

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report February 11, 2019

Auditor Information

Name: Maureen G. Raquet	Email: Mraquet1764@comcast.net
Company Name: Raquet Justice Consultants LLC	
Mailing Address: P.O. Box 274	City, State, Zip: Saint Peters, Pa. 19470-0274
Telephone: 484-366-7457	Date of Facility Visit: October 3,4,2018

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Outside In School of Experiential Education		na	
Physical Address: 196 Hamill School Road		City, State, Zip: Bolivar, Pa. 15923	
Mailing Address: 1050 Fort Palmer Road		City, State, Zip: Bolivar, Pa. 15923	
Telephone: 724-238-8441		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Mission: From the beginning, Outside In has been all about living life to the fullest. Embrace the adversity that each day presents and overcome it! Rise above the mundane concerns that so easily beset us. Dare to imagine bold new ways of being and strive for excellence in all things! Our vision is lofty indeed, proclaiming that joy does not derive from circumstances but from the attitude of the heart. The fullness of life is experiences with each step of the journey as we seek to bring out the very best in ourselves and in each other.

Agency Website with PREA Information: www.myoutsidein.org

Agency Chief Executive Officer

Name: Michael E. Henkel	Title: CEO
Email: mhenkel@myoutsidein.org	Telephone: 724-691-0102 ext. 300

Agency-Wide PREA Coordinator

Name: Jody Wellwood	Title: Director of Residential Services
Email: jwellwood@myoutsidein.org	Telephone: 724-238-8441 ext. 111
PREA Coordinator Reports to: President Board of Directors	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility: Outside In School of Experiential Education
Physical Address: 196 Hamill School Road, Bolivar, Pa.15923
Mailing Address (if different than above): 1050 Fort Palmer Road, Bolivar, Pa. 15923
Telephone Number: 724-238-8441

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input checked="" type="checkbox"/> Other

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Facility Website with PREA Information: www.myoutsidein.org

Is this facility accredited by any other organization? Yes No CARF, ACA

Facility Administrator/Superintendent

Name: Jody Wellwood	Title: Director of Residential Services
Email: jwellwood@myoutsidein.org	Telephone: 724-238-8441 ext. 111

Facility PREA Compliance Manager

Name: Justin Franco	Title: Residential Compliance Manager
Email: jfranco@myoutsidein.org	Telephone: 724-238-8441 ext. 105 <small>Click or tap here to enter text.</small>

Facility Health Service Administrator

Name: Dr. Stephen Mills	Title: Medical Director
Email: Click or tap here to enter text.	Telephone: 724-537-1435

Facility Characteristics

Designated Facility Capacity: 94	Current Population of Facility: 52
Number of residents admitted to facility during the past 12 months	206
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	156
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	160
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	Click or tap here to enter text. 12-20
Average length of stay or time under supervision:	150 days
Facility Security Level:	secure
Resident Custody Levels:	secure
Number of staff currently employed by the facility who may have contact with residents:	77
Number of staff hired by the facility during the past 12 months who may have contact with residents:	24
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1

Physical Plant

Number of Buildings: 10	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	8
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Cameras at exit doors and in individual cabins: they are actively monitored during sleeping hours by assigned personnel. They have an approximate 30 day recording capability.

Medical

Type of Medical Facility:	Community Hospital
Forensic sexual assault medical exams are conducted at:	Excela Health Latrobe

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	5
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Number of investigators the agency currently employs to investigate allegations of sexual abuse:

0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Audit of Outside In School of Experiential Education was conducted on October 3, 4, 2018 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle on September 14,15,2015 and was found to be in full compliance on October 6, 2015. This Audit, conducted on October 3, 4, 2018 is a re-audit of the facility conducted during the third year of the second PREA three year cycle. Notice of the Audit in both Spanish and English was posted on 7-16-18, and I received an email with pictures of the posting in the living units and common areas on this date. The facility was requested to keep these notices posted during this pre-audit period and they were still posted in all areas during the tour on October 3, 2018. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 8-31-18, I received the Pre-Audit Questionnaire and important documentation on a flash drive. During this six week pre-audit period, through emails and conference calls with the PREA Manager and Associate Director of Clinical Services, more information was requested and the uploaded information and important documentation was discussed and clarified. The policy was also amended to include all verbiage and was updated. The agenda for the onsite portion of the Audit was emailed to the PREA Manager on 9-19-18. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator/Facility Director, PREA Manager and the Associate Director of Clinical Services, followed by a tour of all areas of the facility that the children have access to. On the date of the onsite, there were 52 residents in the facility. There were 35 residents in the Pathways to Recovery Program and 17 residents in the Voyagers program. Both programs are on the same campus, along with a weekend sanction program, and were audited as one facility.

I toured all buildings including the gyms, weight rooms, vocational education buildings, classrooms, cafeterias, laundry room, intake shower area, 6 cabins, the "bunk house", not currently in use, and the yurt. I observed the new construction which included the "Voyagers" program building, the "Pathways" Vo-tech and weight room building and the new cafeteria in the Voyagers Vo-tech building. I also observed the newly installed cameras in the cabins' bunk areas and several common areas including the laundry room, which was a recommendation during the last Audit.

Staff throughout the facility, including teachers, a clerical staff, the cook and a maintenance man, were questioned about their responsibilities during the tour. They were all aware of the Zero Tolerance Policy and had been educated about PREA. The direct care staff could tell me that they see the PREA Manager and other administrators conducting unannounced rounds. During the tour there were residents in classrooms, in the vo-tech buildings and making apple cider outside of the garage. The residents were able to tell me that they received PREA education and how they could report. I tried the Blackburn phone in 4 of the cabins and it went to the reporting hotline. There were postings regarding reporting in English and Spanish throughout the buildings and at the entrance to the cafeteria that is used for visiting. These postings were also in the front foyer where you must sign in, and when a visitor or contractor enters the building, they are given a PREA brochure by the receptionist.

On the first day of the onsite, I ate lunch with the residents in the cafeteria and on the second day observed them at lunch. They eat by "neighborhood", which is 2 cabins of 12 boys each. The ratio required by both the PREA standards

and the Pa. Department of Human Services is 1:8 and 1:16. This ratio that I observed was exceeded in the cafeteria and throughout the tour, while the residents were in school, vo-tech and making cider.

Following the tour, staff (12 random direct care, two teachers and 4 contracted employees) and residents (16) were interviewed individually about PREA and all were well aware of the Zero Tolerance Policy, their reporting requirements and various methods to report. I interviewed the following staff:

Executive Director/ PREA Coordinator

Associate Director of Residential Services who conducts Unannounced Rounds

Associate Director of Clinical Services who serves on the Incident Review Team

PREA Manager who also conducts unannounced rounds

Clinical Supervisor who administers the Vulnerability Assessment

Clinical Manager who conducts Resident Education

Team Leader III who monitors retaliation

Human Resources Administrative Assistant

Two Teachers

4 Contractors

Random Staff (12) rotating both on and off the schedule were interviewed. I was provided with a roster of all 77 employees and randomly chose 12 direct care staff from this list. There are a total of 34 Direct Care Staff called Youth Workers. They work around the clock Wednesday to Wednesday, with a week off in between. They provide constant “eyes on supervision”, sleeping in the cabins with the residents. There were 52 total residents, 35 in Pathways to Recovery Program and 17 in the Voyagers program. I was given a census of all residents. I specifically chose three residents who were identified as having disclosed a prior victimization or who were perpetrators. I randomly chose and interviewed 10 (67%) residents from the Pathways program and 6 (32%) residents from the Voyagers program. I also reviewed 10 current resident files plus the files of two discharged residents and 8 staff files, including four staff who were hired within the past 12 months.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. The ChildLine phone number and the Hotline number is posted and children are able to privately use any phone to call. There is a dedicated button to the Blackburn Center. I tried it in 4 of the cabins and verified it went directly to the reporting hotline. Addresses for written reports to the Blackburn Center are posted throughout the facility in both languages. This information is also contained in the Resident Handbook. Prior to the onsite, I spoke to the Director of the Blackburn Center by phone and she advised me that there is a MOU with Outside In and that she was not aware of any incidents or problems at the facility. The Medical services, both emergency and ongoing care, are provided by Excelsa Health Latrobe and the investigations are conducted by the Pa. State Police, Greensburg. Emergency response is also provided by local law enforcement, the Ligonier Police Department. Mental Health Services are provided in the community at Primary Health Network in Latrobe. There are no Medical or Mental Health Services at the facility. All these services are provided in the community.

