

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

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|--|---|---|--|
| <b>Name of Facility:</b> John H. Sununu Youth Services Center  |   |   |  |
| <b>Physical Address:</b> 1056 North River Road, Manchester, NH 03104   |   |   |  |
| <b>Date report submitted:</b> August 30, 2014  |   |   |  |
| <b>Auditor information:</b> William J. Benjamin-Certified PREA Auditor, Benjamin Correctional Consulting, LLC                            |   |   |  |
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| <b>Telephone number:</b> 518 466 5319  |   |   |  |
| <b>Date of facility visit:</b> August 4-8, 2014  |   |   |  |
| <b>Facility Information:</b> 144 Bed Juvenile Secure Treatment Facility, for both male and female residents 11-17 years old              |   |   |  |
| <b>Facility Mailing Address:</b> Same as above<br><i>(if different from above)</i>   |   |   |  |
| <b>Telephone Number:</b>   |   |   |  |
| <b>The Facility is:</b>  | <input type="checkbox"/> Military               | <input type="checkbox"/> County               | <input type="checkbox"/> Federal   |
|  | <input type="checkbox"/> Private for profit     | <input type="checkbox"/> Municipal            | <input checked="" type="checkbox"/> <u>State:</u> New Hampshire                      |
|  | <input type="checkbox"/> Private not for profit |   |  |
| <b>Facility Type:</b>  | <input type="checkbox"/> Detention              | <input type="checkbox"/> Correction           | <input checked="" type="checkbox"/> <u>Other:</u> Juvenile Secure Treatment Facility |
| <b>Name of PREA Compliance Manager:</b> John Duffy <b>Title:</b> Administrator II  |   |   |  |
| <b>Email Address:</b> <a href="mailto:Jduffy@dhhs.state.nh.us">Jduffy@dhhs.state.nh.us</a> <b>Telephone Number:</b> 603-625-5471 ext.304 |   |   |  |
| <b>Agency Information:</b> Bureau of Organizational Learning and Quality Improvement   |   |   |  |
| <b>Name of Agency:</b> Division for Children, Youth and Families   |   |   |  |
| <b>Governing Authority:</b> Department of Health and Human Services  |   |   |  |
| <b>Physical Address:</b> 129 Pleasant Street, Concord, NH 03301  |   |   |  |
| <b>Mailing Address:</b><br><i>Same as above</i>  |   |   |  |
| <b>Telephone Number:</b> 603-271-4455  |   |   |  |
| <b>Agency Chief Executive Officer</b>  |   |   |  |
| <b>Name:</b> Maggie Bishop   |   | <b>Title:</b> DCYF Director                   |  |
| <b>Email Address:</b> <a href="mailto:mbishop@dhhs.state.nh.us">mbishop@dhhs.state.nh.us</a>   |   | <b>Telephone Number:</b> 603-271-4455         |  |
| <b>Agency Wide PREA Coordinator</b>  |   |   |  |
| <b>Name:</b> John Duffy  |   | <b>Title:</b> Administrator II                |  |
| <b>Email Address:</b> <a href="mailto:Jduffy@dhhs.state.nh.us">Jduffy@dhhs.state.nh.us</a>   |   | <b>Telephone Number:</b> 603-625-5471 ext.304 |  |

# AUDIT FINDINGS

## **NARRATIVE:**

The state of New Hampshire contracted on July 16, 2014 with William Benjamin, DOJ certified PREA auditor from Benjamin Correctional Consulting, LLC to conduct a PREA compliance audit of The New Hampshire Department of Health and Human Services (DHHS) John H. Sununu Youth Service Center (SYSC) located in Manchester, NH. Mr. Benjamin, after a review of pre-audit questionnaires and other documents, conducted the on-site audit from August 4 – 8, 2014.

