# PREA AUDIT REPORT [x]  INTERIM [x]  FINAL

# JUVENILE FACILITIES

**Date of report:** October 6, 2015

|  |
| --- |
| **Auditor Information** |
| **Auditor name:** Maureen G. Raquet |
| **Address:** PO Box 274, Saint Peters, Pa. 19470-0274 |
| **Email:** mraquet1764@comcast.net |
| **Telephone number:** 484-366-7457 |
| **Date of facility visit:** September 14, 15, 2015 |
| **Facility Information** |
| **Facility name:** Ourside In School of Experiential Education, Inc.  |
| **Facility physical address:** 196 Hamill School Roafd, Bolivar, ,Pa. 15923 |
| **Facility mailing address:** *(if different from above)* PO Box 639, Greensburg, Pa. 15601 |
| **Facility telephone number:** 724-238-8441 |
| **The facility is:** | [ ]  Federal | [ ]  State | [ ]  County |
| [ ]  Military | [ ]  Municipal | [ ]  Private for profit |
| [x]  Private not for profit |
| **Facility type:** | [ ]  Correctional | [ ]  Detention | [x]  Other |
| **Name of facility’s Chief Executive Officer:** Mike Henkel |
| **Number of staff assigned to the facility in the last 12 months:** 78 |
| **Designed facility capacity:** 60 |
| **Current population of facility:** 51 |
| **Facility security levels/inmate custody levels:** Secure Facility |
| **Age range of the population:** 12-20 |
| **Name of PREA Compliance Manager:** Jody Wellwood | **Title:** Director |
| **Email address:** jwellwood@myoutsidein.org | **Telephone number:** 724-875-1428 |
| **Agency Information** |
| **Name of agency:** Outside In School of Experiential Education, Inc.  |
| **Governing authority or parent agency:** *(if applicable)* Click here to enter text. |
| **Physical address:** s/a |
| **Mailing address:** *(if different from above)* s/a |
| **Telephone number:** s/a |
| **Agency Chief Executive Officer** |
| **Name:** s/a | **Title:** s/a |
| **Email address:** s/a | **Telephone number:** s/a |
| **Agency-Wide PREA Coordinator** |
| **Name:** Jody Wellwood | **Title:** Director |
| **Email address:** s/a | **Telephone number:** sa/ |

# AUDIT FINDINGS

## NARRATIVE

Outside In School of Expereintial Education was founded 20 years ago by Chief Executive Officer Mike Henkel. It is an all male facilty with its primary focus being drug and alcohol rehabilitation with outdoor experiences being a primary component. Four of the five cabins are for residents, aged 13-20 who have drug and alcohol as a primary diagnosis. This program is entitled “Pathway to Recovery” and is an in-patient, non-hospital drug and alcohol program. The fifth cabin is reserved for the other program called. “Voyager” and it is a Behavior Modification program. Both programs have court ordered residents that are referred from both the Juvenile Court and the Office of Children and Youth from approximately 12 contracted Pa. counties in the the Western Part of the State. There is also a weekend community based wilderness program that is non-residential that utilizes parts of the campus, and serves primarily Westmoreland County youth. During 2014, there were a total of 190 admissions to all programs, with an average stay of 4-5 months. These programs have a quasi-military feel with the residents rising at 5:00 AM to do calisthenics. All boys wear uniforms that are color coded to denote program status. They line up next to their bunks and addressed me as Ma’am. There are no televisions anywhere in the facility. All chidren receive both group and indivisual counseling as well as ART (an evidence based curriculum). Residents have both weekend and multi-week adventure challenges that include, canoeing, bike rides, hiking and camping in the close by Laurel Highlands of Pa., as well as far away as Western Maryland.

 There are 79 employees, which include Administration, Counselors, Teachers, and all male Direct Care Staff. The Direct Care Staff work a variety of shifts including 7 on - 7 off, and three 24 hour days, sleeping in the cabins with the residents, and accompanying them on wilderness adventures. There are contracted security guards, who are awake and doing head counts when the residents and staff are sleeping. There are also contracted kitchen employees. There are no contracted or employed Medical or Mental Health Staff. All medical and mental health needs are met using community resources.

This facility is located in Fairfield Township, Westmoreland County, Bolivar, Pa. The Audit was conducted on September 14, 15, 2015. At the time of the Audit, there were 51 residents, who are both delinquent and dependent children.

The facility is licensed under the Pa. Department of Human Services 3800 regulations and the Pa. Department of Drug and Alcohol Programs.