All children who were interviewed felt safe and verbalized that they could all go to a facility staff to report as well as using the “PREA Hotline”. The residents all have the opportunity to receive visits from parents once a week, and phone calls once a week. Residents also receive home visits as it gets closer to discharge. The visiting and telephone list is approved by each child’s probation officer. There is also a grievance policy for reporting.

The facility has had no accusations of sexual harassment or sexual abuse since before the initial PREA Audit in 2015. There were no LGBTI residents during the on-site visit nor have there been any in the past 12 months. The open cabin format with bunk beds limits who is accepted into the program. There were no non-English speaking residents or residents with disabilities. Two residents in the population reported a prior victimization and one resident was identified as sexually aggressive due to his charges. All three of these residents were interviewed.

Outside In is inspected and licensed by the Pennsylvania Department of Human Services under the 3800 Child Care Regulations. The most recent licensing and inspection summaries were provided to me. The Pathways to Recovery Program is also inspected and licensed by the Pa. Department of Drug and Alcohol Programs, because it provides drug and alcohol services. The facility is also accredited by CARF (Council for the Accreditation of Rehabilitation Facilities) and ACA (American Camp Association). I saw both current Accreditation Certificates on the wall in the Administrative Building. The school is licensed through the Pa. Department of Education.

The onsite portion of the Audit ended with an Exit interview with the Facility Director/PREA Coordinator, Associate Director of Residential Services, Associate Director of Clinical Services and the PREA Manager to discuss preliminary findings and a plan of correction.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Outside In School of Experiential Education was founded 33 years ago by Chief Executive Officer Mike Henkel. In addition to the residential programs in Ligonier, there are also community based programs including MDFT (Multi dimensional family therapy) and school based therapists, based in nearby Greensburg, Pa.

Outside In's residential program is an all male facility with its primary focus being drug and alcohol rehabilitation with outdoor experiences being a primary component. Four of the six cabins are for residents, aged 13-20 who have drug and alcohol abuse as a primary diagnosis. This program is entitled "Pathway to Recovery" and is an in-patient, non-hospital drug and alcohol program. The two other cabins are reserved for the other program called, "Voyagers" and it is a Behavior Modification program. The yurt and the "bunk house" comprise the remaining beds for the Voyagers program but were not in use during the onsite. 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 "Sanction" program that is integrated into the Voyagers program and serves primarily Westmoreland County youth. The Sanction program can be as short as one weekend or can be comprised of several weekends depending on the

court order. There were no weekend Sanction residents during the onsite, nor were there any scheduled for the coming weekends. On the dates of the onsite Audit, there were 52 residents, 35 in Pathways to Recovery and 17 in Voyagers. Of these, 42 were delinquent, 6 dependent, 3 dependent/delinquent and 1 was a voluntary commitment to the Pathways program. During the past twelve months there were a total of 206 admissions to all programs, with an average stay of about 5 months. These programs have a quasi-military feel. All boys wear uniforms that are color coded to denote program status. They addressed me as Ma'am and stood at attention while waiting to be escorted from area to area. There are no televisions anywhere in the facility. The children attend school year round. The classrooms are located in the buildings with the "cabins". Teachers are OI employees. The residents also attend a variety of Vo-tech programs including, Safe Serve, virtual welding, etc. All children receive both group and individual counseling as well as ART, an evidence based curriculum. Some residents participate in Family Counseling either in person or by phone. Others attend counseling in the nearby community. 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., and as far away as Western Maryland. No more than 8 residents at a time participate in a wilderness adventure, accompanied by two certified staff.

There are 77 employees, which include Administration, Master's Level Clinicians, 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 residential staff security guards, who are awake and doing head counts when the residents and staff are sleeping and who monitor the cameras. There are 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 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 1 and 2 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 6 bunks for the twelve resident beds and two bunks for four staff beds. The wooden bunk beds were replaced by metal bunks since the last audit, allowing for a better line of sight throughout the cabin. All cabins are sparsely furnished. Cabins 1 and 2 open into a foyer area. These two cabins are referred to as a "neighborhood". Cabins 3 and 4 have 6 bunks/12 resident beds, and two bunks/ 4 staff beds, each. These also open into a foyer area and are also considered a "neighborhood". Cabins 1 and 4 are for the younger residents and 2 and 3 for the older boys. These neighborhoods eat their meals, and participate in activities together.

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 building is a large pole framed gymnasium. It is a large open structure with no other rooms. Since the last Audit, a football/soccer field, track, state of the art vo-tech building/classroom and weight room have been added.

On the other side of the campus, there is a farmhouse, used as offices, that the children have no access to. There is an original building 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. During the last Audit, this was the Voyager program residence. The lower level has been completely refinished and is licensed for 10 residents, but is not in current use. Adjacent to this building is a greenhouse with a small parking area and then an outdoor track and an outdoor basketball court.

The new Voyagers' building sits at the top of the hill, with a long drive leading up from the farmhouse area. There is employee and visitor parking in front. It has trex-like shingle paneling on the outside walls and a green roof. You must be buzzed in as the doors are locked from the outside and alarmed from the inside. There is a foyer area with a visiting room, a sign in book, restrooms and a hallway with classrooms and offices. I conducted private interviews of the Voyager residents in an office in the front of the building. The two cabins of twelve beds each and the bathrooms are identical to the main building described above. This building was designed with line of sight in mind and also cameras are built into the bunk areas of the cabins and outside the doors. The cabin areas are open and spacious.

The PREA Coordinator/Facility Director stated during his interview, that this new building has architectural plans that can add two more twelve bed "cabins" to this building if the need and demand arises. He also stated that they will be breaking ground for a cafeteria on this section of the campus for residents from both programs, so they can use the existing cafeteria and kitchen for counseling offices. Lines of sight, supervision and safety of the residents is always considered when developing plans for expansion. Cameras are now part of any expansion.

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 and has a heat pump. These bunk beds were wooden and there was a large table in the middle of the tent with a ceiling fan above it. There was a large PREA poster with all PREA information on the wall and a phone with a "PREA Hotline button: It was not occupied when I toured through.

Next to the Yurt is a large refurbished barn. The lower level side door enters into a vo-tech classroom with workstations for electronics, and a laminating machine for poster making. A new small cafeteria was added since the last Audit. The upper level of the barn consists of a large open gym and on the other side of the building is a multi purpose room, with both male and female restrooms that is used for visiting. In the rear lower level is an Intake shower/search area. It is used for Intakes from both programs.

Across the drive is a maintenance shed/garage where the residents were making apple cider that they sell for their "restitution fund". They do not have access to the interior of the building. In front of this building was a former chicken coop/pig sty, that is now two separate weight rooms.

