. They are also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on behalf of the resident.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Agency Public Website
- ✓ PREA Posters
- ✓ Interviews with Randomly Selected Residents

### Standard 115.361 Staff and agency reporting duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes requirements for all staff (including medical and mental health practitioners) to report immediately any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment and retaliation against residents or staff that occurred in the facility. This policy also requires that staff report all verbal statements and document them by the end of the shift.

All staff interviewed were able to describe the reporting process. The staff stated they would take all allegations seriously regardless of how they received the report. All staff were aware of their status as mandated reporters. Staff stated they would immediately make a verbal report to the Administrator on Duty (AOD) and complete a written report prior to the end of the shift.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Mental Health Staff
- ✓ Interviews with Randomly Selected Staff

### Standard 115.362 Agency protection duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that when staff learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident. The Pre-Audit Questionnaire indicated there were no residents that the facility determined was subject to substantial risk of imminent sexual abuse.

Interviews with the PREA Coordinator, Facility Director/PREA Compliance Manager, and randomly selected staff indicated that the report or allegation would be taken seriously. They also stated the resident and the alleged perpetrator would be separated until the report could be investigated. If the perpetrator was a staff, interviews confirmed that the staff would be placed on Administrative Leave until an investigation is completed by the Justice Center of New York. It was also noted; if the allegation was substantiated the presumptive action

would be termination.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Justice Center's Code of Conduct Form for Custodians of People with Special Needs
- ✓ Interviews with Facility Director/PREA Compliance Manager
- ✓ Interview with Agency PREA Coordinator
- ✓ Interviews with Randomly Selected Staff

### Standard 115.363 Reporting to other confinement facilities

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director of the facility that received the allegation shall notify the Facility Director of the other facility or appropriate office of the agency (if not an OCFS operated facility) where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall also be documented.

If the notified facility is an OCFS operated facility, the Facility Director that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Interviews with the Facility Director/PREA Compliance Manager confirmed this process and indicated that there were no allegations made by residents, during the past 12 months, that they had been the victim of sexual abuse at another facility while they were confined there.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Interview with Facility Director/PREA Compliance Manager

### Standard 115.364 Staff first responder duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states upon learning of an allegation a resident was sexually abused, the first staff member to respond to the report shall be required to:

- ✓ Separate the victim and alleged abuser.
- ✓ Preserve and protect the scene until appropriate steps can be taken to collect any evidence.
- ✓ Request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating.
- ✓ Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

First responder duties for non-security staff are the same as security staff. Staff have been trained appropriately in the above-mentioned duties as a first responder. All staff members are provided “PREA cards” which outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

All of the staff members interviewed were able to articulate the steps they would take as first responders. There responses were consistent with OCFS policy.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Interviews with Randomly Selected Staff
- ✓ Interviews with First Responders

#### **Standard 115.365 Coordinated response**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS has developed documents to communicate the roles of responders, including direct care staff, medical staff, mental health practitioners, and administrators. These roles are addressed in the Brentwood Residential Center for Girls Local Operating Practice. Additionally, all staff members are provided “PREA cards” which outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

Interviews with direct care staff, medical staff, mental health practitioners, and administrators indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault.

Reviewed documentation to determine compliance:

- ✓ Brentwood Residential Center for Girls Local Operating Practice - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Randomly Selected Staff
- ✓ Interviews with Medical and Mental Health Staff

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

Reviewed documentation to determine compliance:

- ✓ Pre-Audit Questionnaire

### **Standard 115.367 Agency protection against retaliation**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states any employee or resident is prohibited from retaliating against other employees or resident for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action. Facilities are required to act promptly to remedy any form of retaliation.

The Facility Director/PREA Compliance Manager is the person charged with monitoring retaliation. The facility employs multiple protection measures, such as housing changing or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at Brentwood Residential Center for Girls will continue for at least 90 days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, housing, or program changes, negative performance reviews, and reassignments of staff.

The Pre-Audit Questionnaire indicated that there were no incidents of retaliation that occurred during the past 12 months.