**DESCRIPTION OF FACILITY CHARACTERISTICS**

This facility is located on 143 acres in the beautiful Laurel Highlands of Western Pennsylvania. It is about one hour from the city of Pittsburgh , Pa. and is located in Westmoreland County. The closest town is Ligonier, Pa., a picturesque and historic village. There are two areas of the campus, East and West, with the East Side being the Main Campus with a large building designed to look like a National Park Lodge and that fits well into its rural surroundings. This one story cedar shake building is approximately 18,000 square feet and was built in stages. The original 1999 construction consisted of what are now Cabins 3 and 4, along with the classrooms, dining room, kitchen and front office area. In 2007, Cabins 2 and 4 were added on and the Counseling Wing was added in 2009.

When you enter the front door, there is a reception area to the left and an administrative office; through an adjacent door is the counseling wing with offices and a conference room, where most of the interviews were conducted. To the right of the main entrance is a hallway with restrooms and built-in shelves lined with library books. Off this hall are the classrooms and Cabins 1-4, which are the living units for the residents. All cabins contain bunk beds and desks for residents and the sleep-in staff, with a staff desk and computer close to the bathroom and shower room. There are four separate shower stalls with curtains and three bathroom stalls with doors and one urinal. Adjacent to the shower area is what is called the”boot room” where each child has a locker and where their personal items are kept. Cabins 1 and 2 each had 5 bunks, ten resident beds and two bunks, four staff beds. All cabins are sparsely furnished. Cabins 1 and 2 open into a foyer area, where there is a desk for the night security guard. These two cabins are referred to as a “neighborhood”. Cabins 3 and 4 have 12 resident beds, 6 bunks and two bunks, 4 staff beds, each. These also open into a foyer area with a guard desk and is also considered a “neighborhood” These neighborhoods eat their meals, and participate in activities together. It should be noted that all four cabins are licensed for 12 beds apiece, and furniture can be moved in and out to accommodate the actual number of residents.

The cafeteria and kitchen are accessed from the school hallway. The children go through a serving line and are served their meals. They eat at a round table with staff. There were eight tables in the dining room with floor to ceiling window walls looking out onto the surrounding acreage. The children do not have access to the kitchen beyond the serving line, but do chores in the main dining room, including washing down tables, emptying trash, etc. Between each cabin there is a small courtyard type setting (although not completely enclosed, with a picnic table. There is also a basement laundry room only accessible from the outside of the building beneath the kitchen. It has two industrial washers and two dryers built into the wall. There are three classrooms with traditional desks and a teacher’s desk. They are all decorated differently, according to the teacher’s interests.

The building has parking in front and to the left (kitchen side) of the building for employees and visitors. Across the lot from the front of the bulding is a large pole framed gymnasium. It is a large open structure with no other rooms.

On the other side of the campus, there is a farmhouse, occupied by an employee that the children have no access to. There is an original bulding close to the road, called the bunkhouse. It houses clerical offices upstairs and a small staff lounge/kitchen, that is sometimes used for probation officers to visit with the resident. “Cabin 5” for the Voyager program is in the lower level, and accessed by a stairway. Cabin 5 had 12 resident beds that are built ins and also 4 staff beds. They are not really bunk beds, because of the height of the ceiling, but are stacked at parallel angles from each other. There are also twelve desks for the students. The “boot room” is in one corner of the cabin and the bathroom/shower room is in the other corner. There are four shower stalls, each with a little curtained changing area, four toilet stalls and two urinals.There are both front and back doors and there is a small deck off the back door with a garden currently growing watermelons.

Adjacent to this building is a greenhouse with a small parking area and then an outdoor track and a outdoor basketball court.

This campus also has a “Yurt”. It sleeps eight children and two staff. It is a large octagonal tent walled structure. There is a deck built around it and there is a porta-potty next to it for night time use. It is a year round structure. It was not occupied when I toured through, because of the low number of residents.

Next to the Yurt is a large refurbished barn, called TAC (Therapeutic Activity Center).The lower level side door enters into a classroom area for the residents from Cabin 5, as well as 11 non-residential alternative school students, bused in from Ligonier School District. There are two classrooms. The upper level of the barn consists of a large open gym, as well as a separate “climbing room”with a cushioned floors, a loft, and climbing walls with hand, finger and toe holds, as well as ropes for belaying and rapelling. In the back of this building is a multi purpose room, with both male and female restrooms that is used for visiting. In the basement area on the left side of the gym, accessed from an outside door is a “vo-tech” area, with separate workstations for electronics, fishing rod construction, and a laminating machine for poster making. A separate smaller building contains a weight room, a GED classroom and a large storage “outfitting room” with backpacks, canoes, hiking boots, etc. There is also a maintenance shed that the residents do not have access to.