Since the last Audit, cameras have been added throughout the campus. They are outside of every door and are in every sleeping area of the cabin. They are in the laundry room and there are plans to add them to the Intake shower/search area and other outside areas of the campus. These cameras are actively monitored on sleeping shifts by "night security". They can also be monitored from an administrator's desktop computer. All outside doors are alarmed.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 4

Click or tap here to enter text.

Number of Standards Met: 39

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, touring the facility and interviewing staff and residents, it is apparent that there is a culture of sexual safety and awareness at this facility. This facility was first Audited a little over three years ago. There have been no allegations of sexual abuse or sexual harassment since that time.

The PREA Coordinator is the Facility Director. He is also a certified PREA Auditor. There is only one facility, but there is also a PREA Manager. His job title is Residential Compliance Manager. He assumed the PREA responsibilities in July of this year. He works in conjunction with the Associate Director of Clinical Services to implement all PREA standards. I dealt primarily with the PREA Manager and the Assoc Director of Clinical Services prior to and during the onsite portion of the Audit.

Required ratio mandated by the Pa. 3800 Child Care Regulations is 1:8 and 1:16. The Associate Director of Residential Services stated during his interview that the average ratio is 1:4 or 1:3 during awake hours. During sleeping hours, the staff sleep in the cabins with the residents and a Supervisor on Duty is awake and doing bed checks of each cabin. Additionally, night security staff are monitoring the video cameras in each sleeping area. While on the tour and during both days of the onsite, I saw three direct care staff for 12 residents on both days. There are never deviations to ratio according to both administrators. There were no citations for not meeting ratio in the Pa. DHS Annual Licensing and Inspection Summaries, which were provided to me. Random unannounced rounds are regularly and consistently conducted and documented by both administrators on all shifts. I saw a video recording of a round being conducted by the Associate Director of Residential Services on a sleeping shift.

There is an ongoing relationship and a MOU with the Blackburn Center that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is not an MOU with Excelsa Health Latrobe, however the residents receive forensic exams conducted by SAFE/SANEs according to policy and interview. These exams would be free of charge for the residents. There is an MOU with the Pa. State Police, Greensburg Barracks to conduct sexual abuse investigations. The facility does have a website with all required PREA information on it. This information is also posted in the lobby and visiting areas of the buildings.

The residents receive education at Intake. They receive a handbook that explains the zero tolerance policy and reporting avenues. There is an electronic signature acknowledging receipt. At Intake, they also review a “comic book” type of information entitled “Billy Speaks Out” This is used for all residents but is tailored to younger or lower functioning residents. Within 10 days, but usually within 72 hours, the resident’s primary counselor also shows the resident a PREA video. There is an electronic signature for this too. According to the resident interviews, there is sometimes a “PREA group” that is conducted for residents by the Clinicians. This is documented in the residents’ individual files.

Within 72 hours of admission, but usually the same day, a clinician administers a risk assessment. A review of the resident logs showed that the VAI was not always being administered within 72 hours and although there were not any Weekend Sanction residents in the population, the PREA Manager stated they had not been completing the VAI on the weekend residents during subsequent weekends, only the initial weekend. The Outside In PREA Policy requires that VAI re-assessments are to be conducted every 90 days or if there were an incident. A review of the files showed that not all residents who have been there 90 days are being reassessed. This standard will require a corrective action plan to come into compliance. A log of 120 days of admissions showing timely administration of the VAI will need to be submitted. The log must also show that any resident who was there for 90 days or longer has had a reassessment. Individual assessments will be requested by the Auditor to review.

Although there is an area on the VAI to document risk based housing consideration, it is not being consistently documented. If a resident is identified as sexually vulnerable or sexually aggressive by the risk assessment, specific documentation of this and where a child is housed must be documented. The resident tracking log for 120 days of admissions must be submitted to demonstrate compliance. The Auditor will randomly select individual resident assessments to review.

Both Medical and Mental Health follow up for any resident who has disclosed a prior victimization or has perpetrated a sexual abuse are obtained in the community at Excelsa Health Latrobe or Primary Health Network in Latrobe. I reviewed electronic documentation of acceptance or declination and noted that it was done in a timely fashion.

All staff files were complete for Pa. Child Abuse Clearance, Pa. Criminal History Checks and FBI Clearances. These are completed again at 5 years to comply with both the PREA Standards and the Pa. Child Protective Services Law. The HR staff person who was interviewed states that she completes the request for the 5 year clearances with the employee and Outside In pays for them. The contractors’ clearances were not obtained or held by Outside In Human Resources. The private company obtains them at hire and retains them. Of the 5 contracted employees, 4 did not have Pa. Criminal History Clearances completed during the hiring process. Prior to the 45 day Interim Report, clearances for the 5 contractors were provided and a new Human Resources policy was implemented requiring the Outside In Human Resources staff to obtain and keep all contractor clearances. A copy of this new policy was provided.

Although there has been no data collection, because there have been no allegations or incidents since the PREA implementation in 2015, there is an annual report and it is posted on the website along with the first PREA Audit and the required PREA information.

Four standards as noted below have been exceeded. Two standards require corrective action. The remaining 37 Standards have been met. All policy and procedure meet the Standards. This report serves as the Interim Report. One hundred and twenty days of documentation (four months) needs to be submitted as noted in the corrective action plan for this facility to be fully compliant.

Standards Exceeded:

#331 Employee Training: Logs of employee training are comprehensive. Employees receive required PREA training at orientation and receive refreshers at least once a year. The employees test out to demonstrate understanding of the material. All staff receive Mandated Reporter training as required by the Pa. 3800 regulations. Interviews with 12 staff show an excellent understanding of the material. Interviews of the two teachers also show that they receive the same training and although not direct care employees know and understand the PREA related duties.

#332 Contractor Training: There are 5 contracted employees at OI. They work in dietary. Each one receives the full employee training and the 4 who were interviewed could demonstrate this during the interviews. All other contractors who do not have direct contact with the residents receive a PREA brochure when they enter the building and must review and sign it.

#333 Resident Education: Residents receive a two part Intake education and then view a video within 10 days of Intake. They also receive periodic ongoing PREA education conducted by Clinicians in a group. All education is documented. The intake and 10 day education is documented through electronic signature. The group participation is documented by the clinician who conducts the group and is in each individual resident file. The residents during their interviews were able to demonstrate understanding of their education.

#351 Resident Reporting: Residents are afforded every avenue to report. There is a designated button on the phone that they call the "PREA Hotline" that goes to the Blackburn Center, an outside agency. This can be accessed on any phone in the facility. The phone number and address for the Blackburn center is posted throughout the facility and in every cabin the residents can file a grievance. They have the tools to do so. They can tell staff, teacher, counselors and/or administration. They can and do receive visits once a week from parents and guardians. They receive visits from Probation Officers and/or Caseworkers. Some residents receive them monthly. They can phone their attorney at any time. They receive home visits toward the end of their stay. All residents knew of these avenues.

STANDARDS THAT REQUIRE CORRECTIVE ACTION

#341 Obtaining Information from Residents: Three out of the 13 resident files did not have the VAI administered within 72 hours of admission. This included a weekend program admission. Three residents who required a 90 day re-assessment did not have it completed within 90 days. In order to be compliant with this standard, 120 days of admission logs need to be submitted. The auditor will request individual VAIs to ensure timely administration within 72 hours of admission and a reassessment at three months. A policy and procedure for weekend admissions needs to be submitted.

On 2-8-19, I received a log of the 55 admissions to all three programs from 10-8-18 through and including 2-8-19. All VAIs were conducted within 72 hours of admission. Of these admissions, 13 boys required 90 day re-assessments and the documentation showed that they received them within the 90 day time period that is required by OIs policy and procedure. The policy was updated to include the Sanction Program Students of which there were 10 admissions during this time period. I reviewed two individual VAIs for two sanction program admissions.

