

# PREA Facility Audit Report: Final

**Name of Facility:** Outside In Residential Programs

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/20/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> John J Prebish Jr	<b>Date of Signature:</b> 03/20/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prebish, John
<b>Email:</b>	jprebishjr@gmail.com
<b>Start Date of On-Site Audit:</b>	10/06/2021
<b>End Date of On-Site Audit:</b>	10/08/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Outside In Residential Programs
<b>Facility physical address:</b>	1050 Fort Palmer Road, Bolivar, Pennsylvania - 15623
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	P.O. Box 639, Greensburg, Pennsylvania - 15601

<b>Primary Contact</b>	
<b>Name:</b>	Nathan C Pebbles
<b>Email Address:</b>	npebbles@myoutsidein.org
<b>Telephone Number:</b>	17246401928

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Jody Wellwood
<b>Email Address:</b>	jwellwood@myoutsidein.org
<b>Telephone Number:</b>	724-238-8441 ext 111

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Dr. Stephen Mills
<b>Email Address:</b>	smills@excelahealth.org
<b>Telephone Number:</b>	7245371435

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	94
<b>Current population of facility:</b>	38
<b>Average daily population for the past 12 months:</b>	45
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-20
<b>Facility security levels/resident custody levels:</b>	staff secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	80
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

#### AGENCY INFORMATION

<b>Name of agency:</b>	Outside In School of Experiential Education, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	196 Hamill School Road, Bolivar, Pennsylvania - 15923
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

#### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Nathan Pebbles	<b>Email Address:</b>	npebbles@myoutsidein.org
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## SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

### Number of standards exceeded:

2

- 115.317 - Hiring and promotion decisions
- 115.341 - Obtaining information from residents

### Number of standards met:

41

### Number of standards not met:

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-06
2. End date of the onsite portion of the audit:	2021-10-08

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Outside In used the Blackburn Center a Short distance away in Greensburg for both Victims advocate service and also their 24/7 hotline for students. I was able to speak with them, review their contract, and also review their services on their website.</p> <p>Outside In has a secondary contract with King &amp; Associates for the same services.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	94
15. Average daily population for the past 12 months:	45
16. Number of inmate/resident/detainee housing units:	8

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>46</p>
<p><b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>46</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>There were 46 residents in the Outside In School on day one of the audit, housed in 5-different cabins on the campus grounds. Of those residents, there were none that identified other than heterosexual. No disabilities were noted from staff, residents, or in the resident's files. As noted earlier, the agency is selective with students and does not always house those with disabilities. The agency according to discussions and file review does track all demographics with their students, however, none were identified at the present time.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>75</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>5</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>Staffing retention was decent compared to other agencies. Outside In has, as others had staffing needs over the past year, but have been able to maintain their minimum standards in accordance with the PREA Standards and PA DHS mandates. Those listed as contractors are medical/mental health providers under contract at the facility and documentation was provided showing their required training and completion. The same was true for the volunteer, but they were not available for interviews.</p>



# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	In order to select random residents, I picked the 4th person on the roster for cabins #1 and #4. For Cabin #2, I chose #3 on the list and the 2nd person for #7 and #8, and a new resident from cabin #8. All of the residents in the program came in within the last year so dates were within several months of one another.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The residents selected were willing to answer questions asked without any concerns. Because I was not able to identify any targeted residents, I chose to select others from those groups to interview. they were based on younger and older residents in the program and length of stay. The resident with the longest time I was able to interview entered the facility in April 2021, and the newest entered approximately 5-days before the onsite audit.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>6</p>
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The agency as indicated earlier is selective with residents they accept into their program. In a review of their data, as well as during my interviews with staff, the PREA Coordinator, management, and residents it was determined that no residents were identified s fitting into this category.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The agency as indicated earlier is selective with residents they accept into their program. In a review of their data, as well as during my interviews with staff, the PREA Coordinator, management, and residents it was determined that no residents were identified s fitting into this category.</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The agency as indicated earlier is selective with residents they accept into their program. In a review of their data, as well as during my interviews with staff, the PREA Coordinator, management, and residents it was determined that no residents were identified s fitting into this category.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The agency as indicated earlier is selective with residents they accept into their program. In a review of their data, as well as during my interviews with staff, the PREA Coordinator, management, and residents it was determined that no residents were identified s fitting into this category.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The agency as indicated earlier is selective with residents they accept into their program. In a review of their data, as well as during my interviews with staff, the PREA Coordinator, management, and residents it was determined that no residents were identified s fitting into this category.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In a review of pre-audit data provided, as well as during my interviews with staff, the PREA Coordinator, and residents, no one was identified. I also noted during my review of resident files and screening information no one was identified.</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In a review of pre-audit data provided, as well as during my interviews with staff, the PREA Coordinator, and residents, no one was identified. I also noted during my review of resident files and screening information no one was identified.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In a review of pre-audit data provided, as well as during my interviews with staff, the PREA Coordinator, and residents, no one was identified. I also noted during my review of resident files and screening information no one was identified.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In a review of pre-audit data provided, as well as during my interviews with staff, the PREA Coordinator, and residents, no one was identified. I also noted during my review of resident files and screening information no one was identified.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>As noted throughout the audit report Outside In School does not use any type of isolation fro protective custody or discipline. I did discuss this with the PREA Coordinator, supervisors, line staff, and residents. I was noted during these interviews that isolation of any kind is not used. I noted during my tour of the facility that the facility is barracks and residential in style and isolation areas were not available.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>When reviewing all the data and conducting interviews with the folks at Outside In, they have a policy in place for identifying all aspects as required in the PREA standards. Staff conducting intakes were able to explain the questioning and provided the screening tool used with residents. All residents explained that they were asked specifics related to their sexual identification and preference as well as screening for disabilities. In discussions with the PRE Coordinator, the data he had from their screening over the previous year only indicated two individuals scored in a medium-range on their initial screening for victimization. Although no one was identified in a targeted category at the facility during the onsite audit, I felt comfortable that the agency has the tools and standards in place for identifying and handling all aspects therein.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>



<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>As with many agencies, staff wore more than one "hat" in their roles at the facility. I was able to interview line staff who were on the job a few months to some working for several years. I spoke with management, cabin supervisors, overnight staff, counselors, and program staff. All could explain their roles related to the PREA Standards, the agency's zero-tolerance policy, and their duties to report and assist. Under PA standards the ALL are considered mandated reports and are required to report any knowledge or suspicion of abuse or harassment. I selected staff by time in the job, shift worked, and randomly from their staff roster.</p> <p>All staff is trained as first responders to assure proper care for all residents.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>12</p>

<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>As with other facilities, the staff wears more than one "hat" at the agency. All staff is trained as first responders, so all staff was able to ask those questions during my other interviews. The medical staff I interviewed were not onsite personnel and with Excelsior Health and Latrobe Hospital and investigators were with the PA State Police, Greensburg Barracks. The remaining staff I was able to interview were onsite with Outside In. The facility was very accommodating in gathering personnel for me. All were very versed in the positions and roles they filled.</p> <p>I was able to interview a welding teacher and medical staff from contracted agencies. They could explain to me what PREA was and the documentation they received related to the program. They could explain to me the zero-tolerance policy of the institution as well. Medical contractors noted the concerns with their licensing requirements. Both could explain Pennsylvania's mandated reporting laws and their responsibilities therein.</p>
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The Outside In facility is made up of multiple buildings on several acres of rolling hills in a rural setting of Westmoreland County in Pennsylvania. During the site review, I was given a full campus tour by vehicle and had the opportunity to enter all their building including the administrative complex and HR facility. I was also able to have lunch at the facility with staff and residents to have basic informal conversations with them all. During my tours of the cabins, I was able to speak to those line staff and also the residents therein. As a former adult correctional manager, I really enjoy the juvenile aspect of facilities such as Outside In and speaking with both residents and staff. I want them to be comfortable with me being there and not pressured in their answers.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

I was provided with several documents during the pre-audit. Upon going on site I was provided with an updated resident roster and an employee list with title and program (if specific). I was able to gather up additional documents while onsite and during the post-audit including samples of the previous year's rounds checks by supervisors, PREA educational handouts for residents, and staff and contractor education.

I received a copy of the PREA videos used, PREA Posters in housing units, and the facility grievance policy and forms.

I did a review of staff and resident/student files that included screening information for residents and HR information on employees including their background information. Although I did not keep copies of these documents, I was able to document the information for my records.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0



## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
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<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>In discussions with the PREA Coordinator, management, the State Police, and Blackburn staff, Outside In has not had any recorded incidents of sexual abuse or harassment over the past 12+ months at the facility. The PREA Coordinator has been in the position for the past year and I also spoke to the Residential Director who worked in the role prior, Both indicated that they have not had any complaints filed and there were no incidents that required an investigation. This was also noted when speaking with the PSP Barracks and the Blackburn Center. The police review noted that they haven't been on-site for any complaints or hotline calls.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

Staff-on-inmate sexual abuse investigation files	
<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	<p>The agency has not had any incidents of sexual harassment at the facility over the past year-plus. This was discussed with the PREA Coordinator and management during the audit process. When meeting with residents I also discussed their knowledge of cases of sexual harassment or assault occurring or being filed. They all indicated they were not aware of any and had not filed any themselves. This was also reviewed with the hotline calls to Blackburn, PA DHS ChildLine, and also PSP.</p>

<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The agency has not had any incidents of sexual harassment at the facility over the past year-plus. This was discussed with the PREA Coordinator and management during the audit process. When meeting with residents I also discussed their knowledge of cases of sexual harassment or assault occurring or being filed. They all indicated they were not aware of any and had not filed any themselves. This was also reviewed with the hotline calls to Blackburn, PA DHS ChildLine, and also PSP. I spoke to the Director of HR on the same subject related to staff on resident sexual harassment and assault issues. She indicated that they have not had any issues in the past with staff nor were staff members disciplined or investigated.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p><b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

**Non-certified Support Staff**

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes
- No

**AUDITING ARRANGEMENTS AND COMPENSATION**

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

**Identify the entity by name:**

Prebish Consulting Services, LLC.

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>To review this standard I reviewed the Outside In PREA policy, reviews their organizational chart, spoke with the PREA CoordinatorNathan, the Director of Compliance and Site Development (DCSD) who is a Compliance manager, line staff, and residents.</p> <p>The agency has a Zero-tolerance policy that prohibits all sexual contact, sexual abuse, and harassment between residents and with employees/volunteers/contractors. The policy breaks down education for staff and residents and trains personnel on prevention related to sexual abuse, harassment, and mandated reporting. The policy addresses staff reporting, resident reports as well as 3rd party reporting. It identifies the Unit Director or designee’s response to allegations of abuse or harassment. It identifies the posting of signage, criminal history and background checks (which are done every 2 years), intake screen process, and staffing minimums to assure compliance with Pennsylvania State mandates and the PREA Standards. The agency policy along with Human Resources documentation and handouts to new employees address zero tolerance and mandates criminal</p>



history and background checks on all employees, volunteers, and contractors.

Under the Policy, it outlines the responses necessary to address allegations and reporting as part of the responses including an Administrative review team made of program managers as well as the PREA Coordinator, Supervisor of the Day (SOD), and other personnel while describing the role and timelines associated with the process. This is also seen through the agency's organizational chart showing the flow of personnel responsible for this review and timely action in any case. It spells out the use of a victim's services center such as the Blackburn Center and King and Associates for those and crisis intervention personnel as well as the mandated involvement of the Pennsylvania Department of Human Services (PA DHS) for mandated reporting and local law enforcement.