Construction has been started on two 12 bed cabins on this West Side. They are expected to be completed in 2016.

There only cameras at this facility are on the outside of buildings and on external doorways. There is no live monitoring of these cameras.

**SUMMARY OF AUDIT FINDINGS**

This Audit was conducted on September 14 and 15, 2015. It commenced with a meeting that included the CEO, Director//PREA Coordinator, Weekend Service Program Manager, Referral and Intake Coordinator, Clinical Supervisor, Human Resources Representative, Associate Director, and Voyager Program Manager. Immediately at the conclusion of this Introductory Meeting, I toured the entire facility with the PREA Coordinator and other Administrators. From the front door throughout every building there were both PREA Audit Announcement, Zero Tolerance Posters and Posters with Reporting Information. The Zero Tolerance and Reporting Posters were both in Spanish and English and contained contact information for the Blackburn Center. While touring the facility, I spoke to contracted kitchen staff, teachers, and child care staff. They could all answer my inquiries regarding their PREA training and confirmed that upper level administrators conduct unannounced rounds. I spoke to residents in their cabins. One resident toured me through the bathroom area and also showed me how to use the dedicated button on the phone to contact the Blackburn Center. Above the cabin doors are “knock and announce” posters for the female staff. Residents confirmed that female staff are always announced. This was demonstrated when I entered a cabin. A “sweep” of the bathroom area was conducted and announced “clear” before I could enter the cabin. At the conclusion of the tour, I began interviews of Specialty Staff, Random Staff and Random Residents, and review of resident and staff files and requested docuemtnation. I also ate lunch with the residents on both days on-site to confirm the supervision ratio when the residents are in a group setting.

I interviewed the following “Specialized Staff”, the CEO, Director//PREA Coordinator, Assoicate Director/ PREA Manager,Clinical Supervisor,Voyager Program Manager, Human Resources Representative, two Contracted Employees, and a Teacher. Ten Random Staff from all Shifts and all Cabins were interviewed. Ten residents from all 5 cabins, including one resident who identified as Bi-sexual were interviewed. There were no Transgender or Intersex residents. Ten staff files were reviewed for appropriate child abuse histories and clearances, as well as PREA education and 12 resident files were reviewed including 10 current residents andtwo files of those that had been discharged. All documentation was in order. It should be noted that there are no Medical or Mental Health Care staff that are employed by or contracted with Outside In. All physicals and Medical and Mental Health follow ups are conducted using local community providers.

There is a MOU with the Blackburn Center to provide both reporting and victim support services to the residents. I spoke to the Director at Blackburn prior to my on-site visit. Services in the MOU were confirmed and they did not report any problems or incidents at Outside In that they were aware of. There are also MOUs with Excela Health Latrobe to provide forensic Medical exams with SAFE/SANEs and a MOU with the Pennsylvania Stae Police, who would conduct any criminal investigation.

There have been no allegations of sexual abuse in the past 12 months. There was one incident of sexual harassment that resulted in a resident being discharged from the program. I reviewed all reports of this incident. I also interviewed the staff, who received the verbal report of this incident, and all policies and procedures were followed and documented. This same resident also alleged sexual abuse at a prior placement. Policy was followed and that agency was notified and all other reports were made as required. I reviewed documentation of this notification.

Residents have many ways to report Sexual Abuse and Sexual Harrassment and most of the residents that I interviewed, as well as Staff were able to tell me of the many ways. There is a dedicated button on the phone that goes to Blackburn. The residents see an individual counselor twice a week and can verbally report to them, or they can put a note in their mailbox. Thhey can file a grievance. They feel comfortable reporting to line staff as well as Administrators and teachers. They also can make phone calls once a week, receive a visit once a week and become eligible for home visits. Probation Officers and Caseworkers routinely visit and were also mentioned as avenues to report. The residents demonstrated a good understanding of reporting, support services, and the Zero Tolerance Policy. The curriculum for the residents is divided into two parts, upon Intake and later and includes “Billy Speaks Out”, and a test to demonstrate understanding as well as a video at a later time. Bot the Standard for Resident Education #333 and Resident Reporting #351 have been exceeded. Additionally at the time of Admission, the Counseling staff conducts the Vulnerability Assessment. This is an objective tool, that also includes specifics for this program. A re-assessment is conducted every 90 days, or more frequently if need be. In the files I reviewed, many children had two or three assessments over a period of time. Additional information, including the Health and Safety Assessment, a Drug and Alcohol Assessment and interviews with Probation and Parents are also used to complete this. Because of this Standard #341 has been exceeded. Standard #332, Contractor and Volunteer Education has also been exceeded. There are no Volunteers, but there are two groups of Contractors, the Teachers and the Night Security Guards. They have received the same training as the staff and during interviews could demonstrate understanding of the Zero Tolerance Policy and reporting. In addition, the Kitchen Supervisor keeps a sign off sheet and log for every delivery driver. She personally hands thems a PREA zero tolerance brochure and has the sign off. She is always on the lookout for a new driver.