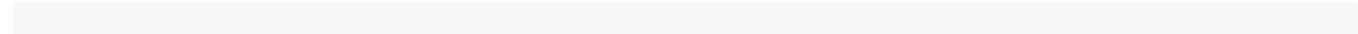
This documentation satisfies the plan of correction and meets the standard.

#342 Placement of Residents in Housing, Bed, Program and Work Assignments: Risk based housing consideration is not being consistently documented. If a resident is identified as sexually vulnerable or sexually aggressive by the risk assessment, specific documentation of this and where a child is housed must be documented. The resident tracking log for 120 days of admissions must be submitted to demonstrate compliance. The Auditor will randomly select individual resident assessments to review.

On 2-8-19, I received a log of the 55 admissions to all three programs from 10-8-18 through 2-8-19. The facility now documents housing consideration for each student. This is a best practice. During this time period, one cabin was closed due to population and staffing. The six residents that were moved into a new cabin, all had a VAI administered due to the housing change and it was noted as such. This is a best practice. I reviewed risk based housing consideration for all 55 admissions.

The documentation that was submitted satisfies the plan of correction. This standard has been met.

After reviewing the documentation for the two standards that required corrective action, all PREA standards have been met and this facility is fully PREA compliant, effective 2-11-19.



PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Outside In PREA Zero Tolerance Policy
- Outside In Organizational Chart
- Outside In Mission Statement

Interviews Conducted:

- PREA Coordinator
- PREA Manager

There is a PREA Zero Tolerance Policy for preventing, detecting, reporting and responding to incidents of sexual abuse and sexual harassment. The policy defines what is sexual abuse and sexual harassment. It details training and education for staff and residents. The Policy describes how the above will be implemented. The policy was updated during the pre-Audit time period.

The review of the policy and the organizational chart and the interviews of the PREA Coordinator and PREA Manager show they have both sufficient time and the authority to coordinate the facility's PREA compliance efforts. The PREA Coordinator is the COO of the Facility and he is also a certified PREA Auditor. Although there is only one facility, the facility has also designated a PREA Manager. He assumed this position in July of this year. He is the Residential Compliance Manager. The organizational chart confirms that they both have the authority within the organization to ensure compliance. The PREA Manager conducts most of the PREA training for staff.

This standard has been met. There is no need for corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Outside In does not contract with any other entity for the residential care of its residents.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations

Pa. Department of Human Services Licensing and Inspection Summaries

Posted Staff Schedules

PREA Zero Tolerance Policy

Logs of Unannounced Rounds

Documentation of annual reviews of staffing by PREA Coordinator

Video of a third shift round conducted by an Administrator.

Interviews:

PREA Coordinator/COO

Associate Director of Residential Services who conducts random unannounced rounds

PREA Manager who conducts random unannounced Rounds

Detention Staff and Residents during tour

The review of the Zero Tolerance Policy, Outside In's policies and the above documentation shows compliance with staffing, supervision and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Department of Human Services Licensing and Inspection Summaries for both Pathways to Recovery and the Voyagers programs. The Pa. DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

I reviewed documentation of three annual reviews of staffing by the PREA Coordinator/COO. All Administrators sign off on the review. The Director and the Associate Director state that staffing is reviewed daily to ensure that resident needs are met, such as transports to community medical appointments or to court. I saw staff schedules posted outside of the cafeteria. They all superseded the required ratio.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16 for residential programs such as OI. The Associate Director of Residential Services states that the ratio for the OI programs are always 1:3 or 1:4. During sleeping hours, the staff, at least two of them, are asleep in their bunks in the cabin with the 12 residents. One Supervisor on Duty does 15 minute checks of each cabin. Additionally, midnight security staff monitor the cameras. There are cameras in each of the dormitories/cabins.

This Associate Director also stated they can move staff from cabin to cabin or from program to program to ensure more intensive supervision of a resident if needed. On Wilderness trips, there are never more than 8 residents at a time and two staff always accompany them.

Video surveillance is used to supplement the supervision of the residents on sleeping shifts as noted above. During the awake shifts, cameras are not actively monitored, but instead they are used to review any incidents that occur. However, the cameras that are in every cabin and outside every doorway can be monitored from the administrators' desktop computers. They have an approximately 30 day recording capability.

During the tour, I saw residents supervised in the cafeteria, the classroom, the vo-tech building and outside making apple cider. The residents do everything including eat and recreate according to "neighborhood" which is comprised of two cabins, no more than 24 residents in a group. I saw the residents in a group in the cafeteria on both days of the onsite at lunch. There were three Youth workers with 12 residents at all times. In the smaller classroom areas there were no more than 8 residents and there were two or three Youth workers and a teacher, who does not count in ratio. Neither program at the facility was at capacity, but they were staffed as if they were.

Administrative staff were conducting unannounced rounds on all shifts as evidenced by the video of a third shift round and several months of logs provided prior to and during the onsite.

This standard has been met. There is no need for corrective action.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Repo

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In Zero Tolerance Policy

Staff Training Curriculum

Staff Training Logs

Review of 8 Staff files

Interviews:

12 Staff

16 residents

The Outside In Zero Tolerance Policy contains the necessary requirements for this standard. It along with the facility's policy and procedure prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. There are only male direct care staff. All 12 staff who were interviewed state that there would never be an emergency or an exigent circumstance that would require a cross gender search. The 16 residents who were interviewed state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner and were able to describe for me the procedure. There were no Transgender or Intersex residents in the facility. There have been no Transgender or Intersex residents in the past 12 months.

Residents state that they shower three at a time. Showers are always conducted by same sex staff. This shower procedure was demonstrated for me during the tour by a staff person. There are four shower stalls with curtains and hooks outside of the shower for clothing and towels. The toilets are on the other side of the bathroom out of sight of the showers. The toilets have doors on the stalls. Transgender or Intersex residents would shower alone according to policy and staff interviews.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents. All but one of the 16 residents who were interviewed state that female staff

always knock on the door of the cabin and are given permission to enter by the male staff. There are knock and announce posters outside of every cabin door.

There are no cameras in the bathrooms but there are two cameras at either end of the sleeping area of the cabin.

This standard has been met. There is no need for corrective action

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take 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? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In Zero Tolerance Policy

Reporting Posters in Spanish and English

Resident Educational Curriculum

Staff Education Power Point

Staff Training Logs

Interviews Conducted:

Director/PREA Coordinator

Twelve Random Staff

During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. The PREA Policy states that accommodations will be made for those who require them for education and reporting. The Director stated that because of the extreme physical requirements of the program, they limit the acceptance of a child with a disability and who does not speak English. Therefore, they would review on a case by case basis the acceptance of a child with a disability into their program. They do not accept residents who are very low functioning, suicidal, or psychotic.

The facility uses the Intermediate Unit through the Ligonier School District to assist a resident who may need help with reading and writing English. If a resident comes in with an Individual Education Plan, they follow it. "Billy Speaks Out" is PREA education in comic book form and is used as part of the Intake education to ensure that anyone who is low functioning intellectually receives the information. Staff will also read the handbook to residents and assist the residents in taking the required PREA test to demonstrate their understanding.

Staff stated that the use of a resident as a translator for reporting sexual abuse or sexual harassment is prohibited by policy and does not occur. None of the staff that I interviewed ever recalled a non-English speaking resident. There have been some Bi-lingual residents. It is more likely that a child's parents are not English proficient.

The PREA policy requires these accommodations.