The PREA Coordinator (PC) along with PREA compliance personnel are spelled out in the policy and are charged with the education/training/compliance toward all residents/staff/volunteers. This is also spelled out through job descriptions provided via HR. They are given time to establish and assure training is completed for all personnel and proper screening of staff. Each facility along with the PREA coordinator will monitor and implement plans for staffing to meet the national PREA standards as well as those mandatory minimum standards required by the Pennsylvania Department of Human Services. Each facility's PREA compliance manager along with the PREA coordinator will annually or more frequently review that specific facility's "Vulnerability Data", automated data that is kept on the facility keeps. The PREA Coordinator has approximately 15+ years working in youth residential facilities throughout western Pennsylvania starting as a youth care worker, training coordinator, and PREA Coordinator at two facilities. He has been PREA Coordinator with Outside In for the past year. While onsite and working with Nathan in his role, it is evident that he understands the standards, supervising juvenile residents and working under Pennsylvania standards from the Department of Human Resources.

#### Summation

Evidence provided in the pre-audit shows a well-written zero-tolerance policy and documentation on hand both in the policy and in human resource documentation provided. During the onsite audit, signage was visible throughout the facility. While conducting interviews, all personnel could actively articulate the policy and quote specifics back to me. Residents as well showed an understanding and were able to describe aspects of it and indicated their knowledge of posting and receiving information related thereto. Files showed training records for staff and intake documentation showed resident education as well.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.311 and all aspects therein. There is no corrective action required.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In a review of this standard, I spoke with the PREA Coordinator, Director of Compliance, Director of HR, and reviewed their PREA Policy.</p> <p>Outside In School holds male youthful residents under court order from various counties in Pennsylvania. They work directly with the courts and representatives such as Juvenile Probation and the Counties Protective Services/Children and Youth Services. This was discussed with various managers during our meeting. There are two programs sites on location in Westmoreland County in western Pennsylvania known as Pathways, a Drug &amp; Alcohol-based program, and Voyagers, a program for Behavioral Juvenile Justice</p> <p>Summation</p> <p>Through discussion with management and the PREA Questionnaire, none of the residents being held by Outside In are under contract with any agency, but instead under placement via court order from various county agencies/Judges.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.312 and all aspects therein. There is no corrective action required.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In my review of this standard, I had the opportunity to review the Pre-Audit materials, PREA Policy, staffing plan review from 2021, their unannounced rounds log and form used, location of CCTV monitoring cameras, discussions with the PREA Coordinator, and supervisors who make unannounced rounds. I reviewed various documents, interviews with staff and residents, and review of PA Department of Health Standards/requirements for staffing.</p> <p>This Auditor reviewed the agency-wide PREA Policy indicating mandatory 1:8 ratio for waking hours and the required 1:16 ratio for night hours. This standard is also required under Pennsylvania DHS standards as well.</p> <p>According to the Coordinator, the staffing plan was developed to meet Pennsylvania state mandates before PREA was introduced and it is part of agency policy. It is reviewed annually and updated as needed. This was noted in their policy as well. I was provided a copy of the staffing review for the agency during the Pre-audit and had the opportunity to discuss it with the PREA Coordinator.</p>

The facility uses CCTV as part of the plan but NOT in place of physical staff, but basically to enhance it. Their policy indicates that residents must be in full view of staff at all times outside of the bathroom/showers. The CCTV system is monitored by multiple administrative offices located on their campus.

This Auditor reviewed Pennsylvania Department of Human Services (PA DHS) standards for Juvenile Confinement Facilities, verifying mandated standards that the agency uses (it is noteworthy that the agency refers to these standards in their policy). The PREA Coordinator indicated that the Facility was NOT under any type of findings of inadequacy, court decision, or oversight from a third party. This Auditor's research gave negative results for this as well.

In discussions with the Director, he explained of the Supervisor of the Day (SOD) indicated that there is at least one supervisor per shift in the facility. This was noted during my interviews with staff and mid-level managers. The policy indicates that all positions must be filled on all shifts. In speaking with staff at the facility they provided detail that if there were openings overtime would be offered and if necessary staff from an earlier shift would be forced to stay. Although their policy has a mechanism in place to log any deviation, they did speak of always keeping mandatory staffing minimums and never deviating from it. It should be noted that over the past 12-months, there has not been any deviation and then extra staff was in place to assure this policy.

During the walk-around and throughout the 2-day audit, I noticed that they had staff available at all times. I posed the questions to some of the staff, and all indicated they hadn't seen any issues with it. With the barrack design of the housing areas, the facility has an approved waiver from the Pennsylvania DHS for the open dorm rooms and they use a 12-hour shift overnight by having staff live directly in the housing unit to assure adequate staffing and efficiency in operations.

The agency and facility along with their Staffing Policy and PA DHS Standard require that: 1) establish mandatory minimum staffing requirements within the overall agency policy to work for that specific facility and; 2) assure that a staff schedule is posted into the future to meet requirements.

During staff interviews on staffing and how issues are handled if they are short. Some indicated that they are not short-staffed stating that staff is held from the previous shift stating that the supervisors make sure there is an adequate number in place and will call in fill-ins or mandate staff. During some of these interviews staff members were able to give more detail indicating that staff is held over and if replacements could be called in, they are permitted to leave once the mandatory staff level is met.

The agency-wide PREA Policy also dictates a review of the staffing plan, patterns, and the use of the CCTV by the PREA Coordinator and management annually to assure efficiency, safety, and security.

The PREA Policy outlines unannounced rounds in the facility by upper management personnel, and when speaking to supervisors and the PREA Coordinator they

confirmed that unannounced rounds of all residential areas of each program facility including dormitories, classrooms, dining halls, and recreation areas. I was able to verify this through the round sheets I was provided. The logs showed that the rounds were unannounced, and at various times/days throughout a variety of months over the past year.

**Summation**

The agency's PREA policy spells out mandatory staffing ratios of both the PREA Standards and PA DHS, the use of technology, assuring staff ratios, unannounced rounds, and the annual review to assure proper staffing. They meet not only PREA standards but federal and state standards specifically under PA DHS mandating minimum staffing standards and have a protocol in place to monitor and adjust for variations if necessary. Their managers and supervisors are available along with forced overtime if necessary, to address any issue. The documentation reviewed along with the interviews and my walkthrough gave me the needed information as required for the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.313 and all aspects therein. There is no corrective action required.

115.315	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In a review of this standard, I looked at the PREA Policy, pre-audit information provided, screening information, HR documentation, interviews with PREA Coordinator, Director, Staff, and residents.</p> <p>According to PREA Policy, ALL staff is trained in search techniques and only male staff are permitted to conduct a pat search as this is an all-male facility. Staff accordingly are trained to be professional and respectful in relation to searches of a resident. In speaking to female staff, they indicated they are not permitted to do pat searches and are also not present in the barracks bathroom areas, showers, or during any changing of clothing. It was noted during the onsite audit that a group of residents was leaving from the barracks to go out for a program. they use a rear exit from the unit via a locker room where they can change and out on outside shoes and coats, and escorted out by a male staff member.</p> <p>In speaking to the residents they explained that they are not always checked</p>

(searched), but when they leave and return to the housing unit, it is always male staff members and done in just by a quick pat search, more specifically having our pockets turned out to make sure they didn't have something. When pressed about female staff, they said that the ladies are never in here for that, only the guys.

The agency has a barracks-style housing unit connected to their program facilities. Each sits on several acres of open property. These dormitories have open-bunk areas for each resident out the outside walls with an open day-area in the center. To the rear are single toilet stalls, single shower stalls, and an open sink area. Only one resident is permitted in the bathroom or shower stall at a time per policy, and the area is supervised 24/7 by a male staff member. When I interviewed each resident I discussed this issue with them and all could clearly explain that they are able to use them freely without staff or residents seeing them and that no female staff is ever there.

The Auditor read in the agency-wide PREA policy that all female employees (male facility) are required to announce themselves before entering the housing area and the dayroom areas of the facility. This was confirmed to occur when speaking with all the residents and staff.

This Auditor reviewed the agency-wide PREA Policy that prohibits searching to determine gender specifically discussing transgender and intersex residents. When looking at the training curriculum it explains in detail the practice is prohibited, including examples therein. Throughout my interviews with staff and residents, they all confirmed that this never would occur.

When speaking to staff who conduct intakes as well as management on how they would determine gender if there was an issue, they all explained that they would simply ask the resident, the referring agency, and if necessary they would have a medical examination completed to determine this. They all believed that through questioning the resident they would have the ability to determine this.

#### Summation

Staff members including the PREA Coordinator, Director, and staff were able to verbalize the components of this standard. In discussions with residents, they could clearly that pat searches are only performed by male staff members and they are done upon return to the unit. Staff and inmates could also tell me that every time a female entered she would announce herself. Through my review of pre-audit information, PREA Policy, and interviews I was able to see the components of this standard working at the facility.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.315 and all aspects therein. There is no corrective action required.

	<b>proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 295"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 456">This auditor reviewed the pre-audit information including the PREA Policy, PA DHS Standards, facility postings while on-site, ADA Requirements, intake screening documentation, spoke with the PREA Coordinator, the Director, Staff, and Residents.</p> <p data-bbox="280 497 1477 819">The Auditor found that the PREA policy outlined that individuals with disabilities would have equal opportunities to understand Outside In's policies specifically related to the PREA Standards, their Zero Tolerance policy, to prevent, detect, and report sexual abuse and harassment. In speaking to intake screening staff, they explained that they along with management and the resident's counselor would work with them to read and explain their rights under the standards. Their screening documentation does explore disabilities and cognitive issues tracking the potential vulnerability of the resident.</p> <p data-bbox="280 860 1458 1102">According to the PREA Policy, residents are not used in interpreting for another resident who may have a language/reading barrier. My discussions with staff indicated that if necessary that management would bring someone in from an outside agency or use a staff member. In speaking with residents about this they felt that someone would come in and they had never seen this done. No one (staff or resident) indicated that this has happened in the past.</p> <p data-bbox="280 1142 1461 1344">Over the pasts, 12 months services related to hearing, blind, language barriers, or handicap issues were not needed. This was also noted through interviews and file reviews. The agency does have the ability to be selective with their program being a not-profit facility and could due to treatment barriers be selective with residents they accept into their program.</p> <p data-bbox="280 1384 443 1415">Summation</p> <p data-bbox="280 1456 1477 1823">Throughout discussion with management personnel, they have indicated the ability to have specific interpreters available and approved for use (background checks, etc.) whenever needed. They have articulated the procedures with staff for assessment of low functioning or reading/writing barriers and procedures to assist them are in place. The auditor compared the policy and procedure to those questions asked of staff and management and was able to ascertain the components were met. They do offer screen and support for psychiatric, learning disabilities, and other concerns and disabilities for residents. This was also vocalized when interviewing residents to assistance provided to them.</p> <p data-bbox="280 1863 1465 1980">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.316 and all aspects therein. There is no corrective action required.</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1015 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1458 501">To look at this standard, I reviewed the pre-audit information, the PREA policy, HR Documentation, and discussions including employee discipline, background investigations, and conflict resolution. I also interviewed the PREA Coordinator, HR Director, Director, and reviewed staff files.</p> <p data-bbox="280 546 1458 781">The Auditor first reviewed Human Resources information in the PREA Policy along with the provided Human Resources information. The agency's policies discuss specifically the “promotion, hiring, and contracting (contractors)”. The PREA Policy, pg. 3 explains the hiring procedure and that says Outside In“shall not” hire anyone that falls under the components of this standard, outlining them in the policy. The policy lists hire, promote, and contractor therein as outlined in the PREA standard.</p> <p data-bbox="280 826 1474 983">ALL new employees will have criminal history checks through the Pennsylvania State Police, Child History Clearance, and PA DHS checks (PA Childline). This also includes FBI clearance and arrest records. This was noted when reviewing personnel files. It is done on all new hires, contractors, and volunteers entering the facility.</p> <p data-bbox="280 983 1458 1106">The agency will consult any child abuse registry (PA Megan’s Law), and any previous institutions that the individual may have been an employee or contracted with.</p> <p data-bbox="280 1151 1458 1431">“Criminal Record Checks” performed through the Pennsylvania State Police were present in all staff files reviewed as well as updated checks on existing employees within the 5-year lookback per standard, but they conduct these checks every 2-years above the standard requirements. When meeting with the Director of Human Resources, she spoke on the process used after an individual applies for employment before any interview is conducted the review the State Police information along with contacting PA DHS and examining other reporting agencies.</p> <p data-bbox="280 1431 1426 1554">All agencies that the individual previously worked at are contacted as well. The Policy also shows that a 2nd check is completed every 2-years within the 5-year standard mandate.</p> <p data-bbox="280 1599 1458 1834">The Auditor while reviewing the PREA policy discovered the interview criteria for all personnel with direct questions related to the standard concerning any related issues. This is also part of the application process when a potential employee will complete their initial application. Those existing employees according to the policy are mandated to notify of any allegation and/or conviction in relation to this standard and other criminal violations. This was reiterated by the Director of HR.</p> <p data-bbox="280 1879 1458 2069">The Auditor also reviewed Pennsylvania law related to working with children and noted that it is mandated under the law to report. Omissions are also regarded as violations and include up to and including termination. The agency is also mandated under Pennsylvania law and DHS standards to report all violations and terminations of employees for violations under this standard. PA DHS Childline</p>