During phone calls prior to the on-site visit, specific actions regarding the Policy were addressed and rectified, as well as additional documentation. At the time of the on-site, logs of unannounced rounds were submitted. Although rounds are being conducted on all three shifts, per the standard, they were not being conducted at all hours. Therefore, a memo directing who would be responsible for the rounds, as well as how often thery were to be conducted on midnight shift was submitted as well as documentation of the rounds themselves were submitted and verified prior to the 30 day report. All Agency policies and procedures meet the PREA Standards. Of the 41 Juvenile Standards, 4 have been exceeded and all others have been met. It should be noted that the PREA Coordinator, is a certified PREA Auditor, having attended the DOJ training in 2015. At the conclusion of the on-site portion of the tour an Exit interview was conducted with 7 Administrative Staff.

Number of standards exceeded: 4

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 4

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Interviews with the PREA Coordinator and PREA Manager as well as review of the Agency Zero Tolerance Policy confirm compliance with this Standard

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

 This Standard does not apply.

**Standard 115.313 Supervision and monitoring**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 agency exceeds both the PREA mandated ratio as well as the ratio required by the Pa. Dept. of Human Services 3800 regulations. I interviewed the Director/PREA Coordinator, PREA Manager/Associate Director, as well as two other upper level staff. Logs of random unannounced rounds were provided to me and additional logs with more midnight checks were provided prior to the 30 day report. On the tour, I asked both resident and staff about administrators making unannounced rounds. All policy and interviews confirm compliance with this standard.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I reviewed the policy, and the training curriculum. I interviewed 10 random staff and 10 random residents. All evidence confirms compliance with this standard.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 were no disabled or non-English speaking residents. I interviewed the CEO. Because of the strenuous nature of the outdoor program, most kinds of disabilities would not allow for admission to the program. All posters were in Spanish and English. Documentation for translators were provided to me. This standard has been met.

**Standard 115.317 Hiring and promotion decisions**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed the HR Representative. The facility’s hiring practices comply with PREA as well as the PA. Child Protective Services Law. The policy meets the Standard. I reviewed 10 random staff files, including files for 6 newly hired staff and all clearrances and criminal history checks were in place. This standard has been met.

**Standard 115.318 Upgrades to facilities and technologies**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 policy meets the Standard. Therre have been no expansions or modifications to any buildings since August 2012. They are in the process of building two new 12 bed cabins. Cameras were added last year and communications regarding this installation were provided to me. Thhese cameras area only outside of the buildings. Hey do have recording capability. I was shown the cameras.

**Standard 115.321 Evidence protocol and forensic medical examinations**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 Pennsylvania State Police perform Criminal Investigations There is an MOU to this effect. Child Line also conducts investigations. There is an MOU with Excela Health Latrobe for Forensic Medical Exmainations. There is an MOU with the Bllackburn Centerr to provide a Victim Advocae and support services. I spoke to a staff person from the Blackburn Center prior to the on-site to confirm. I interviewed the CEO, and the PREA Coordinator. This Standard has been met.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 policy ensures that all allegations are referred to law enforcement as well as Child Line. An interview with the Agency Head confirms adherence to the policy. This standard has been met.

**Standard 115.331 Employee training**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 curriculum was extensive and uploaded. Logs were provided. All staff received training. Interviews with 10 random staff confirmed there understanding of the training. There has also been refresher trainings. PREA training is now part of the Orientation process for new staff. The staff most recently educated have signed off that they understand the training and this was in their file. I reviewed 10 staff files to confirm education. This standard has been met.

**Standard 115.332 Volunteer and contractor training**

[x]  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.