This standard has been met. There is no need for corrective action

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: 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? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider 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? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct 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? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations

Pa. Department of Human Services Licensing and Inspection Summaries

Pa. Child Protective Services Law

Outside In Zero Tolerance Policy

Files of 8 staff including four who had been recently hired

Files of Five Contractors

New HR policy requiring OI to conduct and retain Contractor clearances

Interviews:

PREA Coordinator

Human Resources Administrative Assistant

The Outside In Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The OI policy requires a continuing affirmative duty to report prohibited conduct and this information is requested in interviews. There is a separate form that all employees sign upon hire which is an affirmative duty to disclose.

The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as those of contractors and volunteers. A percentage of random employee files are inspected by Pa. DHS as well. There were no citations for not meeting this requirement.

I reviewed the files of 8 staff, including four who had most recently been hired and these files had timely clearances.

The policy and the interview with the PREA Coordinator state that all clearances of all employees will be conducted every five years. The HR assistant states that she sits down with an employee and they apply for the clearances. In the case of a 5 year clearance, the facility pays for them. I saw the required rechecks for one of the employees who required them.

The contractor clearances are applied for by the contracted employee and are kept by the contracting agency. I reviewed the contractor files of all five contracted employees. Four out of five of the contractors did not have a Pa. Criminal History conducted prior to employment.

Prior to the 45 day Interim report, all contractor clearances were submitted to the Auditor along with a new procedure requiring Outside In Human Resources to obtain and retain all clearances for all contractors. This standard has been met.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

- Outside In PREA Zero Tolerance Policy
- Invoices for Camera Installation

Interviews Conducted:

- Facility Director/PREA Coordinator
- Associate Director of Residential Services

The facility had cameras installed throughout the campus subsequent to the initial PREA Audit in April of 2015. Prior to this, there was limited use of cameras. The cameras are both inside and outside of the facility and have an approximately 30 day recording capability. The Director, when interviewed, stated that they were installed to allow him to review any incidents that may occur and also so that the midnight security staff can actively monitor the cabins, when the residents are sleeping. The COO stated that he has applied for a grant for more cameras and the ability to extend the recording capability.

While on the tour, the cameras were pointed out to me and I reviewed a recording of an unannounced round conducted on a midnight shift by the Associate Director of Residential Services. While on the tour, I also recommended that a camera be placed in the Intake/Shower search area, because of its location.

I was provided with invoices for the installation of the cameras which discuss the installation of the cameras and where they would be installed, (blind spots, recreation yard, public areas). There are no cameras in bathrooms, but every cabin has two cameras in the sleeping area.

A camera was also installed in the laundry area, which was a recommendation during the last Audit.

Alarms have been added to all outside doors.

A new building for the Voyagers program was built and is the same plan as the original building with classrooms, offices, and two 12 bed cabins for the residents. The cabins have clean lines of sight and the cameras were hard wired into the new construction. The new vo-tech building and the weight room also are open with no blind spots and clean lines of sight.

This standard has been met. There is no need for corrective action.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

MOU with the Blackburn Center, a member of the Pa. Coalition Against Rape (PCAR)

MOU with Pennsylvania State Police, Greensburg

Licensing credentials for Outside In staff

Interviews:

PREA Manager

12 Random Staff

Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard and to provide forensic medical exams, free of charge for the resident, with a SAFE/SANE through Excelsa Health Latrobe. Investigations are conducted by the Pa. State Police, Greensburg and their responsibilities are outlined in the MOU. The Blackburn Center, a PCAR (Pennsylvania Coalition Against Rape), provides a victim advocate to provide crisis intervention, emotional support, information and referrals.

I spoke to the Director of the Women's Resource Center prior to the onsite portion of the Audit by telephone and she confirmed the services described in the MOU and that Excelsa Health Latrobe has SAFE/SANEs in the Emergency Room. A Victim Advocate is always available through Blackburn and Outside In has several Master's Level staff who have the education necessary to accompany a resident to the ER.

Outside In staff demonstrated during their interviews their knowledge of this protocol.

All MOUs are in place for the necessary services to be offered for a resident outside of the facility. This information is posted on the facility website.

There were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months.

This standard has been met. There is no need for corrective action

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigation, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Pennsylvania Child Protective Services Law

MOU with the Pennsylvania State Police, Greensburg

Online training certificates for two Outside In staff

Interviews:

Associate Director of Residential Services

I interviewed the Associate Director of Residential Services and reviewed the PREA Policy and the MOU with the Pa. State Police, Greensburg. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Associate Director states that all incidents are reported to Pa. Child Line and/or the Pa. State Police and documented. Outside In does not conduct these investigations. Both the PREA Coordinator and the PREA Manager received online training certificates from NIC for conducting Investigations, however this was to help them manage investigations at Outside In, not to conduct them. There have been no reports of sexual abuse or sexual harassment in the past 12 months.

The Outside In website posts all necessary information required by this standard.

This standard has been met. There is no need for corrective action

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

PREA Curricula for Employees

Pa. Dept. of Human Services 3800 Child Care Regulations

Logs of employee training

Eight Random employee files

PREA Audit Report

Interviews:

PREA Manager

Twelve Random Staff

Two teachers

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2015 and any staff who were hired after that date receive this training during orientation. The PREA Manager conducts all PREA education at orientation and keeps all documentation of it. The employees take a test to demonstrate understanding of this training. I saw individual training logs that contain all training each employee receives. All employees receive mandated reporter training as per the Pa. Department of Human Services #3800 Child Care Regulations and a certificate of completion for this training is attached to each log. I reviewed 8 random staff files to ensure yearly training that is appropriate. All eight files contained appropriate documentation.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The twelve random staff and two teachers who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. They also knew and understood their first responder responsibilities.

The training contains all provisions required by the standard and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.

Due to the excellent curricula and the extent of the training this standard has been exceeded.

There is no corrective action needed

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

PREA Information/Acknowledgement Form for Volunteers and Contractors

PREA Contractor Brochure

Contractor Training Logs

Interviews:

4 Contracted Employees

All PREA Education for new hires and contractors is conducted by the PREA Manager. I interviewed four out of five Contracted Employees (Metz food service). All were able to tell me that they received training and the extent of the training. They receive the training that all employees receive and the refresher training. They too take the PREA test to demonstrate understanding of the training. The contracted employees that I interviewed were able to demonstrate that they received and understood the PREA training and are very much invested in keeping the residents safe.

Contractors who have no contact with children, such as deliverymen, are given a PREA brochure when they walk in the door and sign in. They must read it and sign it. This is done for all visitors, except parents. A log of this is kept and was provided.

There are currently no volunteers at Outside In.

All contractors were able to tell me that they would report to their immediate supervisor and the Supervisor on Duty or PREA Manager.

The documentation of training was excellent. The interviews demonstrate understanding of the training and commitment to the safety of the residents

This standard has been exceeded. There is no need for corrective action

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Resident Handbook

Resident PREA Education Acknowledgement Forms

Posters for Reporting and Education in Spanish and English

Resident Education Logs/Tracking Sheet

12 Resident Electronic Files (10 active, 2 discharges)

PREA Video

“Billy Speaks Out”

Documentation of ongoing education conducted as a group

Interviews:

Staff person who performs Intakes

16 residents.

Outside In conducts initial education at Intake. The Case Manager conducts all Intakes and she distributes the handbook containing the PREA education and the resident signs off on the specific reporting and zero tolerance information. On the same day, a counselor reviews “Billy Speaks Out”, a comic book type of resource about Sexual Abuse. The residents sign again that they received this education and they take a “Billy Speaks Out” test to demonstrate understanding. This is a good resource for those that are lower functioning or have difficulty with reading. Within 10 days the residents also view a PREA video. This is normally done as a group with all new Intakes. Once again, they sign off. I interviewed one of the counselors that would conduct the “Billy Speaks Out” education. He discussed how he conducts the education and that it is done in a timely fashion. The PREA Zero tolerance policy requires this timely education.