	<p>requires reporting and maintains records of all violations to avoid future hiring.</p> <p>During the pre-audit, I was provided documentation for the contractors working at the agency (medical-related) that on occasion enter the facility. the documentation provided the contractors with necessary requirements of PREA and included their signoff on the material.</p> <p>Summation</p> <p>The Auditor was able to correlate the standard components that were written within the standards, and a detailed hiring procedure was provided by the Human Resource Director for Outside In. That data along with the personnel files provided gave a clear view into the practice showing that the agency is compliant with the standard. It was clear when analyzing the information that they work to assure compliance with the standard and also Pennsylvania law. The agency's pro-active approaches to interviews, quick background checks including the FBI check, and mandating they are done every 2-years have shown their desire to assure safety for residents, and their compliance with the standards. The HR Director was very versed in the PREA requirements along with those mandated under Pennsylvania law. Their files were very detailed and descriptive from brand new employees to those with several years on staff. The HR Department's attention to detail was very obvious to see.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility has exceeded compliance with standard 115.317 and all aspects therein. There is no corrective action required.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>For this standard, I reviewed the pre-audit information, PREA policy, and spoke with the PREA Coordinator, supervisory staff, and the Director.</p> <p>Outside In is located in Westmoreland County in western Pennsylvania that can easily be described as on rolling farmland. The facility was in fact a cattle farm at one point and sits atop the rolling hills in a rural area close to the borough of Latrobe. They have two separate facilities for their programs that are approximately 200 yards apart connected by a walking sidewalk and upper roadway. They have a CCTV system with cameras in the day areas/barracks living areas, corridors, program areas, dining areas, and on the exterior of the buildings and grounds. According to the Coordinator, they have added cameras as needed to cover potential blind spots, upgrade those needing to be repaired, and have begun adding card-reader door controls for logged access when staff enters specific areas. Cameras are recorded via DVR and can be reviewed for investigative purposes.</p>



	<p>Outside In has been at this location for several years and has not acquired any new facilities or added new buildings since their last audit.</p> <p>Summation</p> <p>Through a visual walkthrough of the facility and interviews with management, it is apparent that the agency has placed cameras in areas to maximize the protection of residents for both sexual abuse/harassment and from any type of assault. While doing the walk-around of campus and the building I was able to see all the camera locations. It was noted that placement is obvious to cover not only blind spot, but common areas to assure safety.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.318 and all aspects therein. There is no corrective action required.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>To complete this standard I reviewed the pre-audit questionnaire, the PREA Policy, Procedure Manual, spoke with the PREA Coordinator, Director, Greensburg PSP Barracks (contract with PSP for all criminal investigations), Blackburn Center of Greensburg, and reviewed the Excelsa Health, Latrobe Hospital Sexual Assault/SAFE/SANE Program.</p> <p>Through my review of the pre-audit information and discussion with the PREA Coordinator and Director, Outside In does NOT handle any administrative investigations relying on the PA State Police, and ChildLine through the PA Department of Human Services. I did speak with PSP Greensburg Barracks who explained that they would respond to any incident at the Outside In facility with on-duty Troopers and criminal Investigators if needed. According to Outside In management, staff will immediately file with PA ChildLine via phone or electronically online of the incident, I also was able to review the procedures for ChildLine on the DHS website and filing system.</p> <p>During interviews with staff (all levels) they could explain their roles as first responders and those steps back to the Auditor when asked. Most staff could give examples of what they would do in preserving the evidence...from bagging items to not allowing residents to wash, change, etc. All were aware of their responsibility in assuring the scene was kept secure.</p> <p>As noted earlier, the Pennsylvania State Police Greensburg, PA Barracks handle all criminal investigations at the Outside In Facility. Although the State police ultimately are responsible, the agency has secured a written contract to include</p>

reporting under the PREA Standards. A copy of their contract was provided.

According to PSP investigators, they are trained under the Department's standards of investigation and would comply with currently acceptable rules of evidence including those published by the DOJ Violence Against Women, and adolescents. The State Police indicated that they would have a trooper available 24/7 to respond and would have an investigator arrive very shortly thereafter to carry the investigation.

Their Barracks is staff 24/7 and would ask for assistance from the local police department to assure the quickest response possible.

The agency-wide PREA Policy indicates that ALL residents are offered a forensic medical examination outside the facility at a local hospital (Excella Health via Latrobe Hospital), only a few minutes from the facility. The policy does indicate that the services would be offered free of charge to anyone.

Latrobe Hospital is approximately 15-minutes from the facility and offers a SANE Program available to anyone within the county via their emergency department.

These services are offered 24 hours a day, 7 days a week, and free of any charges for exams or associated services. Outside In has a contract with the Blackburn Center in Greensburg, PA for victims' services and they also coordinate hospital care and assure exams are in place and completed. Latrobe Hospital will provide any necessary sexual assault exams and make referrals for aftercare and counseling as needed.

The Auditor was provided with a contract for the Blackburn Center, a non-provider Victims Services center located in Greensburg, PA, a short distance from Latrobe, PA. The contract was exercised between the agencies a few years ago with annual automatic renewals, and provides sexual abuse support and reporting to Outside In.

They agree to provide services and reporting to police and mandated agencies along with providing 24/7 access for victims' advocates and emotional support.

Even with a direct call to PA Childline in place for residents to report, Blackburn's phone number is also toll-free and they offer hotline services as well. They have crisis counseling related to sexual abuse available too. As a backup, there is a 2nd contract with King and Associates for victims' services as well. Under the sections of the contract and through my discussions, both agencies have agreed to provide a victim's advocate to medical appointments, Court appearances, and during forensic medical exams. As indicated earlier, they would provide these services on a 24/7 basis whenever needed.

#### Summation

The information reviewed and discussions with the state police, Excella Health/ Latrobe Hospital, the Blackburn Center/King & Assoc., along with management interviews, allowed the Auditor to see the procedure and steps should a criminal investigation be needed. I found enough information that the facility meets the components of this standard. They have an established system and made proper connections to assure the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.321 and all aspects therein.

	There is no corrective action required.
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In my evaluation of this standard I looked at the pre-audit information, PREA Policy, the contract with the State Police, the contract with the Blackburn Center &amp; King &amp; Assoc., interviewed the Unit Director, PREA Coordinator, and the Director/ Compliance Counselor.</p> <p>Over the past year, the agency has not had any PREA allegations filed and no investigations were completed at either program house under the operations of Outside In. In discussions with staff and residents, they did not have any knowledge of complaints being filed or investigations occurring.</p> <p>According to the PREA policy, Outside In addressed the standard on who is responsible for investigations (PA PSP, and PA DHS), and has contracts in place for criminal investigations. PA DHS is a mandated agency responsible under PA State Statute for such investigations at this and all juvenile facilities, schools, etc. I was able to discuss this with the PREA Coordinator and Director both confirming the protocol in place and also part of the staff training. According to the Greensburg Barracks trooper I spoke with, PA DHS would immediately call them as a part of the protocol to assure police responded. Line staff when ask all were able to tell me that the State Police and ChildLine would be responsible for investigating any allegation at the facility.</p> <p>Summation</p> <p>The auditor was able to align the PREA policy, police contract, and the articulation of the interviews with the components of the standard. The State Police contract meets the requirements for criminal investigations as does the mandated requirement of PA DHS ChildLine for completing all investigations.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.322 and all aspects therein. There is no corrective action required.</p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>I reviewed the pre-audit information, the PREA policy, Outside In "Onboarding Training for New Employees", mandated testing following training, annual PREA update training, and refresher testing. I also interviewed the PREA Coordinator, management staff, the Director of HR, line staff, and a welding instructor.</p> <p>the PREA policy mandates that ALL new employees complete training before being permitted to work with residents at the facility. The training is a PowerPoint presentation offered as part of their initial hiring training. It covers the essentials of the standards including but not limited to reporting, zero-tolerance, resident safety, first responder duties, residents' rights to be free from abuse and harassment, treatment services available, SAFE/SANE treatment, etc. Each employee receives program handouts as well as reviews a PREA Video produced by the Pennsylvania Department of Corrections for staff.</p> <p>Annually each staff member is given an update including a handout and test on the materials to assure their understanding and compliance with the standards. When interviewing staff, they could explain the initial process and their annual updates. It was also noted that they all had a very good understanding of the PREA Standards related to their duties of care related to the residents under their custody.</p> <p>I was able to review the training documents in both personnel files with the HR Director and also the staff roster for annual training assignment and completion.</p> <p>Summation</p> <p>The Auditor was able to review the documentation that shows that employees must meet training needs before working directly with staff (required). During interviews with staff and management, it was articulated that they were not able to be alone initially even after receiving training until they spent x-number of hours with a senior employee or supervisor. The training curriculum was developed to meet the standard, and the facility staff on the job training with senior staff also met the training needs. All staff could tell me what training they had and describe elements of the training.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.331 and all aspects therein. There is no corrective action required.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	I completed this review by looking at the pre-audit data, PREA policy, PREA handouts for contractors/volunteers, discussions with the PREA Coordinator, and Director.

	<p>The facility uses a few (3) outside services that are labeled as contractors for the facility. These outside agencies provide services such as medical, dental, and counseling. I was provided with samples of the documents used for all contractors, as well as initialed and signed copies of existing contracted individuals. The information provided includes information on the zero-tolerance policy and the dynamics of working with youthful clients in this setting. Under the agency's policies, the staff remains with the residents when working with the contractors. The documentation discussed earlier requires a signature along with initials on each section of the PREA data they review and agree to. The agency maintains copies of the same along with criminal history background information on all contractors and volunteers.</p> <p>Summation</p> <p>The Auditor was able to connect the agency's PREA policy, view documentation, and see the training standards. Through my discussions with Management staff, they could explain the process and how it related to the standard. They could give examples and provided data that showed their knowledge and understanding.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.332 and all aspects therein. There is no corrective action required.</p>
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<b>115.333</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>I was able to review the pre-audit data, PREA Policy, PREA Video, "End the silence Billy speaks out" booklet, PREA handouts, postings throughout the facility, discussions with the PREA Coordinator, Compliance Manager/Director, Staff, and Residents.</p> <p>The Auditor reviewed the PREA Policy that indicated that all residents will receive PREA related training during their initial intake process that included an age-appropriate PREA Video with in 10-days of placement, resident files/intake screen documents, PREA video, and discussed the standard with staff and residents.</p> <p>During resident interviews, they all indicated they did watch the video on PREA when they arrived at the facility. When asked to be specific, most stated the same day I came in, a few stated the thought they completed it "a day or two" after coming in and interviewed by staff and read the PREA Policy. When discussing the PREA training and video, all residents stated they could understand the content and indicated that it covered the facility's zero-tolerance policy, ways to report, and what happens should they report. Several also pointed out the laminated posting that was in every unit on the bulletin boards displayed in every unit.</p>

The PREA policy specifically their zero-tolerance policy spelled out that all information related to their right to be free from sexual abuse/harassment be provided to the residents in a clear form for age-appropriate residents to understand within 10-days of commitment to the facility but as soon as possible. The policy covers their right to be free from retaliation for reporting. Residents indicated that they met with staff members in the 10-day period and were asked questions and provided with more documents on what they termed as "PREA". In a review of resident documentation, it was noted that residents scoring high for specific criteria were offered follow-up usually within the next week.