I interviewed two contracted employees. I saw the logs for all contracted employees who have received the same training as the staff. The kitchen supervisor ( a contracted employee) personally delivers a PREA brochure to all delivery drivers and requires their signature. She showed me this log, and requires this of any new driver. For this reason, they have exceeded this Standard.

**Standard 115.333 Resident education**

[x]  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.

I interviewed 10 random residents as well as the Clinical Supervisor. He and those he supervises are responsible for the PREA Education of the residents. I was also provided a log of all admissions and when they received their education at Intake and again within 10 days. Thhe residents receive information regarding zero tolerance for sexual abuse as part of their Intake packet. They also read and review “Billy Speaks Out” an age appropriate resource regarding Sexual Abuse. They then test out and this is part of their file. Within 10 days, they also watch a PREA video. Interviews with 10 random residents confirm they have received this education and also understand it.The posters throughout the facility act as ongoing education. Review of 12 resident files, 10 current files and files of two discharged residents contain evidence of timely education. This Standard has been exceeded..

**Standard 115.334 Specialized training: Investigations**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Although the PREA Coordinator completed the Investigative training, no employee conducts investigations. The Pa. State Police and Child Line conduct investigations. This Standard does not apply.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 are no Medical or Mental Health Employees or Contracted staff. All Medical and Mental Health needs are met in the Community by licensed Medical and Mental Health Practitioners. These professionals are mandated reporters by Pa. Law and are required to complete ongoing education to keep their licenses. This Standard does not apply to the facility.

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

[x]  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 objective tool is one that is commonly used, but has been “tweaked” to specifically apply to this population of males. The tool is administered at Intake by the Counseling Staff. I interviewed the Clinical Supervisor and was given logs of admissions and the dates the tool was used. Since March 2015, all admissions have been assessed in a timely fashion. These assessments also take into account information from a health and safety assessment, a drug and alcohol assessment, information including charges gathered during the referral process. The residents are re-assessed at 90 days or sooner if there is an incident. The 12 files I reviewed showed that many residents had 2 orr 3 re-assessments in their file. I interviewed 10 random residents who confirm that they were asked the questions contatined on the risk assessment. They have exceeded this Standard.

**Standard 115.342 Use of screening information**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Interviews were conducted with the Agency head, the PREA Coordinator, the staff who administer the risk assessment and 10 residents. There were no residents identified as aggressive, but for those who were vunerable, accommodations were made to put them in a cabin with younger resident if needed and they were put on a Safety plan. The logs provided to me gave me each child’s score. That child’s safety plan was in file. The instrument itself is only shared with the counseling staff and administration. This standard has been met.

**Standard 115.351 Resident reporting**

[x]  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.

I interviewed 10 random staff and 10 random residents. During the tour, I saw posters with reporting information. I saw the phones with the dedicated button to the Blackburn Center. During the tour, I saw that the children have the tools necessary to file a report. They can file a grievance. They can write a letter to a counselor and put it in their mailbox. They can write letters to outside family and friends. They receive one phone call a week to family. They can receive one visit a week. Probation Officers and Caseworkers can an do visit regularly. All avenues are available for repoting and both staff and residents know them. They have exceeded this Standard.

**Standard 115.352 Exhaustion of administrative remedies**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 is a formal grievance process that is required by the Pa. DPW 3800 regs. Both residents and parents are advised of it in writing at Intake and they sign off on it. It was in the 12 resident files that I checked. The 10 residents interviewed knew of the grievance process. It is contained in the Policy. This Standard has been met.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed 10 random residents. There were no residents that reported a sexual abuse. There is an MOU in place with the Blackburn Center to provide these services. I spoke to a staff person from Blackburn onn Aug. 10,2015 to verify these services. The information for these services is posted. Most of the residents interviewed were aware of them. This standard has been met.

**Standard 115.354 Third-party reporting**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 is a website that was verified that contains information pertaining to third party reporting. This site and the policy meet the standard

**Standard 115.361 Staff and agency reporting duties**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 Director, and 10 random staff were interviewed. There are no Medical or Mental Health Staff. Policy and Law require mandatory reporting and all staff were aware of being mandated reporters and the recent changes to Pa. CPSL. This Standard has been met.

**Standard 115.362 Agency protection duties**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Interviews with the CEO, Director and 10 random staff confirm that all are aware of the policy mandating immediate protection of a resident alleging sexual abuse or imminent sexual abuse. .There have been no incidents. Standard has been met.