I received a resident tracking log for all admissions for the past 12 months and saw timely Intake and ten day education recorded. I reviewed 10 electronic and 2 paper resident files. The facility recently switched to electronic files in March. In the electronic files, I saw electronic signatures acknowledging education. Only one file out of 12 did not have timely education. Throughout the facility there are posters for reporting, zero tolerance, and staff boundaries. These are age appropriate.

I interviewed sixteen random residents and all stated they received education when they first got here and that education advised them they had a right to be free from sexual abuse and harassment, how to report, and that they could not be punished for reporting sexual abuse and harassment. Ten out of 16 residents could tell me about services offered through the Blackburn Center and they told me they learned of this from the posters throughout the Center and from group. I received documentation of a “group” session that is conducted periodically by one of the counselors throughout the residents’ stay. The teachers can provide assistance to those residents with learning difficulties.

The amount and kind of education was comprehensive and is offered to residents throughout their stay. It includes written education at Intake in the handbook, a “comic book” format that all residents receive but is for those that have difficulty with reading or comprehension, a video, posters, and “groups”. The resident interviews demonstrate how effective this education is.

This standard has been exceeded. There is no need for corrective action.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility does not conduct investigations. They are conducted by the Pennsylvania State Police and Pa. Child Line. The PREA Coordinator and the PREA Manager have both received Investigative training through a NIC online course, however neither conduct investigations. They use their training to better train their staff and to manage an investigation. Pa. regulations prohibit interfering with an investigation. Enough information is gathered to report the incident and institute a safety plan and to conduct a Sexual Abuse Incident Review after the fact. This standard has been met. There is no need for corrective action.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

This facility does not perform forensic medical examinations. This facility does not employ nor contract with any onsite Medical or Mental Health staff. All medical and mental health services, both emergency and ongoing, are received in the community. Medical services are received at Excelsa Health Latrobe and Mental Health services are received at Primary Health Network in Latrobe.

This standard has not been met. There is a need for corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident’s confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Vulnerability Assessment Instrument

Application for Admission

Multi-disciplinary team form

Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)

Six 90 day re-assessments

Admission Logs from 10-8-18 through 2-8-19 (Corrective Action)

Amended PREA Policy to specifically include weekend sanction program admissions (Corrective action)

Two individual VAIs for weekend program admissions (Corrective action)

Interviews:

PREA Coordinator/Facility Director

PREA Manager

Clinician supervisor who administer VAIs

16 residents

The Vulnerability Assessment Instrument is a commonly used one from New Zealand that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. The tool was amended to include low, medium, and high levels of risk. There is also an "Application for Admission" that is used in conjunction with the VAI. All counselors conduct the VAI and take into account the "Application for Admission" that is conducted prior to Intake, the Intake interview, conversations with parents, probation officers and caseworkers, court reports and any other information that may accompany the child. They use the VAI as a guideline and use a combination of developing a conversational rapport with the resident and asking direct questions. They conduct PREA education for the residents and use the education as a way to elicit information.

All completed VAIs are kept in the electronic resident files. Only the direct care and clinical staff have access to these files. A MDT (multi-disciplinary team) form was uploaded. It is a confidential form that contains information regarding the sexual safety of the resident. I reviewed the files of 12 residents (10 active and 2 discharged) that I chose randomly from those sixteen random residents that I interviewed and the two discharged, from a roster of those admitted during the past 12 months. Three residents, including a "Weekend Sanction" Admission did not have the VAI administered within 72 hours. The PREA Manager stated that the "Weekend Sanction" program was new and that there was no procedure regarding the administration of the VAI for these admissions, who may attend for one weekend, or multiple weekends. He advised me of this during the pre-audit time period and we discussed it further during the onsite. This will be included in the plan of correction.

I interviewed 16 residents and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse while at OI or if they identified as LGBTI. Four of the residents could not remember being asked about their sexual identification, but I saw that they were asked this question in their electronic file, which they signed.

The OI policy requires a re-assessment at 3 months. The average length of stay is around 5 months. I saw that 6 residents had re-assessments in the files I reviewed, however 3 of them were late.

CORRECTIVE ACTION:

A log of 120 days of admissions needs to be submitted to the Auditor, documenting administration of the VAI within 72 hours of admission. The Auditor will select individual residents from this list to review specific dates and to verify resident acknowledgement. A procedure for administration of the VAI for the Weekend Sanction program needs to be developed and implemented.

Any resident who is at the facility for 3 months or more needs to be re-assessed. The Auditor will review the log and request individual re-assessments to ensure that they are being completed in a timely manner.

On 2-8-19, I received a log of the 55 admissions to all three programs from 10-8-18 through and including 2-8-19. All VAIs were conducted within 72 hours of admission. Of these admissions, 13 boys required 90 day re-assessments and the documentation showed that they received them within the 90 day time period that is required by OIs policy and procedure. The policy was updated to include the Sanction Program Students of which there were 10 admissions during this time period. I reviewed two individual VAIs for two sanction program admissions.

This documentation satisfies the plan of correction and meets the standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No

- Do residents also have access to other programs and work opportunities to the extent possible?
 Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Pa. Department of Human Services 3800 Child Care Regulations

Vulnerability Assessments of 12 residents (10 active, 2 discharges)

Admission Logs from 10-8-18 through 2-8-19 (corrective action)

Two individual VAIs for weekend Sanction program admissions (corrective action)

Interviews:

PREA Coordinator

PREA Manager

Clinician Supervisor who administers the VAI

Isolation is not practiced and is prohibited by both OI Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.

I interviewed the above staff who state that any resident who is identified as either sexually vulnerable or aggressive on the risk screening is considered for housing in a cabin and bunk that would protect either that resident or the other residents. While on the tour, I saw the cabins used for the younger residents and bunks that are closer to the staff bunks for closer supervision. There were two residents in the current population who required consideration for risk based housing. Risk based housing is documented on the VAI for those who require it. However, the documentation was not specific or comprehensive enough.

I observed the bathrooms in all the cabins. There are showers with curtains and the toilet stalls have doors. Shower Procedure was demonstrated for me by a staff during the tour. Showers are conducted by a same sex staff. The procedure requires all residents to shower three at a time. The PREA policy allows for Transgender or Intersex residents to shower separately. There were no Transgender or Intersex residents in the population at the time of the Audit. There have been none in the past 12 months.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every ninety days and most probably weekly. The residents own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were no LGBTI residents in the current population. There were no LGBTI residents admitted during the past 12 months.

The policy contains all necessary verbiage and the interviews show it is being practiced, but the documentation is not sufficient. Therefore, a plan of correction is necessary;

CORRECTIVE ACTION PLAN:

A log of 120 days of admissions will be submitted to the Auditor. The Auditor will request specific documentation of risk based housing for those identified as either sexually vulnerable or sexually aggressive.

On 2-8-19, I received a log of the 55 admissions to all three programs from 10-8-18 through 2-8-19. The facility now documents housing consideration for each student. This is a best practice. During this time period, one cabin was closed due to population and staffing. The six residents that were moved into a new cabin, all had a VAI administered due to the housing change and it was noted as such. This is a best practice. I reviewed risk based housing consideration for all 55 admissions.