An entrance interview was conducted on August 4, 2014 with Division for Children Youth & Families (DCYF) Director Maggie Bishop, SYSC Director Penny Sampson, PREA Coordinator John Duffy, Gail Snow, Sherri Levesque, Jim Panzer, Kevin Sullivan, Al Kirker, Joel White, Kim Crowe, Claire Pstragowski, Donna Bourbeau and Kathleen Grondine. The on-site audit included a two hour complete facility tour, formal interviews of both directors, investigators, PREA Coordinator, Medical and Mental Health staff, 10 residents (5 male and 5 female including victims and offenders), 10 random staff and first responders. Throughout the audit, informal interviews of both residents and staff were conducted. With the PREA Coordinator, a complete and thorough review was conducted of all supportive policies, procedures, and related documentation used to demonstrate compliance, as well as a random sample of completed investigation reports. Daily out briefs were conducted with Director Sampson and PREA Coordinator Duffy.

An exit interview was conducted August 8, 2014 with DCYF Director Maggie Bishop, SYSC Director Penny Sampson, PREA Coordinator John Duffy, Gail Snow, Sherri Levesque, Jim Panzer, Kevin Sullivan, Al Kirker, William Bovaird, Kim Crowe, Claire Pstragowski, Donna Bourbeau and Kathleen Grondine. Prior to the finalization of the report, Mr. Benjamin received all of the outstanding supporting documentation needed to demonstrate compliance.

It should also be noted that the facility was exceptionally clean and well maintained and that staff displayed a high level of professionalism. All residents stated they felt safe at SYSC and that staff generally cared about their well-being and safety.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The John H. Sununu Youth Service Center opened in 2006 as a secure juvenile facility holding both male and female juveniles ranging in age from 13 to 17 years old. The facility has a total capacity of 144 beds (120 single rooms and 12 double rooms) arranged in four (4) segregated residential

wings with three (3) living units per wing. The main core building contains administrative offices, educational staff offices, classrooms, vocational shops, main control room, food service/dining room, admission area, medical services, clinical area, chapel, gym, weight room and an indoor pool. The outdoor exercise areas are located between each of the living wings that surround a large secure outdoor courtyard.

When a youth is committed to SYSC a systematic process is used to classify and assign youths to a secure residential unit where they participate in a prescribed behavioral program. The program encompasses academia, cottage life and group sessions. Progress in all three spheres is measured using a rating system with progress regularly communicated to the youth. Program completion and ultimate eligibility for release and parole from SYSC is determined by the youth's progress in addressing identified problem areas and program goals based on assessment by the youth's Program Team. The Program Team is comprised of a unit clinical coordinator, resident house leader, youth counselor, education representative, juvenile services officer, parent or guardian and the youth. The average length of stay prior to initial release from SYSC is 7 months (Committed) and 16 days (detained). The average daily population, based upon calendar year 2013, is about 75 residents. Current total staff employed at the time of the audit was 195.

## **SUMMARY OF AUDIT FINDINGS**

On August 4-8, 2014, a five day PREA compliance audit was completed at the John H. Sununu Youth Service Center located in Manchester, New Hampshire. The results indicate:

Number of standards exceeded: 1

Number of standards met: 37

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)

SYSC has a written policy, Policy 2055 "Sexual Assault and Sexual Harassment", mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct.

The facility employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Compliance was based on interviews with the PREA Coordinator and random staff and a review of organizational chart and duty description of PREA Coordinator included with Policy 2601 "Organizational Chart".

**Standard: §115.312 – Contracting with other entities for the confinement of residents.**

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

The facility does not contract with private agencies or other entities for confinement of residents.

**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)

SYSC as per Policy 2071 "SYSC Staffing Plan and Master Schedule", has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against sexual abuse. The agency is currently complying with 1:8 and 1:16 staffing ratios prior to the October 1, 2017 deadline.

While SYSC meets this standard the auditor did recommend they consider adding video cameras in the classrooms and in the pantry area of the resident living areas. This would provide enhanced supervision of the residents and be useful in conducting incident investigations.