Intake staff cover the PREA documents and review the Resident PREA Form with the residents and have them sign that they received the necessary documentation.

During resident interviews, they were able to verify this as well as explain back to me they reviewed the zero-tolerance policy, they had the right to be free from sexual abuse/harassment and retaliation. When reviewing resident files on their computer management system, I was able to see the dates the residents receive their initial PREA education and when a follow-up occurred.

In my review of resident files, I could see the dates the information was completed that coincided with the resident's accounts during their interviews. According to a few residents they receive the PREA intake training multiple times if they are moved from one program.

Intake staff member indicated that information is provided in both English and Spanish through documentation, the agency-wide PREA Policy also indicates this. If the agency would accept someone who is blind or deaf, they would make necessary information available one on one for the resident. They however can be completely selective with residents they will accept at this specific facility and would not hold someone who is hearing impaired transferred in. The materials were selected for "age-appropriate" residents and if needed, the staff would read the information that is given as handouts to assure the resident understood.

They do not have any visually impaired or deaf individuals currently. They were not sure that they would have any placed due to their selection process, however, they indicate through policy that they have the ability to address their needs. They list the video that could be heard and the intake documents read to the individual.

I discussed the issue of those with learning disabilities with management. They explained that staff would meet with all residents after their intake and would readdress the requirements of the PREA standard. They were able to explain the steps of the initial PREA intake requirements back to me. They spoke of working with individuals when needed to explain the rights that they have and the steps available under the PREA policy. It is noteworthy that the facility did not have anyone that fell into this category during my audit.

During the facility tour, I noted multiple posting in the facility when residents would have ample opportunity to see. The posting included the zero-tolerance policy and included their right to be free from any sexual abuse/harassment/and retaliation for reporting such incidents. Residents also indicated when interviewed they were

	<p>aware of the information. These posters were very organized and offered a lot of information. The design was very visible and caught your eye when walking into the unit.</p> <p>Summation</p> <p>The Auditors were able to take the documentation along with staff and resident interviews and align them to meet the standard. Residents are receiving the required educational materials immediately or the very next day of their admission well within the 10-day requirement. Although they have not had any dealing with residents with disabilities, the policy information meets the components of the standard for compliance.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.333 and all aspects therein. There is no corrective action required.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>To complete the review of this standard, I looked at the pre-audit date, PREA policy, Discussion with the Residential Director, PREA Coordinator, and the Pennsylvania State Police.</p> <p>Outside In does NOT handle administrative or criminal investigations at the facility relying completely on the PA State Police, and the Pennsylvania Department of Human Services, the agency responsible for all child-related agencies including schools, children and youth services, juvenile detention, and residential placement facilities such as Outside In. According to their PREA policy and management, Outside In will assist with gathering all reports, data, securing the scene, and evidence.</p> <p>According to the PA DHS website, "ChildLine is part of a mandated statewide child protective services program designed to accept child abuse referrals and general child well-being concerns and transmit the information quickly to the appropriate investigating agency. ChildLine is responsible for receiving verbal and electronic referrals 24 hours a day, seven days a week". Through my discussions with them, they would take the referral and immediately notify both the State Police and the County Children and Youth office for assistance.</p> <p>According to the PREA Coordinator, the Supervisor on shift when receiving a complaint or having an incident would immediately contact the State Police to respond and notify management of the issue.</p>

	<p>According to the State Police Barracks, they have 24/7 trooper coverage and would immediately respond to any incident at the facility. They explained that if ChildLine would receive the call, they would then immediately call them to respond. PSP would take the lead in the investigation and report to the agency.</p> <p>Summation</p> <p>The Auditors review of documentation along with the interview with the PREA Coordinator and Director. The agency does NOT complete administrative or criminal investigations at the facility and relies on the State Police and the PA Department of Human Services, which is mandated by Pennsylvania law to complete all investigations related to children. Through the use of these agencies, Outside In is able to meet the requirements of this standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.334 and all aspects therein. There is no corrective action required.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>To find compliance with this standard I reviewed the pre-audit data, their PREA Policy, provided training documentation, interviews with the PREA Coordinator, and the Director.</p> <p>According to PREA policy, Outside IN does not employ medical staff and does not provide medical services to staff at their facility. In discussions with the PREA Coordinator, they have contracts in place with Excella Health Latrobe Hospital, and Dr. Stephen Mills from Latrobe, PA for general medical needs for all the residents. He is located off-campus and the residents are transported there by staff for all their medical needs. Any resident requiring more extensive medical needs, emergencies, or PREA-related SAFE/SANE would be immediately transported to Latrobe Hospital emergency Department.</p> <p>Summation</p> <p>During the Auditors review of the data provided and interviews with management Outside In does NOT employ medical personnel and relies on the local community for these services, thus there is no training provided at the facility for medical staff.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.335 and all aspects therein.</p>



	There is no corrective action required.
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>I was able to review the pre-audit information, the PREA policy, pages 5-6 "Screening for risk or Sexual Victimization and Abuse", see the actual intake screening form (PREA Risk Assessment Screening), review the vulnerability assessment completed on several residents, speak to the PREA Coordinator, Director, and intake staff.</p> <p>The residents interviewed all indicated their reviews took place within the first 24 hours of their being sent to the facility. According to intake staff, all clients receive their vulnerability assessment as soon as possible but within 24-hours of commitment to the facility. This is done in conjunction with their PREA Education. I reviewed several resident files automated files to see this recorded data.</p> <p>During the on-site audit, no new residents were entering the facility, but I was able to have a staff member who does intakes explain and show me the process. Residents are interviewed for risk assessments for victimization and sexually aggressive behavior. Information is obtained through resident assessment data showed the questions asked to residents plus their review and any recommended services such as mental health assessments. The objective screening includes questions on previous sexual abuse or victimization. They are screened for sexual preference and status that they identify with (LGBTI). The Intake Screening documents used by the agency are kept confidential with the resident files. During this process, they document the resident height, body stature, and any disabilities. The policy outlines that each inmate will receive this assessment within the required 72 hours of acceptance into the program. It outlines that they are reassessed if moved to a different cabin on campus, every 90-days, any report/involvement in a sexual abuse/harassment, and every 30-days if the client is assessed as being "high risk" for either victimization or perpetrator of sexual abuse/harassment meaning they scored 17-points or higher on the objective screening system.</p> <p>Residents interviewed were able to vocalize their experience with the process and confirmed the process as required via the standard. All indicated it was done within the first day or the next.</p> <p>The facility has intake staff trained both through their training standards and under PREA standards to specifically screen on those vulnerability issues.</p> <p>Summation</p> <p>The agency-wide PREA Policy outlines the screening and system used. Resident</p>

	<p>interviews and the intake instructions provided by staff aligned the components of the standard. The PREA Coordinator provided examples of the vulnerability assessment that is utilized to gather data and identify any problem areas or concerns with residents. The data gives them the opportunity to have further evaluations and assessments or further training for the residents. It has steps built in for reassessment for multiple reasons including housing change, an incident, and those labeled as high risk. Upon review of each resident, all required information was immediately available without pulling paper files. Each file I looked at was well organized with ample data to assist in assuring the resident's safety and also establish a plan to address the residents' needs. If someone was reassessed, it was easy to see the flow of data and see where changes occur. The agency and Alliance house through the detailed information gathered to meet the needs of their residents have exceeded this standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility exceeded the requirement of this standard 115.341 and all aspects therein. There is no corrective action required.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>I was able to review the pre-audit data, the PREA Policy screening information section, screening/vulnerability assessment data from intake, speak with all the residents, Director, and PREA Coordinator.</p> <p>The PREA Coordinator verified that the information from the vulnerability assessment is used for housing, educational placement, work assignment, etc. I noted the information on each resident's assessment and within their files. I noted this in the PREA Policy on page 6 for use of screening information.</p> <p>Outside In does not isolate any residents in their facility per policy and is not equipped to do so. If there is a concern with a resident, they will keep the individual separated, utilizing their classification system and supervision to provide safety. Many staff would refer to the use of a "treatment plan" being adjusted for the residents' safety, reassignment to a different caban to separate, and assigning staff to one on one for that specific resident to assure safety.</p> <p>The information gathered by the agency includes sexual orientation, previous victimization/abusiveness, disabilities, stature, appearance, previous placements, abuse, etc. Residents were able to confirm the questions they were asked in achieving their placement status. Unit line staff explained how specifically they would use the information for multiple assignments including bed and room assignments, and programming designated for each individual.</p>

	<p>Noted in the pre-audit and confirmed on-site, there were no residents identifying as transgender or intersex. During interviewing I questioned residents on housing assignments or restrictions, they all stated they were or would be treated any differently from someone else no matter how they identified. The policy indicates that all residents have the ability to shower, change, and use the bathroom without being viewed by anyone. All residents verified this during my interviews.</p> <p>During the tour of the facility, the auditor noted that although a more industrial-type facility with the layout of a barrack the bathrooms and showers provided privacy to all residents. Staff explained that rules and policy dictate that bathrooms are one person at a time, with no exceptions. As indicated the facility does not isolate in this residential-type setting. This was listed in all policies/procedures and known by everyone interviewed.</p> <p>Summation</p> <p>When looking at this standard, Outside In does not isolate in any of their programs and that was clearly indicated through the review of data and interviews. The facility uses the screening information to assign housing and programming. The information through review met the standard and was kept confidential and secure on their network and only accessible by selected personnel. The cabins offer privacy for changing, bathrooms and showers while staff "lived" with the residents to assure in-depth supervision. Through the interviews, data review, and tour of the facility this auditor was able to see how the facility met the components of the standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.342 and all aspects therein. There is no corrective action required.</p>
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<b>115.351</b>	<p><b>Resident reporting</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>To adequately address the standard I reviewed the pre-audit information, their PREA policy, agreement with the Blackburn Center in Greensburg, PA, the postings provided and throughout the facility, reviewed the grievance policy, interviewed residents and staff, and spoke with the Compliance Manager/Director, and PREA Coordinator.</p> <p>The agency-wide PREA Policy describes multiple ways for residents to privately report including via the hotline (through the Blackburn Center), directly to ChildLine (Pennsylvania's DHS reporting agency) through their hotline, through a 3rd party (that give examples of their attorney, probation officer, etc) via a grievance form through their grievance policy, or privately to a staff member. Residents during</p>
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interviews at first reaction spoke of the phone offering 24/7 access to the Blackburn Center hotline. When pressed on the issue, they could provide various examples including telling your parents, telling a staff member, filing a grievance and placing it in the box, or even giving it to a supervisor. During my interviews with them, most stated they would go and talk to a staff member or "call Blackburn". I was able to test the speed dial on all their phones for the Blackburn Center in Greensburg. All residents were aware of this speed dial system.

The PREA policy spells out the monitoring steps and private ways to report retaliation, neglect, or abuse and many of the residents felt that telling that individual would be kept confidential. I did discuss this with the Unit Director who would monitor retaliation and explained this is part of the policy and posted throughout. I did note the posting in a variety of locations throughout the facility that was very large, organized, and easy to read by residents.