An interview with the Facility Director/PREA Compliance Manger indicates she serves as the facility retaliation monitor. She stated the agency would expect that actions would be taken immediately to ensure the resident was safe. It is the expectation of the agency that the resident would be monitored for at least 90 days or until the resident’s release.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Interview with Facility Director/PREA Compliance Manager

### Standard 115.368 Post-allegation protective custody

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

Reviewed documentation to determine compliance:

- ✓ Use of Room Confinement Policy (PPM 3447.15)
- ✓ Interview with Facility Director/PREA Compliance Manager

### Standard 115.371 Criminal and administrative agency investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes, in detail, the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. This policy states the Justice Center of New York has responsibility to investigate all PREA related allegations and incidents that is alleged in OCFS facilities. Local law enforcement authorities shall be contacted as necessary. Investigations are to use any physical evidence, including witness interviews and suspected sexual abuse perpetrators reports. Investigations are not terminated should the source of the allegations recant the allegation.

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 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 process.

There were 4 allegations of sexual abuse or sexual harassment reported in the past 12 months. These allegations were all referred to the Justice Center of New York. One of the allegations was unfounded (involved a staff member communicating and interacting with a former resident outside of the facility), one of the allegations was unsubstantiated (resident boundary issue with another resident), and the other 2 allegations are currently open (these 2 allegations pertained to residents boundary issues with other residents).

Interviews with the Facility Director/Compliance Manager and agency PREA Coordinator confirmed the protocols in place for criminal and administrative agency investigations.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interview with Agency PREA Coordinator

#### **Standard 115.372 Evidentiary standard for administrative investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states that the facility shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Justice Center of New York has been asked to use this standard for investigations at the facility.

An interview with the Facility Director/PREA Compliance Manger confirmed the Justice Center of New York uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ✓ New York State Justice Center Law
- ✓ Interview with Facility Director/PREA Compliance Manager

#### **Standard 115.373 Reporting to residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that following an investigation into a resident's allegation of sexual abuse by a staff member, the agency will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; whenever the staff is no longer assigned within the resident's living unit; no longer employed at the facility or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that



residents who have been the victim of sexual abuse and sexual harassment shall receive notification of determined outcomes using the “Determination of Notification to Youth” form. The Facility Director/PREA Compliance Manager will share the outcome with the resident, obtaining her signature as proof of receipt, before the form is placed in the resident’s file as documentation of notification.

The facility provided one notification to residents following an investigation by the Justice Center of New York. A copy of this notification was reviewed by the auditor prior to the on-site audit and a resident signature was observed indicating the resident received the notification of the outcome of the investigation.

An interview with the Facility Director/PREA Compliance Manager indicated that residents are notified of the results of an investigation. The process described was consistent with the agency policy.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Response to Facility Reportable Incident Form
- ✓ PREA Determination Notification to Youth Form
- ✓ Interview with Facility Director/PREA Compliance Manager

### Standard 115.376 Disciplinary sanctions for staff

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment require that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engaged in sexual abuse. All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Pre-Audit Questionnaire indicated that there were no staff that were terminated for violating agency sexual abuse or sexual harassment policies during the past 12 months.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Interview with Facility Director/PREA Compliance Manager

### Standard 115.377 Corrective action for contractors and volunteers

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment require that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents during the past 12 months.

The Facility Director/PREA Compliance Manager stated in an interview that the facility would immediately get the contractor or volunteer off campus and would not allow them to return until the completion of an investigation. She also stated she would report the incident as required in the above-mentioned policy.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Interview with Facility Director/PREA Compliance Manager

### **Standard 115.378 Disciplinary sanctions for residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3443.00 - Youth Rules states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse. Disciplinary action must be administered in a fair, impartial, and expeditious manner.

The Pre-Audit Questionnaire indicated that there were no residents placed in isolation as a disciplinary sanction for resident on resident sexual abuse. OCFS facilities do not use isolation or segregation as a disciplinary measure for rule violations.

The Facility Director/PREA Compliance Manager confirmed the above-mentioned protocol and also confirmed the facility does not use isolation.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Youth Rules Policy (PPM 3443.00)
- ✓ Interview with Facility Director/PREA Compliance Manager

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3243.18 - Initial Mental Health and Health Screening Interview for Facility Youth requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether is occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening. Medical and mental health staff obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting. There were 0 residents who disclosed a prior sexual victimization during the screening process. There have also been 0 reports of resident sexual abuse.

During interviews, medical and mental health staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with them. They related that services would be offered and these include evaluation, developing a treatment plan, developing a new safety plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow up meeting.