It is also recommended that the supervisors document their rounds in the living unit logs books in different colored pens. This will allow supervisors and administrators immediate identification of the last prior rounds.

**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)

SYSC does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. In the event a cross gender search is done SYSC documents all cross-gender strip searches and cross-gender visual body cavity searches. This is supported by Policy 2058 "Searches".

The agency uses a privacy curtain over the room door windows to allow the residents privacy when changing clothes.

**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)

SYSC takes appropriate steps to ensure residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This is supported by Policy 2090, "Interpreter guide"

The facility takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Contract maintained by DHHS <http://www.dhhs.nh.gov/omh/access.htm> Form 2191 "Intake Poster Training Packet".

**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)

SYSC does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who— has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The facility performs a criminal background records check before enlisting the services of any contractor who may have contact with residents for all newly hired staff by policy since 2012.

The facility conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

At the time of the site work, SYSC had complete back ground authorization form and submitted them to the NH State Police, but the result were not yet available. On August 18, 2014, I received a certified letter stating all the criminal background records were received, reviewed and confirm that "no employee or contractor working with residents at SYSC has been convicted of sexual criminal behavior or conduct described in PREA Standard 115.317".

Compliance is supported by Policy 2476 "PREA Standards - Hiring, Promoting, Corrective and Disciplinary Actions for Personnel and Contractors; Volunteers".

**Standard: §115.318 – Upgrades to facilities and technology.**

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

The agency has not acquired a new facility or made a substantial expansion to existing facilities nor has it installed or updated a video monitoring system since August 20, 2012.

**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)

Based on interview with PREA compliance manager and Policy 2055 "Sexual Assault and Harassment", to the extent SYSC is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions

SYSC offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners..

SYSC makes available to the victim a victim advocate from a local YMCA. Ellicott Hospital conducts the SANE/SAFE exam.

As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

**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)

SYSC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The facility has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency has a Memo of Understanding (MOU) with New Hampshire State Police and follows Attorney General (AG) protocol.

Compliance was supported by interviews with the director and investigative staff as well as check of DHHS website. Also, a reviewed PREA log and reviewed report of investigations.

**Standard: §115.331 – Employee training.**

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

The agency, through a partnership with Granite State College, has developed an E-workbook online training program, entitled: *“Prison Rape Elimination Act (PREA) for NH Residential Providers”*,

The program was reviewed and is used by SYSC to train all employees who have contact with the residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents’ right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse between residents
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Relevant laws regarding the applicable age of consent.

The PREA E-workbook training program was deemed to be outstanding and could be used as a model for other agencies to use.

At the time of the site work, the training records were verified for all but a few employees. The training records are managed by the college. On August 18, 2014, I received documentation confirming all employees had completed the required training program and that all of the training records for the E-workbook training program were complete.

It was recommended that SYSC consider an instructor-led training system program for the bi-annual refresher training. This would strike a balance with employees who prefer that style of learning versus an online interactive program.

**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)

SYSC requires all volunteers and contractors to enroll and take the same E-Workbook training program. Also, they complete Form 2187, Intern/Volunteer brochure and form 2188 Intern/Volunteer Orientation form. The training records and form signatures of understanding for volunteer and contractors was verified.

**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)

Based upon Policy 2027 "Residential Orientation" and interviews with random residents and intake staff and review of signed orientation sheets, all SYSC residents have been educated about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The orientation of PREA to all residents started in 8/20/2013 and all new arrival residents receive orientation within hours of arrival.

All SYSC residents were educated about PREA via the: Youth PREA Pamphlet, Form 2183 Resident Orientation Notification, Form 2182 - Intake Orientation, SYSC Handbook, and various poster displayed through the facility.

**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)

SYSC ensures that the in-house investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the

criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The Bureau of Organizational Learning and Quality Improvement (BOLQI) Organizational Learning Unit approves all specialized training for Internal Investigators.

**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)

Based on policy 2055 and lesson plan, SYSC ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

SYSC maintains documentation that medical and mental health practitioners have received the training.