The PREA policy includes the agency will have steps in play for a resident to report outside of the agency. The PREA Coordinator explained their main way to report is the hotline with the Blackburn Center and the residents have access to report through PA Childline operated by the PA Department of Human Services. Each system allows the residents to report anomalously as well. The residents have access to the phone and their address is posted available for residents to write to them if they choose. Their information is provided as well, and the resident could explain to me their ability to use it. All were aware of the Blackburn Center. Some could not tell me where to find the information (postings) but could tell me that staff has the information available for them but they could use the phone at any time to call.

The facility does not have anyone nor do they hold for Civil Immigration Purposes.

The Auditor reviewed the agency-wide PREA Policy that states staff will accept reports of sexual abuse/harassment made verbally, written, anonymously, or from a 3rd party. During interviews with staff, all were able to articulate this including that they would first notify a supervisor or director then immediately place it in a written report as required for facility record.

Residents knew of the grievance system, although none had used it. They could explain to me they would put them in the box, but most would just hand them to staff. Residents indicated that they are provided with grievances, request slips, and paper/pencils on a regular basis and would have the ability to write. Mail materials are provided to them as well should they want to report that way.

In discussions with staff, they all indicated that they could confidentially report a complaint made to the Compliance Manager for a resident or if a resident came to them wanting to report on behalf of another it would be kept confidential. The PREA Coordinator could easily explain the process of a report being forward to him and they would gather information and that process would be confidential. The residents were aware of the implied consent forms they signed at admission, and that confidentiality would be in place unless it was something that was mandated to be reported.

	<p>Summation</p> <p>The documentation that was provided was verified by both staff and residents at the facility. They were able to articulate steps to report and residents appeared comfortable in using the multiple methods to report. They did not appear to have any reluctance to report to any staff member if they needed to. Most said they would prefer to go to a staff member in their cabin. The same was true with staff, they could identify facility PREA reporting standards and all went on to explain their roles as “mandate reports” under PA DHS, and all understood how they were mandated to report in the facility and through PA Childline.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.351 and all aspects therein. There is no corrective action required</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I was able to review the pre-audit information, the PREA Policy pages 6&amp;7 regarding Exhausting of Administrative remedies, use of grievances, their grievance procedure, along with interviews of residents, the Director, and PREA Coordinator.</p> <p>The Auditor determined through data and interviews that the agency is not exempt from this standard.</p> <p>The Auditor reviewed their use of the grievance system in the PREA Policy, and their separate policy that details the process. According to the PREA policy, staff shall accept all grievances and must act on the grievance immediately. The Resident Grievance Procedure lists that anyone can file a grievance on their own behalf and any that is related to sexual abuse or harassment can have the assistance of a 3rd party. During interviews with residents, they could discuss the grievance system and know about it but like other facilities, no one stated they have used the system. The PREA Coordinator confirmed no grievances filed over the past year for any reason. The residential director explained that the policy has no limitation for residents, they can still report sexual abuse/harassment without using the grievance system and indicates that the grievance is not referred to the staff member who may be involved.</p> <p>As noted earlier, the grievance system has not been used in the past 12 months. We discussed the components related to timelines for filing and answering. The</p>

	<p>grievance policy confirms a 48-hour turnaround with an official response within 5 days for all PREA-related grievances. They do outline that a grievance will be completed within the 90-day requirements of the standard and incorporate the 70-day extension as noted in the standard.</p> <p>The Auditor notes that the PREA addresses 3rd party filing. These 3rd party filings can occur and the policy addresses that all are logged and that a resident can have it not acted on, but it becomes part of the grievance log. The Procedure manual outlines discipline and does include “bad faith”. There was no data to review as indicated earlier, no grievances requests for relief have been filed by a resident or 3rd party.</p> <p>When meeting with residents, they all were aware of the Grievance Procedure, some indicated that they signed for the information when they went over their intake information. When questioned on 3rd party or filing on behalf of someone else, they all indicated they could do this and gave examples of parents, their Attorney, Probation Officer, and/or Childcare worker could do it for them.</p> <p>Summation The Auditor was able to evaluate the written procedure under both the PREA policy and the Grievance policy and compare it to interview information received as well as how it is handled at the facility according to staff and residence. The facility through the use of the PREA and resident Grievance Procedure falls within the components of this standard. The information was known by residents, and the documentation provided to the clients was easy to understand and met the standard requirements.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.352 and all aspects therein. There is no corrective action required.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>To look at this standard, I reviewed the pre-audit information including the PREA-Policy pages 7 and 8, the agency's agreement with the Blackburn Center and King and Associates, the posted information throughout the facility outlining their agreement with Blackburn, interviews with the residents, staff, Residential Director, and PREA Coordinator.</p>

Outside In has an agreement with the Blackburn Center to provide confidential victims services, 24/7 hotline support, and counseling for residents at their facilities. The Blackburn center is located in Greensburg, PA a short distance away. Their information is available at the facility posted for residents with addresses as well as the hotline for them to call. The contract spells out the victim's advocate as well. The Childline service also will provide such information and is available to residents as well. The agency has also secured a contract with King & Associates for mirror services to Blackburn as a backup and if there would be a conflict and a 2nd agency would be needed.

In speaking with facility staff all calls to the Blackburn Center through the hotline are confidential. The same is true for any letter sent to them by a resident. They stated that is a standard feature that they require with any contract they have. The phone call is a direct dial (speed dial) toll-free call and is available 24/7. This system was tested while onsite. Any mail going out is considered legal mail and not subject to any searches. The postings to the residents note that all contact is confidential whether it be call or mail. The PREA Coordinator indicated that they have other agencies that have the ability to provide support services to their agency such as King and Associates and the PA Department of Human Services.

The residents understand that some things they do will be monitored. They explained that they are told that phone calls are not monitored, and they believe that their dealings with Blackburn would be kept confidential. When speaking to the staff they indicated that specific calls such as hotline calls, and attorney calls are NOT monitored or recorded. I spoke with the residents on the consent forms they sign with the agency. The residents did understand that if staff had knowledge of sexual abuse/harassment they are mandated to report as part of their job and that such things would go above confidentiality requirements. Some could explain that this was only for the resident's safety and that both staff and those working for Blackburn were mandated, reporters.

The memorandum with the Blackburn Center covers emotional support counseling services in the contract. In discussions with the PREA Coordinator, he provided me with the additional contract with King and Associates counseling and victims advocating. I did note in postings throughout the facility there were toll-free numbers available for the residents to call for assistance. The numbers were for victim's advocate/counseling/support services. These postings were very well done laminated large posterboard-type. They were simple to read and offered flow throughout them to assist the residents with questions and direct them where to go for assistance.

The PREA policy indicates that residents will have full access to their attorneys and/or legal representatives, in many cases their Probation/Parole officer. Residents when questioned indicated that they can call their attorney any time and that they

	<p>are confidential calls. The facility staff confirmed that they have allowed the residents calls to their attorneys and they do give them privacy in doing so.</p> <p>The same is true regarding their parents or guardians. Residents expressed that they have not had any issues with contacting or seeing their parents.</p> <p>Summation The auditor was able to view the policy, see signage and informational posters about the facility for residents, and compare with the interview information. Management could explain the services and contract in place with ease. There were multiple postings and contact numbers available and the residents all knew how to access them.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.353 and all aspects therein. There is no corrective action required.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I reviewed the pre-audit information including the PREA Policy, review the agency's website, looked at posting in the facility, as well as spoke with residents, the PREA Coordinator, and Residential Director.</p> <p>The Auditor reviewed the PREA Policy section that refers to 3rd party reporting. The section of the policy is not large however it explains that Outside In will accept any PREA complaint from a third party. It also directs to their website that offers contact information for the PREA Coordinator and Residential Director for any concerns to be addressed by 3rd parties. Their website <a href="http://www.myoutsidein.org">www.myoutsidein.org</a> was easy to reach and easy to find the PREA information specifically related to 3rd party reporting.</p> <p>I discussed 3rd party reporting with residents and what they could explain. They all discussed the posting in the units and their education. They could give examples of people that could report, and that they could either call Outside In, Blackburn, or ChildLine. They were well versed and did not hesitate in their explanation.</p> <p>Summation The agency provides sufficient information to meet this standard through information in policy and on their website. During interviews, residents were aware of the postings and their right to report on behalf of another and also that someone including family could report on their behalf.</p>



	Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.354 and all aspects therein. There is no corrective action required.
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I took a look at the pre-audit information, PREA Policy pages 8 &amp; 9 under "Official response following a resident report", staff training curriculum, Pennsylvania Department of Human Service mandatory reporting laws related to 3800 standards, interviewed the PREA Coordinator, Residential Director Services, Human Resources Director, and line staff at the facility.</p> <p>The policy specifically states:</p> <p>a. Outside In requires all staff to report immediately to the PREA Coordinator any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p>b. Outside In requires all staff to report immediately to the PREA Coordinator any retaliation against students or staff who reported incidents of sexual abuse or sexual harassment.</p> <p>c. Outside In requires all staff to report immediately to the PREA Coordinator any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse/sexual harassment or retaliation.</p> <p>Through my interviews with management and line staff, they all could tell me what their requirements were as a mandated reporter under Pennsylvania law and the standards. Management staff could articulate steps that are taken when reports are made and discussed the confidentiality in the report, as did the staff. According to the PREA Policy along with staff responses, all those employed with Outside In are mandated to report to management, state agencies including the state police, and are not permitted to share the information and are bound by confidentiality standards and laws. This was also reviewed with the HR Director.</p> <p>In discussions with the PREA Coordinator, upon receiving a report of sexual abuse, he will report the allegation to the appropriate external authorities, alleged victims' parents/guardians, and the referring agency within 48-hours. This was noted in policy as well. He explained that this would happen as soon as possible if there would be an incident. The PREA Coordinator explained further that any report made by a resident, 3rd party, or another resident would be forwarded for investigation and reported immediately to the confinement agency, parent/guardian, etc.</p>

	<p>Summation</p> <p>The Auditor triangulated the information of the standard with the written PREA policy and the information gathered from interviews with staff and residents to confirm the facility is in compliance with this standard. There are steps built in that both management and line staff could discuss and give feedback on. The agency requires under state law all staff to immediately report and the PREA Coordinator will report to the legal authority within the 14-day requirement but does so under their policy within 48-hours.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.361 and all aspects therein. There is no corrective action required.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>To review this standard I looked at the PREA Policy, pre-audit information, training materials for staff, spoke with line staff, residents, management, PREA Coordinator, and the Residential Director.</p> <p>The agency PREA Policy simply states that "When Outside In learns that a student is subject to substantial imminent sexual abuse they shall take immediate action to protect that student from such abuse". I discussed this statement with staff and management to better understand their handling of the standard. Line staff referred me to the training materials on actually how they would do this, All explained that they would immediately move the resident from the aggressor and/or housing area/location. They further explained that they would immediately have a supervisor involved and protocol dictates the resident would have a cabin change to assure their safety. Some explained they immediately keep the resident at their side until a change would occur. None hesitated in their answers and said they do what was necessary to protect the resident. Staff interviewed were able to vocalize their understanding of protecting the resident and all through their responses were confident in their role as a guardian, per se, to assure the safety of the residents.</p> <p>In speaking to residents, they all felt comfortable that the staff and agency would take care of them if they needed it. They could give examples of how staff would move them if needed to another cabin. Their responses seemed genuine some stating they would do whatever was needed to assure the resident's safety. In speaking to management and looking at data, there were no issues noted as there were no allegations of abuse made in the previous year.</p>

	<p><b>Summation</b></p> <p>The Auditor was able to show through the data provided and interviews with both staff and residents that the facility's response is within the components of the standard. Staff interviewed were able to vocalize this procedure of the facility and as a mandated reported under PA DHS as well as part of their PREA and initial facility training. Through document review and interviews, there is substantial information to show that the facility meets this standard. Over the past year, there were no moves that occurred or documented that fell within this standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.362 and all aspects therein. There is no corrective action required.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I looked at the PREA policy, pre-audit information as well as spoke with the PREA Coordinator, and Residential Director.</p> <p>The agency's policy spells out: "Upon receiving an allegation that a resident was sexually abused while confined to another facility, the Chief Operating Officer (or designee) will notify the other agency within 72-hours of an allegation at their facility. Allegations of sexual abuse and/or sexual harassment reported to Outside In accordingly will be investigated in accordance with policy.</p> <p>During my discussions with the Director and PREA Coordinator, they both explained the policy and how the process would unfold in their system. They could easily explain the process for both addressing an issue and reporting an issue to another facility. They discussed that they haven't received any or had to report on any residents being placed in their facility over the past 12-months.</p> <p><b>Summation</b></p> <p>The Auditors evaluation of the overall policy and information provided from the management interviews pulls the information together for the facility to meet the basis of this standard. Although they report not having any incidents in the past year, I was provided with detailed steps of the procedure.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.363 and all aspects therein. There is no corrective action required.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

I was able to review the pre-audit information, PREA policy, Employee training documents related to first responder duties, as well as interviews with line staff, supervisors, Director/Compliance Manager, and PREA Coordinator.