**Standard 115.363 Reporting to other confinement facilities**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed the CEO and Director. The policy requires immediate notification of an alleged abuse that occurred at another facility. In the past 12 months, one resident has made such an allegation and I saw documentation on-site of the timley notification of this and the subsequent documentation. There have been no reports from another agency that an incident occurred at Outside In in th past 12 months. This Standard has been met.

**Standard 115.364 Staff first responder duties**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed 10 random staff, reviewed policy and curriculum. There have been no incidents that have occurred in the past 12 months that require first responders, but all staff were able to demonstrate that they knew their duties. This standard has been met.

**Standard 115.365 Coordinated response**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

An interview with the CEO and a review of policy confirm that this Standard has been met.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed the CEO and confirmed that there are no Unions or Bargaining units, nor any agreement that limits the agency from the ability to protect residents from abusers. This standard has been met.

**Standard 115.367 Agency protection against retaliation**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed the PREA Coordinator and the Associate Director who would be responsible for monitoring Retaliation. There have been no incidents of such. The Polciy and the interviews confirm compliance with this standard.

**Standard 115.368 Post-allegation protective custody**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

An interview with the CEO and a tour of the facility, as well as policy and the 3800 regulations confirm that Isolation is prohibited and never used. This Standard does not apply.

**Standard 115.371 Criminal and administrative agency investigations**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Interviews with the CEO and PREA Coordinator confirm that all investigations of sexual abuse and sexual harassment are conducted by the Pa. State Police and Child Line. The staff at Outside In have an ongoing cooperative relationship with PSP. Any administrative investigation would be information gathering to refer to PSP//Child Line and subsequent to a completed investigation as part of an incident review. This Standard has been met.

**Standard 115.372 Evidentiary standard for administrative investigations**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

This is contained in policy. This standard has bee met.

**Standard 115.373 Reporting to residents**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 were no residents who reported a sexual abuse. I interviewed the CEO, who confirms the policy of reporting to resients. This Standard has been met.

**Standard 115.376 Disciplinary sanctions for staff**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 incidents in the past 12 months. Interviews with CEO and HR confirm disciplinary actions that would be taken and this is contained in policy. This Standard has been met.

**Standard 115.377 Corrective action for contractors and volunteers**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Interviews with CEO and HR Representative and review of policy confirm compliance with this Standard. There are no volunteers and there have been no incidents with contractors.

**Standard 115.378 Disciplinary sanctions for residents**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 Pa. CPSL does not allow disciplinary action for those who have reported in good faith. There is a formal disciplinary process in policy. There have been no incidents in the past 12 months. This standard has been met.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 are no Medical or Mental Health employees or contractors. Follow up for this Standard is conducted in the community with licensed Medical and Mental Health care professionals. I reviewed two files that contained timely medical follow up for two admissions who disclosed prior sexual abuse.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

All residents have access to emergency Medical and Mental Health Care. It is free of charge. An interview with the CEO and a review of policy confirm compliance with this standard. There have been no incidents in the past 12 months.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

An interview with the PREA Coordinator confirms that although there are no employed or contracted Medical or Mental Health staff, all residents have the opportunity for ongoing Medical and Mental Health treatment with a community provider. This Standard has bee met. ,

**Standard 115.386 Sexual abuse incident reviews**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed the PREA Coordinator and two members of the Incident Review team. All variables would be taken into consideration when reviewing and the recommendations would be implemented. There is a form to document findinngs. There have been no incidents to review in the past 12 months.

**Standard 115.387 Data collection**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

I interviewed the PREA Coordinator and the CEO. There has been no data to collect. All policies are in place for this to be done. It would be done by the PREA Coordinator. This Standard has been met.

**Standard 115.388 Data review for corrective action**

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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 interviews with the CEO and PREA Coordinator confirm that corrective action would be ongoing, as well as reviewed on a yearly basis to compare from year to year. The PREA Coordinator would write the report and it would be approved by the CEO before being posted on the website and diseminatied. This Standard has been met.

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

[ ]  Exceeds Standard (substantially exceeds requirement of standard)

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

[ ]  Does Not Meet Standard (requires corrective action)

## Auditor 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.

Interviews with the PREA Coordinator and CEO and a review of the policy confirm that this Standard has been met.

**AUDITOR CERTIFICATION**

I certify that:

[x]  The contents of this report are accurate to the best of my knowledge.

[x]  No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

[x]  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.

 Maureen G. Raquet \_ October 6, 2015

Auditor Signature Date