Reviewed documentation to determine compliance:

- ✓ Initial Mental Health and Health Screening Interview for Facility Youth Policy (PPM 3243.18)
- ✓ Admission Screening Interview Form
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Medical Staff
- ✓ Interviews with Mental Health Staff
- ✓ Interviews with Intake Staff
- ✓ Interviews with Staff Responsible for Risk Screening

### **Standard 115.382 Access to emergency medical and mental health services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires the victim will be immediately referred to the medical facility the facility has previously identified for clinical assessment gathering of forensic evidence by professions who are trained and experienced in the management of victims of sexual abuse and assault. The Brentwood Residential Center for Girls has an MOU with Good Samaritan Hospital in West Islip, New York, and VIBS Family Violence and Rape Crisis Center in Central Islip, New York to provide medical/mental health services at no cost to the victim when facility mental health staff is not available.

Interviews with administrative staff, medical staff, and mental health staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)

- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interviews with Medical Staff
- ✓ Interviews with Mental Health Staff
- ✓ Interviews with Intake Staff
- ✓ Interviews with Staff Responsible for Risk Screening
- ✓ Interviews with First Responders
- ✓ Interviews with Randomly Selected Residents
- ✓ MOU with Good Samaritan Hospital (West Islip, New York)
- ✓ MOU with VIBS Family Violence and Rape Crisis Center (Central Islip, New York)

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

As noted in OCFS Policy 3243.33 – Behavioral Health Services, The Brentwood Residential Center for Girls offers medical and mental health evaluation within 1 week of being notified and, as appropriate, treatment to all residents who have been victims of sexual abuse. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted diseases as medically appropriate. The facility also attempts to conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of such history and offers treatment when deemed appropriate.

Interviews with medical staff and mental health staff confirmed the above-mentioned process.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Behavioral Health Services Policy (PPM 3243.33)
- ✓ Principles of Health Services Policy (PPM 3243.01)
- ✓ Interviews with Mental Health Staff
- ✓ Interviews with Medical Staff

**Standard 115.386 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

conclusion/receipt of the investigation, the facility shall conduct a sexual abuse incident review of all allegations (substantiated or unsubstantiated), unless the allegation has been determined to be unfounded. All OCFS facilities document the incident reviews on "PREA Sexual Abuse Incident Review" forms. All requirements listed in standard 115.386 are reviewed and considered by the facility.

The Pre-Audit Questionnaire indicated that there were 0 criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

The Facility Director/PREA Compliance Manager stated the Incident Review teams consists of upper level management officials, the agency PREA Coordinator, medical staff, and mental health staff.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ PREA Sexual Abuse Incident Review Template
- ✓ Interview with Facility Director/PREA Compliance Manager
- ✓ Interview with Incident Review Team Member

### Standard 115.387 Data collection

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Brentwood Residential Center for Girls collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files, and incident reviews. Aggregate annual data from other state facilities are available through the Statewide PREA Database. The agency provided this information to the Department of Justice in 2015, in the form of the Survey of Sexual Victimization (2014).

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ PREA Database Report
- ✓ 2014 DOJ Survey of Sexual Victimization

### Standard 115.388 Data review for corrective action

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Brentwood Center for Girls PREA Compliance Manager and agency PREA Coordinator review all data collected and aggregated pursuant to standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response to policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its findings from its data review. The annual reports are approved by the OCFS Deputy Commissioner.

Reviewed documentation to determine compliance:

- ✓ Agency's Website Posting of 2014 DOJ Survey of Sexual Violence
- ✓ Interview with Facility Director/PREA Compliance Manager

### Standard 115.389 Data storage, publication, and destruction

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained via limited access through a secure server for at least 10 years after the initial collection, unless Federal, State, or local law requires otherwise.

The PREA Coordinator noted that no personally identifiable information is included in the report.

Reviewed documentation to determine compliance:

- ✓ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ✓ Telecommunications and Computer Use Policy (PPM 1900.00)
- ✓ Agency's Website Posting of 2014 DOJ Survey of Sexual Violence
- ✓ Interview with Agency PREA Coordinator

### AUDITOR CERTIFICATION

I certify that:

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

Matthew A Burns

July 22, 2016

Auditor Signature

Date