The PREA policy page 9 indicates that:

"Upon learning of an allegation that a student was sexually abused, the first staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser (s)
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- c. (If the abuse occurred within a time period that still allows for the collection of physical evidence) request that the alleged victim and/or alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. "

Staff interviewed were able to recite the specific criteria that make up the components of the standard. They appeared well trained in this area and also understood how to respond. All explained the process they are required to take including notification to PA ChildLine as mandated under the law. When questioned further, they all explained that their priority would be to assure the safety of the student then assure the scene was maintained. They all explained their process for calling additional staff to assist and the Supervisor to get necessary steps in place including medical and investigative agencies.

According to management that I interviewed all staff is trained as first responders to assure the safety of all students at Outside In.

There were not any complaints filed at the facility over the previous year. When speaking with the staff I would give scenarios and ask how they would handle them. First responders could walk me through their training and how they would address the situation including the student's safety, calling for assistance, reporting, assuring crime scene maintenance, and evidence that may be on the student.

**Summation**

The Auditor feels the policy criteria and the information feedback from all staff interviews knowing their roles as the first responder was clearly understood by all and they could when ask to give specific detail to respond to a sexual assault in the facility, this meeting this standard. Although there was no incident over the past 12-months, staff could give detailed examples of their training, the policy, and how they would assure safety and maintain the scene for evidence.

	<p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.364 and all aspects therein. There is no corrective action required.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Auditor reviewed the PREA Policy, reviewed that flow chard data posted in all housing areas that outline for staff and residents their coordinated response, and spoke with the Director/Compliance Manager, PREA Coordinator, and facility staff.</p> <p>The agency's written plan is explained in a flowchart that is laid out for all staff and residents alike. The chart flows downward outlining four steps of the first responder from assessing the students needs, separating the victim from the perpetrator, calling for emergency assistance and emergency services, sealing the scene and maintaining evidence, contact with the Supervisor of the Day (SOD), and take statements to gather information. The SOD will take control of the incident, contact emergency services, notify the Hospital SAFE/SANE about the potential victim arrival, contact PA the state police (PSP), and ChildLine. They will also notify the on-call designated PREA Compliance Manager and PREA Coordinator. The Coordinator would assist in gathering any investigative information that PSP would need. The would make contact with the agency executive staff and review staffing patterns as part of the internal review to be done later.</p> <p>These posting are very organized, large and provide easy accurate information for all to review and understand. In speaking with line staff and management, they all could explain the coordinated response the facility has in play and give me examples of how it would they would address their specific role in the agency if an incident would occur. many of the staff interviewed referred to the training they received initially and the ongoing training at the facility related to their coordinated response. Some referred to their annual updates and went over scenarios related to how they would handle a situation. All staff were very confident in their responses and all relyed on their supervisors and indicated they would immediately notify them and other staff to assist and assure the victim was safe and the scene secured for the police.</p> <p>Summation</p> <p>The Auditor found evidence in the policies, outlined steps for all staff, and through staff interviews to show staff knowledge of the PREA policy is evident and the necessary tools are in place to meet the standards as outlined in their PREA Policy and directives were easily articulated among staff interviews.</p> <p>Based on available evidence and analysis at the facility this auditor has determined</p>

	that the facility is in full compliance with standard 115.365 and all aspects therein. There is no corrective action required
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>No bargaining unit(s) at the facility...Not applicable.</p> <p>Outside In is a private non-profit facility and does not have a collective bargaining unit representing employees. This was discussed with the Residential Director and PREA Coordinator while at the facility.</p> <p>Based on the review there is no union with a bargaining unit agreement in place, the agency is in compliance with standard 115.366, no corrective action is required.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I reviewed the pre-audit information, PREA Policy, interviewed the Director, Compliance Manager, Supervisors, and PREA Coordinator who all are responsible for monitoring retaliation.</p> <p>PREA Policy indicates that:</p> <p>"1. Outside In has a zero-tolerance policy that protects staff or students who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other students or staff. Any form of retaliation against those students or staff who report or cooperate in investigations will lead to disciplinary action.</p> <p>2. Outside In staff members responsible for monitoring students and staff for possible retaliation include the PREA Coordinator, PREA Managers, Supervisors, and Program Coordinators."</p> <p>They will utilize other cabins to move a student, increase access to a counselor, remove a student from the program (perpetrator) for failure to adjust, and put a staff member on administrative leave to assure the safety of the resident pending all aspects of the investigation. They will monitor the case with staff indicated</p>

	<p>above for 90-days in accordance with the standard and their policy but indicate that time may exceed that period of time to assure the safety of the student.</p> <p>In speaking to management, they could give me examples of how they would monitor by performing checks while in their cabin, classrooms areas, and directly meeting with the student to assure there were no further issues or concerns. They could explain the safety plans that would be put in place with the resident and that it would be discussed with the resident before it is set in play.</p> <p>The agency policy describes multiple methods of assuring protections and to assure there is no fear of retaliation among residents and any reporting staff.</p> <p>All monitoring would be documented on their log and maintained with the file of the PREA complaint information for data retention. It was noted when reviewing information and speaking with the PREA Coordinator and management that there have not been any complaints filed over the previous year and no monitoring had occurred.</p> <p>Summation</p> <p>The Auditor found that the PREA policy provided the necessary detail for the standard as did management and the Coordinators' knowledge on how to properly assure someone is free from retaliation thus meeting the standard. I was able to review the document used for monitoring and they gave examples of the process used in monitoring. All could explain the 90-day+ monitoring that would occur and the steps in place to move the alleged victim, perpetrator, or staff member to assure the safety of all.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.367 and all aspects therein. There is no corrective action required.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In a review of this standard, I looked at the pre-audit information provided, PREA Policy, interviewed the Director/Manager, PREA Coordinator, line staff, and residents.</p> <p>As noted under standard 115.342, the agency does not isolate students at the Outside In facility. They refer to that standard as part of this policy. In my discussions with management, staff, and residents they all confirmed that there is no isolation in place at this facility. When I discussed with management and line</p>

	<p>staff what would occur with a student should there be an incident they all confirmed several steps from moving either resident to another cabin, having one removed from the program, and providing one on one staff management of the student to assure his safety. When I interviewed line staff, they all indicated that their first priority would be to assure the safety of the resident and would take all necessary steps including one on one monitoring to assure their safety.</p> <p>Outside In is a barracks-style residential facility with open housing areas with easy resident movement...there are no locking "cells" or rooms as there would be in a secure environment. It was noted while observing the facility that there were no isolation areas.</p> <p>Summation It is this auditors' findings that the facility meets the requirements of this standard. First, the standard is built to assure that a resident is not punished for being a victim or making a report, and second to assure that the resident received necessary treatment, safety, and assistance (i.e. medical, educational, need-based programming). The agency is able to meet the components of this standard by not isolating at all.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.368 and all aspects therein. There is no corrective action required.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>To review this standard, I looked at the PREA Policy, spoke with the PREA Coordinator, Residential Director, Pennsylvania State Police Barracks in Greensburg, PA, PA Department of Human Services as well as a review of PA DHS website and the information therein. I also spoke to the Blackburn Center which operates their 24/7 hotline.</p> <p>Outside In does not conduct investigations and has no certified investigators relying on the Pennsylvania State Police and the PA Department of Human Services (DHS) ChildLine. Outside In staff and management will assist these investigators in all aspects of the investigation providing full access to their facility, residents, videos, and all evidence available related to any allegation or incident at their facility.</p> <p>In discussions with the PREA Coordinator, they would immediately notify ChildLine and the State Police of any incident or allegation filed at the facility. If the call was made directly to Blackburn, they indicated they would notify the facility and call</p>



ChildLine to advise of the complaint. ChildLine indicated they would immediately notify the state police and the facility of the allegation.

The state police would immediately dispatch a Trooper to the scene and assign a criminal investigator to assist where it was deemed necessary. They have training in crime scene investigation, the use, and preservation of physical evidence including DNA. They also have received training regarding investigations involving youthful offenders and children. PSP has a statewide procedure for the proper collection, identification, and chain of custody on evidence collection and storage. The state police are responsible under a memorandum of understanding to take the lead in all investigations. Accordingly, they will enter the scene, secure evidence, and interview the victim, perpetrator, and any witnesses to the alleged incident. Because the police complete the criminal investigation in the process, they then take the lead according to the PREA Coordinator. That being said, they make the decision to pursue the charges with the district attorney for prosecution.

The use of a polygraph is not part of the investigative process and is not applicable to any investigation. This was discussed with both Management and the state police.

During our discussion with management, they discussed how they must wrap up all investigations that are started and develop a conclusion with recommendations (if any). They will then deem the investigation closed. State Police would end all investigations with a report being filed to the facility. They use Pennsylvania State Police reporting software that would include the incident, those involved including witnesses and all interviews, and a list of physical evidence recovered. PA State Police employ Troopers as Criminal Investigators known as their "Crime Unit". Each barracks has investigators who would either take the lead on the investigation or assist the responding patrol trooper.

According to the PREA Coordinator reports submitted to the agency are kept according to the PREA standard plus 5 years after the resident's release or the staff no longer being employed by the agency. The PA DHS standard mimics this as well. The PREA policy indicated that any investigation will be completed no matter if either the abuser or victim has left or been removed from the facility. In interviews with the PREA coordinator, he explained that the investigation would continue fully until complete. Of my review, there have not been any PREA investigations or complaints filed for well over a year. I could however through my discussions with the PREA Coordinator, management, the State Police, and ChildLine personnel establish a protocol for investigations at the facility and were able to explain the process to meet the standard should they have an incident or complaint arise.

#### Summation

The policy and document review along with the answers provided by all interviewed led this auditor to evidence that the agency meets the requirements of this standard regarding criminal and administrative investigations. Those interviewed were very sure and confident in the protocol and steps that will be taken in all steps of the process. The written policy along with the contracts in place with the PA State

	<p>Police and the Blackburn Center established the components of the standards, and those interviewed were able to articulate the steps to be taken to assure an investigation would occur promptly and in alignment with the standards.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.371 and all aspects therein. There is no corrective action required</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following information was used to review this standard: Pre-audit information, PREA Policy, PSP investigative protocol, interviews with the PREA Coordinator, Residential Director, and PA State Police.</p> <p>Outside In does not conduct any form of criminal or administrative investigations relying on the PA Department of Human Services and the State Police. In speaking with the state police they, under their state standards shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, as the PREA standard states. According to the criminal investigators, all the state police troopers and investigators are trained in proper investigative techniques in dealing with related offenses.</p> <p>Summation The PREA policy and the information provided from interviews with the state police together show that the policy is in place for this procedure as well as those interviewed being able to explain the steps therein providing sufficient information that the agency is in compliance with the standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.372 and all aspects therein. There is no corrective action required.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>I reviewed the pre-audit information, the PREA Policy, interviewed the PREA</p>

Coordinator, staff, and residents.