Medical and mental health care practitioners also receive the training mandated for employees under 115.331.

At the time of the site work, the training records were verified for all but a few medical staff. On August 18, 2014, I received documentation confirming all medical and health care staff had completed the required training program and that all medical and mental health staff training records were complete.

**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)

SYSC Policy 2140 "Classification of Committed Youth", Initial screening is conducted on all residents prior to living unit/room assignments. Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are conducted within 72 hours of admission.

For the initial screening, Clinical and Medical staff shall abide by Policy 2132 "Clinical Services for Committed Residents" or Policy 2160 "Residential Services for Detained Residents." Intake staff complete Form 2197 Vulnerability Assessment. The Vulnerability Assessment form was modified prior to the completion of the site work to include all the elements required by 115.341, implementation was verified.

**Standard: §115.342 – Use of screening information.**

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

The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization/abusiveness, any gender nonconforming appearance or manner/identification and whether the resident may be vulnerable to sexual abuse. Information is also obtained related to current charges/offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, residents' perception of vulnerability and any other specific information (medical/mental health screenings, any court records and resident file documentation) that may indicate heightened supervision needs and additional safety precautions, to include separation from certain other residents.

The screening instrument is used in conjunction with resident history and records from referral agencies. Information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff/contractors/volunteers or other residents. Random resident records were reviewed. The review demonstrated the required initial screening and the facility reported that all residents (100%) received this screening within 24 hours. Reassessments are conducted every six (6) months. All residents interviewed stated this screening and/or reassessments had been performed.

**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)

Based on Policy 2055, interviews with random staff and residents as well as a review of SYSC Handbook; resident orientation procedures; and agency's Ombudsman program, The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward residents reports of sexual abuse and sexual harassment to agency officials, allowing the residents to remain anonymous upon request.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and are required to promptly document any verbal reports.

**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)

SYSC Policy 2105 “Ombudsman Program”, outlines the administrative procedure for addressing resident’s grievances regarding sexual abuse or harassment are handled. All elements of this policy comply with this standard. There have been no grievances relating to sexual abuse filed in the past 12 months. Staff and resident interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse or harassment.

**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)

SYSC Policy 2027 “Residential Orientation”, The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local laws.

Resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered.

**Standard: §115.354 – Third-party reporting.**

- Exceeds Standard (substantially exceeds requirement of standard)

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

The New Hampshire Department of Health and Human Services (DHHS) website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Also, parents receive information regarding third-party reporting. Resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

**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)

All SYSC staff are mandated reporters and are required by Policy 2055 and New Hampshire State law to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Random staff interviews also helped to verify the facility's compliance with this standard.

**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)

SYSC Policy 2055 requires residents identified as being at risk for sexual victimization to be monitored and to receive counseling from mental health or other qualified staff. Residents are seen weekly by their assigned therapist.

There were no residents identified as being at risk for sexual abuse in the past 12 months, as indicated on a log maintained by the facility and as revealed in interviews with the Facility Director and other random 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)

SYSC Policy 2055 requires the Facility Director to notify the head of another facility upon receiving an allegation that a resident was sexually abused while confined at another facility.

In the past 12 months, the facility has received one allegation that a resident was abused while confined at another facility.

**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)

SYSC Policy 2053 "Emergency Response", requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

There were no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused. First Responder Workflow Form 2190 was verified.

**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)

SYSC has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. Interviews with the Facility Director and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

**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)
- Not Applicable

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

There have been no new or renewed contracts in the past year; however, any contracts developed or renewed will allow alleged staff sexual abusers to be removed from contact with residents pending the outcome of the investigation and a determination of discipline.

**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)

SYSC Policy 2055 requires the monitoring of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. All SYSC staff are charged with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

**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)

SYSC, by policy, does not isolate residents for any reason. This was verified by observation, and staff and residents interviews.