The documentation that was submitted satisfies the plan of correction. This standard has been met.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

OI Grievance Policy

OI Visiting Policy

Pa. Child Protective Services Law

Pa. Bureau of Human Services 3800 Child Care Regulations

Resident Handbook

MOU with the Blackburn Center

Interviews:

PREA Compliance Coordinator/Facility Director

PREA Manager

Director of the Blackburn Center, a PCAR (by phone, prior to Audit)

Twelve Random Staff

Two Teachers

Sixteen Residents

I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made.

The primary reporting mechanism is to an outside agency, the Blackburn Center. There is a MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. The Blackburn Center would contact Pa. Child Line, and they in turn would notify the facility. Prior to the onsite, I did a telephone interview with the Director of the Blackburn Center and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The phone call can be made privately from any phone without a staff present. I tested the "dedicated" button on the phones to the Blackburn Center in 4 cabins while I was on the tour and it worked as described.

The residents can also call Child Line and the staff are required to call Child Line as mandated reporters.

Residents can submit a grievance and/or report in writing as can the parents or guardians. The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. DHS.

Residents can also call home once a week and can receive visits from parents and grandparents once a week, although not all of them do. Some residents can also receive home visits toward the end of their stay. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. Visiting and telephone lists are approved by the residents' probation officer and/or OCY worker.

The most common reporting avenue cited by residents was to tell a "trusted staff", call the Hotline or to tell "mom".

There are tools such as pencils and paper throughout the facility and in the classroom for the residents to write letters, grievances or to report. I saw children with pencils and paper during the tour.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues.

This standard has been exceeded. No corrective action is needed

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Grievance Policy

Pa. Department of Human Services 3800 Child Care Regulations

Pa. Department of Human Services Licensing Annual Licensing and Inspection Summaries

Resident handbook

Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

PREA Coordinator/Facility Director

PREA Manager

No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation in the past 12 months. The Policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are 5 days according to the policy and within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

The Policy was updated during the pre-Audit time period to include all necessary verbiage.

The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. DHS, during their annual licensing inspection, reviews resident files for this signed acknowledgement by both parent and resident. I reviewed 12 resident files and all contained notification of the grievance process. Additionally, the most recent Licensing and Inspection Summaries contained no citations for failing to notify of the grievance process.

The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but there are grievance forms and documentation of notification in the child's file.

This standard has been met and does not require corrective action

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing

addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Visiting Policy

Telephone Policy

Attorney Visiting Policy

Resident Handbook

Spanish and English Posters

MOU with the Blackburn Center

Interviews:

PREA Coordinator/Facility Director

Sixteen Random residents

Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through the Blackburn Center. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service.

The Director described the MOU with the Blackburn Center, a member of the Pa. Coalition Against Rape (PCAR), and the services that they offer. The MOU was reviewed and I spoke to the Blackburn Center Director by telephone prior to the Audit to confirm the services offered in the MOU.

The residents who were interviewed state that they can make and receive phone calls. All stated that they can make a phone call to parents or guardians once a week. Visiting by parents/grandparents/guardians is once a week, although not all residents receive visits because of transportation and distance issues. Residents can receive home visits prior to their discharge. All telephone calls and visits must be approved by the Probation officer.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. Several residents state that they see their PO on a monthly basis. All the residents state they can see their lawyers, but most do not have the need to. A few residents stated they had spoken to their attorney.

Most residents were able to tell me about the counseling services offered through the Blackburn Center, because they saw this information on a poster and were advised of it in the “group” that is run periodically. Ten out of sixteen residents could tell me that they were aware that there were services, and nine could tell me what those services were.

This standard has been met and requires no corrective action

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Outside In Website www.myoutsidein.org

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated on the website. This information is also posted by the doorway to the cafeteria where visiting takes place and in the foyer areas of the buildings in both Spanish and English.

This standard has been met and requires no corrective action

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Pa. Child Protective Services Law

Training Logs

Pa. Department of Human Services 3800 Child Care Regulations

Interviews:

PREA Coordinator

Associate Director of Residential Services

Twelve Random Staff

Two teachers

Four Contracted employees

There have been no incidents or reports of sexual abuse or sexual harassment in the past twelve months. The PREA policy as well as the Pennsylvania Child Protective Services Law requires that all staff must immediately report any knowledge or suspicion of sexual abuse, sexual harassment or retaliation. All staff are mandated reporters. All staff receive mandated reporter training. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. All teachers, although not direct care staff, are mandated reporters and those interviewed knew their reporting responsibilities.

The Associate Director of Residential Services states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. He stated that, if there is an attorney of record, they would also be notified. If there was a court order prohibiting a parent from notification, they would contact a guardian.

This standard has been met and there is no need for corrective action

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance policy

Interviews:

Facility Director/PREA Coordinator

Associate Director of Residential Services

Twelve Random staff

There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.

After reviewing the policy and interviewing the 12 random staff, the Facility Director/PREA Coordinator, and the Associate Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard.

This standard has been met. There is no corrective action necessary

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents reviewed:

Outside In PREA Zero Tolerance Policy

Pa. Child Protective Services Law

Interview:

Facility Director/PREA Coordinator

Associate Director of Residential Services

There have been no incidents that have required reports within the past twelve months.

The policy clearly states that if a resident reports a sexual abuse that occurred at another facility to an Outside In staff person, it will be reported to Child Line and documented. The Director will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.

If a report is made to Outside In from another facility, it will be reported to the Director or Associate Director, who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours.

This standard has been met. There is no need for corrective action

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Interviews:

Twelve Random Staff

There have been no incidents in the past twelve months that have required first responder actions.

The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document. This is contained in the staff training curriculum. When interviewed, the twelve random staff were able to discuss their first responder duties although they have not had to practice them. All staff could discuss the protection of evidence and knew that the Pa. State Police at Greensburg would respond to investigate.

The policy also states that if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.

This standard has been met. There is no need for corrective action.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Coordinated Response Posting

Interviews:

Facility Director/PREA Coordinator

Associate Director of Residential Services

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Director stated during his interview that although not utilized for a report of sexual abuse, it is and has been used for other types of incidents, demonstrating that the policy is in practice. He and the Associate Director of Residential Services are always on call and would respond to the Center if there was an incident in order to coordinate actions and make notifications.

This standard has been met. There is no need for corrective action

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Pa. Child Protective Services Law

Interviews:

Facility Director/PREA Coordinator

The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation. There are no unions or collective bargaining units at Outside In.

An interview with the Facility Director shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.

This standard has been met. There is no corrective action that is needed.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Interviews:

Facility Director/PREA Coordinator

Associate Director of Residential Services

Team Leader III, staff person who monitors retaliation

There have been no incidents that required monitoring for retaliation.

The Outside In PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates with the investigation. The staff person charged with monitoring retaliation at Outside In are the Team Leader IIIs. There are three of them, one assigned to each neighborhood, of two cabins each. I interviewed one of the Team Leader IIIs. He immediately stated that Outside In has a reporting friendly culture. In order to monitor retaliation, he would do a status check daily if needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. He monitors behavioral changes in residents and would look at what the other kids are doing and talk to staff and the midnight guard. He monitors work records of staff, including tardiness, and absenteeism, among other variables.

The Director stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It could include moving the child's room, unit, or program. A staff person could be moved from cabin to cabin or from program to program.

After reviewing policy and interviewing the above staff, I believe this standard has been met. There is no need for corrective action

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Pa. 3800 Child Care Regulations and Outside In policy prohibit the use of isolation. The Facility Director states that isolation is never used. This standard does not apply.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

MOU with the Pa. State Police, Greensburg

Pa. Child Protective Services Law

Interviews:

PREA Coordinator/Facility Director

PREA Manager

There have been no sexual abuse reports or sexual harassment reports within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, with whom the facility has a MOU and with Pa. Child Line. The facility has two staff, the PREA Coordinator/Director and the PREA Manager, who have both received investigator training in order to better coordinate investigations at their facility. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. The PREA Coordinator/Facility Director state that they have a very cooperative relationship with the Pa. State Police.