Outside In will inform any student who makes an allegation or has suffered sexual abuse while at the Outside In facility as to the outcome of the investigation as to it being substantiated, unsubstantiated, or unfounded. This is done through direct work with the investigative agency (PSP, PA DHS) receiving relevant information on all investigations being completed at the facility.

The PREA Policy in relation to staff members states the following:

Following a student's allegation that a staff member has committed sexual abuse against the student, Outside In will inform the student (unless the allegation is determined to be unfounded) whenever:

- a. the staff member is no longer working within the student's cabin
- b. the staff member is no longer employed at Outside In
- c. Outside In learns that the staff member has been indicted on a charge related to sexual abuse within the agency
- d. Outside In learns that the staff member has been convicted on a charge related to sexual abuse within the agency

During my interviews with the PREA Coordinator, Director, and HR Director they all could explain that under state mandates and PREA standards the agency maintains a zero-tolerance policy in dealing with any such issue related to a student and staff member. They explained that they would immediately remove the staff member from working near that resident pending the investigation. based on the information and what occurred, the HR Director stated they may have the staff member removed from the facility pending the investigation. Termination was presumed in all substantiated cases related to staff on resident complaints.

If a criminal case was filed against a staff member or student, Outside In policy also spells out a notification to the student/resident on charges being filed, the status of the case, and the outcome (conviction or acquittal) of the charges.

#### Summation

The Auditor through review of policy and interviews this auditor was able to link the policy with the response of personnel in following the standard. Although I was not able to review previous data for reporting I was able through my interviews with management and the HR Director to see the steps and process for notifications to residents/students.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.373 and all aspects therein. There is no corrective action required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

I looked at the pre-audit material, PREA Policy, HR PREA policies related to staff discipline, interviewed the Residential Director, HR Director, and PREA Coordinator.

According to Human Resources procedures and the PREA Policy, "Disciplinary Sanctions for Staff", gives information that all employees will be subject to disciplinary action up to and including terminations for any violation related to sexual abuse and/or harassment.

I was able to meet with the Human Resources Director to review their policies, it was explained that there are several levels addressed in their policy, however, under both the PREA and facilities zero-tolerance policy, the individual would be terminated. This was also discussed of the 3800 standards for Pennsylvania DHS and licensing requirements for such residential facilities.

Termination according to HR would be presumptive for the zero-tolerance violation and the fact that the PA Department of Human Services states that an individual convicted in relation to a child abuse/sexual abuse shall not be permitted to work in any such facility in Pennsylvania.

The PREA policy does describe levels of disciplinary sanctions regarding issues of sexual abuse/harassment. The policy specifically addresses the zero-tolerance and sexual abuse/harassment issues with staff/residents. Under the Pennsylvania Office of Labor Relations, they describe disciplinary sanctions against an employee must be standardized and equal when administered. I did discuss this with the HR Director and Outside In followed these guidelines in their policies and the PREA standards.

Policy dictates that all information on ANY allegation is reported to law enforcement for investigation. All Management explained that this is mandatory in all cases and would occur upon immediate notification of the incident. When given scenarios of potential incidents that could occur, management and staff alike could give examples of how it would be handled in accordance with the PREA policy and State DHS requirements. I

Accordingly, the PA Department of Human Services mandates every licensed agency within the state to immediately notify them of the violation, the individual and whether they were terminated and/or disciplined as well as the status of the criminal investigation. I was able to find this information through internet research of PA DHS.

**Summation**

Upon review of the policies and the information provided during interviews with managers and the Human Resources Department, I was able to see that the

	<p>elements of the standard are in place and there is an understanding by personnel as to the process that could occur for an employee. As they all noted, Pennsylvania Standards and their policies would remove the staff member from service.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.376 and all aspects therein. There is no corrective action required.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>With this standard, I was able to review the PREA Policy, pre-audit information, human resources information, interview the PREA Coordinator and Director of Human Resources.</p> <p>The PREA Policy section titled “Corrective action for Contractors and Volunteers”, stating that anyone with inappropriate contact with a resident will be referred to law enforcement for prosecution as well as reporting to any licensing authority. This was discussed with management personnel who all were very aware of the procedure and that of the PA DHS their governing body mandating reporting on ANY issue.</p> <p>Interviews with the HR Director and the PREA Coordinator reiterated the policy and the zero-tolerance. The zero-tolerance policy is all-encompassing of anyone having contact at the facility. The PREA policy and HR standards are specific to restrict any person in violation of this policy. I was unable to interview any contractors or volunteers but was able to review the documentation for their training and requirements. Of the contractors, they are agencies coming in that require some type of certification or licensing that they are very aware could be in jeopardy. As noted under the PA Department of Human Services, they would NOT be permitted to access a facility in the state of Pennsylvania.</p> <p>Summation</p> <p>The auditor was able to review the policy and see the components of this standard were present therein. The interviews with various individuals provided the auditor verification of the policy and allowed me to see the policy in working. Management personnel could explain the policy to me and give me examples of how it would work.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.377 and all aspects therein. There is no corrective action required.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>As noted throughout, Outside In does NOT use any type of isolation for any reason with residents this includes but is not limited to discipline,</p> <p>I looked at the PREA Policy, pre-audit material, interviewed the PREA Coordinator, Residential Director, staff, and residents.</p> <p>The PREA Policy states:</p> <p>"Outside In prohibits all sexual activity between students.</p> <p>a. In cases involving student-on-student sexual abuse or involving non-coerced sexual activity, the student perpetrator/participants will be subject to disciplinary action up to and including termination from the program and/or referral for additional treatment services. This disciplinary action will result only in circumstances in which an official administrative/criminal finding of guilt exists.</p> <p>b. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for the comparable offense by other residents with similar histories. Students at Outside In will NOT be placed in isolation.</p> <p>c. Outside In's disciplinary process will take into consideration the resident's mental disabilities or mental illness when deciding on a sanction.</p> <p>d. In cases where a student perpetrator remains in care at Outside In they will be afforded the necessary counseling to assist them in their rehabilitation. This counseling will be provided in conjunction with the Blackburn Center or King and Associates. Failure to participate in these services will not bar a student from engaging in general programming.</p> <p>e. Outside In disciplines students who have sexual contact with staff if the staff member did not consent to such contact.</p> <p>f. Outside In prohibits disciplinary action against students for reports of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>g. Outside In has a Zero Tolerance policy toward a student on student sexual activity, regardless of whether the activity is coerced or consensual. In cases in which the activity is consensual, Outside In will not consider it to be sexual abuse. "</p> <p>Although the PREA Policy spells out the required steps of Disciplinary sanctions for</p>

residents, they have not recorded any issues within the previous year. Accordingly, the disciplinary sanctions at the facility This facility like others use reward systems for privileges for the residents. Should there be an issue, instead of discipline, the agency may take privileges or not issue privileges to the resident. When I spoke to residents, I did ask several what would occur if they gave a false report and all indicated that they could get in trouble for that.

The PREA Coordinator was able to verbalize the components of the policy and how they applied to the standard. He explained that they consider any mental health issues and provide counseling opportunities through their contracted agencies for mental health and general counseling should that be a recommendation as part of the disciplinary sanction. It was noted that the agency will not restrict programming/ classes as a disciplinary sanction. I discussed counseling opportunities with the Blackburn Center in a review of the programs offered to the facility.

**Summation**

The auditor was able to review the policy and see the components of this standard were present therein. The interview with management and residents provided the necessary background to the agency's policy that they do not isolate for discipline and do not always place disciplinary sanctions in place. In relation to this facility, there were no disciplinary sanctions instituted over the previous year and they would also have the option for suspended privileges to assure residents receive their requirements of the standards and their program.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.378 and all aspects therein. There is no corrective action required.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Outside In does not have onsite medical staff...all medical and mental health services are contracted to outside agencies.</p> <p>To understand these components of this standard I reviewed the pre-audit information, PREA Policy, facility assessment information, PREA information regarding medical needs, review of the informed consent form, contracts for medical/mental health/counseling with Excelsa Health, Dr. Stephen Mills with Excelsa Health for general practice medicine, the Blackburn Center, and Kling &amp; Associates, as well as an interview with the Residential Director, Medical Coordinator, and PREA Coordinator.</p> <p>This Auditor reviewed the PREA Policy section on Medical and Mental Healthcare</p>

states that prompt access to medical and mental health services to include ongoing care for sexual abuse victims and abusers. The assessment tool to screen for previous sexual abuse, victimization, and potential/previous abusers, and has been completed on ALL residents. The PREA Policy requires its completion during initial facility screening. I reviewed case file data that was collected and how the agency complies with assessment information. The screens are completed initially on the first day, 2nd at the latest. I could see where the system would flag certain issues like a potential victim or potential/previous abuser and that mental health follow-up was set in play by staff and the points system of the software within the 14 days screening. The PREA policy and all the data viewed on all residents established the 14-day standard.

The documentation according to policy and staff interviews is all restricted specifically for medical and mental health use and includes in-house staff as deemed necessary by management to have access. The information that is available to staff, IS considered confidential and only available to specific staff at that facility and within required laws.

Policy dictates that follow-up meetings and services will be discussed with the resident with previous victimization, previous perpetrator, or identified as high risk during the screening process. The designated cabin counselor will document the offer of follow-up services to the resident and document their response, then facilitate follow-up care and transportation from the facility to the community agency. This will all be documented according to staff and management and was noted in the policy.

The screening documentation was easy to review and detailed from the initial interview as was all follow-up information in the student's digital file. When speaking to counselors and intake staff, they could easily explain the process of gathering the information and arranging follow-up services. Even though there was no on-site medical/mental health care, staff could explain the process of providing outside services for any needs the residents would have, The agency's computer system is very user-friendly and allows the agency not only to track and assure the screening was complete flag concerns, and schedule follow-up.

The information was extensive but easy to follow and review. It was noted during my review of documentation and discussions with staff/management they put a lot of time into the information gathered.

#### Summation

The auditor was able to review the policy and see the components and how they work. Essential staff members were able to articulate the policy and how their assessment data and consent form were used, providing additional data that fulfills the standard. The agency staff is very versed in its software and policy. The information was extensive and well managed to assure proper care for all residents.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.381 and all aspects therein. There is no corrective action required.