**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)

Policy 2055 "Sexual Assault and Sexual Harassment", all substantiated allegations that appear to be criminal (delinquent) are referred to the New Hampshire State Police, the Manchester Police Department, or the New Hampshire Attorney General's Office for prosecution. There have been three investigations of alleged resident sexual abuse in the facility that were investigated in the past 12 months.

**Standard: §115.372 – Evidentiary standards 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)

SYSC imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard: §115.373 – Reporting to Residents.**

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

SYSC has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

**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)

SYSC Policy 2055 requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. This was verified during an interview with the Facility Director and PREA Coordinator.

No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

**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)

SYSC Policy 2476 "PREA Standards - Hiring, Promoting, Corrective and Disciplinary Actions for Personnel and Contractors; Volunteers" requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. There have been no volunteers or contractors reported in the past 12 months.

The policy also requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Director and PREA Coordinator.

**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)

SYSC Policy 2100 "Rules, Discipline, And Restorative Justice", 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.

In the past 12 months, there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse that have occurred at the facility

**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)

For the initial screening, staff will gather information through: conversations with the youth during the intake process, the Nursing Health Assessment, and Clinical Assessments; during classification assessments; and by reviewing court records, case files, SYSC behavioral records, and other relevant documentation from the youth's files (115.341 (d)).

The youth's treatment team shall use information gathered from all sources during the previous six months at every other quarterly treatment team meeting for the youth's six- month review.

If a screening indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff receiving this information must ensure the youth is referred for a follow-up meeting with Medical or Clinical staff that must occur within 14 days of the screening.

Staff receiving this information shall complete Form 2180 "Reporting Form for Sexual Abuse, Sexual Assault, and Sexual Harassment," indicate the need for follow-up with Medical or Clinical Staff on the form, and deliver the form to the SYSC Internal Investigator.

It was recommended that SYSC look for way to ensure confidentiality when staff conducts the intake interview in the admission area. Currently, the intake area is open with a seating area for other residents waiting processing. SYSC temporarily corrected this issue by utilizing a unused secure holding area in the intake area for interviews and by using the hallway outside of the intake area as a waiting area.

**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)

SYSC victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders takes preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely

access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**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)

Residents can and do receive a high level of ongoing medical and mental health care, SYSC currently employs 8 master level clinicians (one advocate on staff). SYSC offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in the facility.

The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Residents' victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

**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)

SYSC Policy 2055 "Sexual Assault and Sexual Harassment" The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were 21 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents.

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, member of the training unit, and medical or mental health practitioners

SYSC prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

**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)

SYSC Policy 2375 "Data Collection for PREA Compliance", requires that incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

SYSC maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

**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)

SYSC Policy 2375 "Data Collection for PREA Compliance", requires the review of all data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

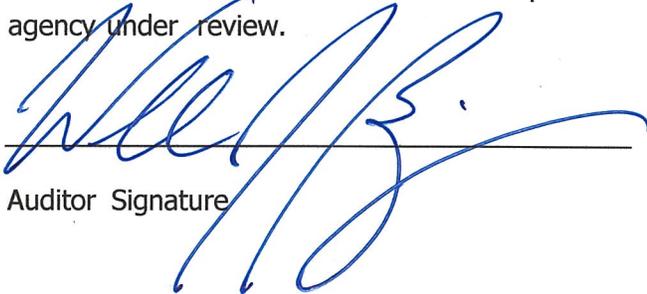
**Standard: §115.389 – Data storage, publication, and destructions.**

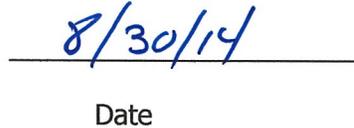
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

SYSC Policy 2375 "Data Collection for PREA Compliance", requires that data is collected and securely retained. The aggregated sexual abuse data was reviewed on the facility's website and all personal identifiers are removed.

**AUDITOR CERTIFICATION:**

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

  
\_\_\_\_\_  
Auditor Signature

  
\_\_\_\_\_  
Date