The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Coordinated Response and would conduct an incident review after the investigation was completed.

By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported.

The policy meets the standard and no corrective action is needed

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Outside In PREA Zero Tolerance Policy

The Standard of Proof is in the Outside In PREA policy. However, this facility does not conduct investigations nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.

This standard has been met. There is no need for corrective action

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Pa. Department of Human Services 3800 Child Care Regulations

Interviews:

Facility Director/PREA Coordinator

The PREA Policy and the Pa. 3800 regulations requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident and their parents would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification.

Although there have been no incidents that require notification of residents, I feel that the facility would follow its policy.

This standard has been met. There is no corrective action needed

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

OI Employee Discipline Policy Manual

Pa. Child Protective Services Law

Interview:

Facility Director

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment.

The policy contains all provisions, including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed.

This standard has been met and needs no corrective action.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Pa. Child Protective Services Law

OI Employee Discipline Policy Manual

Interviews:

Associate Director of Residential Services

There have been no incidents of this nature in the past twelve months.

Both the OI PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Associate Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and the Pa. State Police. The Associate Director states he would also contact the contractor or volunteer's agency.

The policy and the interview confirm that this standard is met. No corrective action is needed

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it

always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Pa. Child Protective Services Law

Pa. Department of Human Services 3800 Child Care regulations.

Interviews:

Associate Director of Residential Services

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. There is no punishment that is permitted per the Pa. 3800 Child Care regulations.

The PREA Policy, which was updated prior to the onsite, requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse.

Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.

The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.

Isolation is prohibited by regulation. No other discipline is allowed and the Associate Director states that age, mental illness or disability would be taken into account on a case by case basis for all residents. Any action taken, such as removal from the program, would be made in cooperation with the probation officer.

The Associate Director states that counseling is not offered at OI, but both the victim and perpetrator could be evaluated at PHN in the community if they consented. The assessment is voluntary and a resident who does not consent would not be prohibited from program or educational participation.

This standard has been met. There is no corrective action required.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Vulnerability Assessment Instrument

Logs of all Admissions for the past 12 months

Electronic and paper Files of 12 residents (10 active, 2 discharges)

Interviews:

Clinical Supervisor who administers Risk Assessment

PREA Coordinator/Facility Director

Two Residents who disclosed a prior victimization

The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. There are no Medical or Mental Health services at this facility. There are no Medical or Mental Health staff at this facility. If a resident is identified as a prior victim or a perpetrator, he is offered a Medical assessment at Excelsa Health Latrobe or a Mental Health assessment at Primary Health Network in Latrobe. If a resident declines this assessment, he electronically signs a declination. I reviewed the files of 12 residents (10 active and two discharged). Three of the residents required Medical or Mental Health follow up. I saw signed declinations in two files. I saw

secondary documentation of a Mental Health follow up in one file. When I interviewed the residents, one resident stated he had been offered a Mental Health appointment, but he stated he was already in counseling and so he declined. Another resident stated he had been offered a Mental Health appointment and had been there yesterday. All assessments were offered within 14 days of the identification on the VAI.

This standard has been met. There is no need for a plan of correction.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident 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? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse 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? Yes No

115.382 (d)

- Are treatment services 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Interviews:

Twelve Random Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe for a Forensic Medical Exam by a SAFE/SANE. As part of the response, staff would first protect the resident and then immediately institute the Coordinated Plan, which includes calling for an ambulance. This would be done immediately and would be free of charge to the resident.

All residents are offered STD testing and follow up during an admission physical or if they were a victim of sexual abuse while at the hospital.

Although there have been no incidents that have required emergency services, the policy is in place.

There is no need for corrective action. This standard has been met

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does 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? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services 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? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Interviews:

PREA Manager

This is an all male facility. There are no Medical or Mental Health services provided at this facility. There are no Medical or Mental Health staff employed at this facility. All Medical and Mental Health Services are provided in the community. Medical services, both emergency and ongoing, are provided at Excelsa Health Latrobe. All Mental Health Services are provided at Primary Health Network in Latrobe. There were no incidents in the past twelve months, so there were no residents to interview or any secondary documentation. All residents receive a physical within 72 hours of admission, which includes STD testing. Any resident identified as being a prior victim or perpetrator is offered a Medical and/or Mental Health follow up within 14 days. Any resident on resident offender will be assessed in the community but the facility does not provide therapy.

This standard has been met and there is no need for corrective action.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Policy

Sexual Abuse Incident Review Form

Interviews:

Associate Director of Clinical Services who is a member of the SAIR team

There have been no incidents within the past twelve months that have required an incident review. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any unsubstantiated, substantiated or founded allegation. The team is comprised of the Director/PREA Coordinator, Associate Director of Residential Services, Associate Director of Clinical Services, and the PREA Manager with input from line staff. I interviewed the Associate Director of Clinical Services. Although he has not had to participate in a review, he responded accurately to the questions posed in the interview. The team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the CEO. The recommendation would be followed or the reason for not doing so would be documented.

Although there have been no incidents to review, the Associate Director stated that this policy would be followed.

This standard has been met. There is no need for corrective action

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data 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? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Outside In 2017 PREA Annual Report

Interviews:

Facility Director/PREA Coordinator

The policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. It would be collected using information from reports and any other resources. There have been no incidents or allegations of sexual harassment or sexual abuse since PREA’s implementation at the Youth Center in 2015.

The DOJ has not requested information in the past year.

There is an annual report stating that there have been no incidents. This report is posted on the website and has been verified by the Auditor.

This standard has been met. There is no need for corrective action

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Interviews:

PREA Coordinator/Facility Director

There is an Annual PREA Report for the year 2017. The PREA Coordinator/Facility Director states he prepares the report. The report would compare data from year to year and discuss the facility's efforts at prevention, detection, and response. There have been no incidents or allegations since PREA implementation in 2015.

All personal identifiers would be removed and noted. The data would be reviewed and if necessary corrective action would be taken.

Although there have been no incidents, this standard has been met. No corrective action is needed.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Outside In PREA Zero Tolerance Policy

Outside In PREA 2017 Annual Report

Outside In website: www.myoutsidein.org

Interviews:

PREA Coordinator/Facility Director

There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The website contains all required PREA related information and contains a link for the 2017 PREA Annual report and the 2015 PREA final Audit report. The policy states that all records will be retained for ten years. The PREA Coordinator/Facility Director securely keeps all records and reports related to any PREA incident in what he calls a "hot file".

This standard has been met. There is no need for corrective action

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility was Audited in September of 2015 during the third year of the first PREA cycle. The facility was re-audited during the third year of the second PREA cycle in October of 2018. The facility has converted its paper resident files to electronic files. I reviewed both paper and electronic files during the Audit. I interviewed both staff and residents in a private area of the facility and was given access to all areas of the facility.

A notice of the upcoming Audit with the Auditor's PO Box was posted throughout the facility more than six weeks prior to the Audit and was still posted during the tour. The Auditor did not receive any correspondence as a result of the posting. This standard has been met.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility website is www.myoutsidein.org. The initial PREA Audit was conducted in 2015 and the final report was posted on the website within 14 days of being submitted to the facility. The facility advised the Auditor of its posting, and she verified it. This Audit report is still posted.

This standard has been met.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Maureen G. Raquet *Maureen G. Raquet*

February 11, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.