<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 456">Outside In does not have any medical/mental health staff on site, but works with Excela Health at Latrobe Hospital, through contracts with the Blackburn center, and King &amp; Associates both for victims' services and mental health counseling.</p> <p data-bbox="280 497 1477 654">I completed this standard by reviewing the pre-audit material, the PREA Policy, posting in the facility, and interviews with the Residential Director, PREA Coordinator, Medical Coordinator, Latrobe Hospital emergency staff, Blackburn staff, line staff, and residents.</p> <p data-bbox="280 694 1481 1146">This Auditor reviewed PREA Policy related to student access to emergency medical services that outlines unimpeded access to emergency medical and mental health care by residents. The Blackburn Center contract offers victims advocate and counseling services. The SAFE/SANE posters in the facility provide residents with another level of information on the standard including access to King &amp; Associates for the same service. The PREA Coordinator and Medical Coordinator during interviews were able to vocalize the agency offered complete medical care as needed to all residents. The Coordinator went on to explain that if there were a need related to a sexual assault the student would immediately be taken by the local ambulance and have the individual taken directly to Latrobe Hospital Emergency Department for treatment immediately.</p> <p data-bbox="280 1187 1461 1424">The agency does not complete forensic medical exams and relies on this service from its affiliation with Latrobe hospital. In discussions with management and line staff at the facility, it was noted that first responders will immediately notify their supervisors, secure the victim/abuser, and assure evidence is collected/maintained for the police. This was seen in policy and explained back to me during these interviews.</p> <p data-bbox="280 1464 1469 1621">Policy and discussion revealed that any such incident arising would immediately require the resident to be taken for emergency medical treatment at the local hospital emergency room. The policy requires all services to be free and medication for any STD.</p> <p data-bbox="280 1662 1477 1908">Follow-up care would be provided through Latrobe Hospital or through their contract with the local medical family practice, Dr. Stephen Mills, who provides regular physicians services to all residents at Outside In. In discussions with Latrobe hospital, I was referred to the Emergency Department. They would provide 24/7 unimpeded access to medical services as well as follow-up services for anyone within Outside In as per contract as well as anyone entering the hospital.</p> <p data-bbox="280 1948 443 1984">Summation</p> <p data-bbox="280 1993 1469 2065">The Auditor found that the facility PREA Policy, contracts with the Blackburn Center, King &amp; Associates, and Latrobe Hospital related to medical and mental health</p>

	<p>services specifically breaks down the standard components to address resident needs. The interviews completed allowed the Director, PREA Coordinator, and shared their knowledge of the agency's standards and relate how they work at the facility. The Facility works within the components of the standard by their written policy and actions in addressing medical needs. Having a contract for general physician's services also would allow for residents to have medical care in such situations and for follow-up.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.382 and all aspects therein. There is no corrective action required.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>I looked at the pre-audit material, assessment forms and data, their PREA policy, the contract with Blackburn, King &amp; Associates, Doctor Care, and Hospital care, as well as interviewed the PREA Coordinator, Medical Coordinator, and Supervisors. It should be noted this is an all-male facility.</p> <p>This Auditor reviewed the student assessment tool, and data collected indicating ongoing treatment for victims and abusers; PREA Policy page 12 related to ongoing medical care. I also reviewed the contract with the Blackburn Center and King &amp; Associates that provides ongoing Victims advocate and treatment counseling services to the facility. As discussed previously, there is no on-site medical staff at the Outside In facility.</p> <p>According to the PREA Coordinator, they work closely with the listed agencies for victims' services and mental health counseling. They work with Excelsa Health via the Latrobe Hospital for continued medical follow-up as well as Dr. Stephen Mills a general practice physician under the Excelsa Health network. In discussions with Blackburn and Latrobe hospital, they explained the processes they would go through to provide services to any resident at Outside In who had been involved in sexual abuse and how follow-up care would be consistent with community-based services.</p> <p>The PREA Coordinator also explained and provided information related to victims' services providing ongoing care for any individuals identified as a victim or abuser. The use of the assessment tool data would allow the agency to assure proper follow-up care and track its' completion. It was noted through the information provided and during my interviews that there have not been any cases where residents needed these services over the previous 12+ months. Policy dictates the 60-day</p>

	<p>window for mental health services for residents and it was discussed with multiple staff during our meetings.</p> <p>Because this is an all-male facility, pregnancy testing is not offered.</p> <p>Summation The Auditor reviewed the information provided and the answers to questions asked to review the components to get a picture of this standard. Through the review of policy, contracts with outside agencies, and discussions with management and contractors they were able to explain the process in accordance with the policy. It is easily identified and the practice of the facility is “immediate response”. Looking at the information presented, the facility meets the components of this standard. through the documentation and understanding of the standards.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.383 and all aspects therein. There is no corrective action required.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I reviewed the pre-audit information, PREA policy, procedure manual, survey of sexual violence summary, interviewed the PREA Coordinator, Medical Coordinator, Residential Director, the supervisor, and line staff.</p> <p>PREA Policy states that the PREA Coordinator will conduct a formal leadership review of all sexual abuse incidents that occur at the Outside In facility. This formal review will occur with all staff involved in the incident, referring agency, associated parties included in the incident (this does include PSP and/or DHS if available). The policy also indicates that this review must occur within 30 business days of the incident occurring and/or being reported.</p> <p>The review team shall consider:</p> <ul style="list-style-type: none"> <li>- Whether there is a need for policy change or facility practice; the motivation (if any) behind the incident; access the facility and area where the incident occurred, looking for blind spots, staffing level issues, and video monitoring. Following the review, this all shall be summed in a report to the Associate Director of Residential Services.</li> </ul> <p>According to policy and in discussions with staff the meeting would have the PREA Coordinator, Medical Coordinator, the Supervisor of the Day (SOD) involved in the incident, PREA Managers, line staff involved in the incident, PSP, Blackburn center staff, and the COO.</p>

	<p>Although there were no PREA incidents or reviews over the past 12+ months, staff and management I spoke with could explain the process they would use, how they would report, and how all present at the meeting would be logged for the meeting report. The PREA Coordinator explained that in his role, he would organize the meeting, the agenda, and the final report to management. I could review the procedure and reporting documents for a meeting if one would occur. They would the who, what, where, and when, and listed all those individuals from the facility and agency involved in that review.</p> <p>All supervisors and management I spoke with at the facility could explain this process in the review of such an incident. The data from their review could be used to change policy, operations, camera placement, and staffing at the facility.</p> <p>Summation Staff interviewed were able to articulate the use of the review team and how it worked within the PREA Policy. The PREA Policy outlines necessary components of the standard. The PREA Coordinator explained that the criteria of the standard are outlined and walked through with the committee. The Auditor was able to use the data along with his understanding of the process and component to establish that they are the components of the standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.386 and all aspects therein. There is no corrective action required.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>To understand this standard I reviewed the pre-audit information, PREA Policy, the Survey of Sexual Violence Summary, PA Department of Human Services data retention requirements, interviews with the PREA Coordinator, Director, and Compliance Manager.</p> <p>This Auditor reviewed the PREA Audit questionnaire and the PREA Policy labeled as Data Collection that indicates the Supervisor of the Day (SOD) is responsible to gather all data for the part of campus where the incident occurred and getting it to the PREA Coordinator and PREA Manager. The sexual abuse checklist will be used as a guide to assure all necessary data was gathered. All data will be kept in what is known as a "hot file" by the PREA Coordinator until the completion of the investigation.</p> <p>As indicated previously, there were no complaints or investigations this past year-plus. All finalized data is published annually and is available through the agency website. It is in line with the survey of sexual violence summary in the requirements</p>

	<p>needed. It was noted on their website during my review along with the PREA policy section on data collection and retention. It is noted in policy that all data will be published by June 30th as required by the Department of Justice.</p> <p>As noted throughout the report, the agency does not contract for services with any other agency, dealing independently for each resident thus not reporting to or from other such agencies.</p> <p>Summation The Auditor through the PREA policy and interview with the PREA Coordinator was able to correlate the policy and data I reviewed that was articulated by PREA staff. They were able to relate how they handled this data back to the Auditor and also discuss how the PA DHS standard related. This information together brings the facility into compliance with the components of this standard.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.387 and all aspects therein. There is no corrective action required.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I looked at the pre-audit information, PREA policy data review for corrective action, PA DHS data retention requirements, interviews with the PREA Coordinator, and compliance manager.</p> <p>That policy states, "All incidents of sexual abuse will be reviewed annually with PREA Coordinator, the PREA Managers, and Agency Leadership Team to assess and improve the effectiveness of its sexual prevention, detection and response policies, practices and training including problem areas, corrective actions and annual report preparation of the findings and corrective actions for each facility as well as the agency as a whole. Said report will include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse".</p> <p>In speaking to the PREA Coordinator he explained that the data is placed into a report, a spreadsheet for their annual report, and data review. This is done on a regular basis and is part of their agency management team reviews to make necessary changes to a facility or policy to better meet the needs of their residents.</p> <p>Through the interview with the PREA Coordinator, he was able to explain how the data is prepared, and how they address corrective action. I was able to review their annual report that is made available on their website. He also discussed redacted data, if there would be any, it would be confidential personnel information.</p>

	<p>Summation</p> <p>This auditor was able to review the policy and match the information provided by the PREA Coordinator to see the components of the standard. As noted, the agency publishes an annual report and it is posted on their website. They use this information on a regular basis to assure safety and security for all residents and staff at their facilities.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.388 and all aspects therein. There is no corrective action required</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I was able to look at the PREA policy, PA DHS retention requirements, and speak with the PREA Coordinator</p> <p>.</p> <p>This PREA Policy section under data storage, publication, and destruction states that all incidents of sexual abuse will be reviewed annually with the PREA Coordinator, PREA Managers, and Agency Leadership to assess and improve the effectiveness of its sexual prevention, detection, and response. They will evaluate policies, practices, and training including any problem areas, corrective action, and annual report preparation of the findings. This data is summarized in a report and if applicable will compare data from the previous years and provide an assessment of the agency's progress in addressing sexual abuse.</p> <p>The policy indicates the data will be published annually on the agency's website. This information was there and noted during my review. In discussions with the PREA Coordinator, he indicated that he would be responsible for the retention and also redaction of any personnel information from the reports that are made public. According to the Coordinator and policy, the data is maintained securely in his office and on their computer system under his care for the 10-year requirement. The PREA standard is also a state-mandated requirement for record retention for Outside In and a part of their licensing requirements.</p> <p>Summation</p> <p>The information provided to the auditor to review has all the components to adequately meet this standard. The PREA Coordinator provided detail of the storage and retention policy and how the data is made public.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.</p>

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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Upon arrival at the facility, I was met by Nathan, the agency PREA Coordinator, and introduced to the Residential Director for a brief meeting. We then went on a full facility /campus tour. I noted throughout the facility PREA Information including my audit notices posted for the residents and staff.</p> <p>This is the 3rd audit for the agency, their last being in February 2019.</p> <p>The Outside In Facility is a vast campus on several open acres in Westmoreland County in western Pennsylvania. They began service in 1985 as what was deemed as a school for "Experimental Education". ; They presently run 2-separate programs known as Pathways and Voyagers. Both work with juvenile males...Voyagers are for behavioral juvenile justice and Pathways is a juvenile drug &amp; alcohol-based program.</p> <p>The Auditor was given complete access to the facility for a tour, visual observation, and private area in each section of the cabins and administrative building to conduct interviews with residents and staff.</p> <p>During my interviews, I questioned residents on my information being available to them and their ability to contact me. They all were aware, pointing out the audit posting and the poster located in the day area and hallways of the facility. They were able to vocalize their ability to contact me prior to the audit. All residents stated they did not have any concerns and did not attempt to contact me prior. Also, none indicated they had filed any PREA complaints or indicated they were previously victimized.</p> <p>Summation Through the Auditor's observation, the information provided and interviews with residents, the facility was within the components to meet this standard. I was given full access to all areas of the facility, noted numerous postings throughout, and was provided with a private office area to conduct all my interviews.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.401 and all aspects therein. There is no corrective action required.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Summation

The Outside In School of Experimental Education, Inc. is a non-profit agency working with youthful male students in both behavioral and drug & alcohol treatment. They have been in operation since 1985. They have been audited under the PREA standards three times, with the last being in February 2019. That final report is available on their website under the additional resources tab and the PREA section. The report also is made available through their administrative office and under Pennsylvania's Right to Know Laws.

Based on this auditor's observation, the agency follows standard 115.403, no corrective action is needed



<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	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
	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
	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
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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
	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
	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
	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
	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
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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

	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
	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
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</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
<b>115.317</b>	<b>Hiring and promotion decisions</b>	



<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	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.)	na
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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 investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	



	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</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).)	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).)	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).)	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).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
	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
	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
	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
	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
<b>115.342 (b)</b>	<b>Placement of residents</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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
	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
	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
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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?)	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?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	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
	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
	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
	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
	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
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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

	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
	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
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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	na

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</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
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes



	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	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
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</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.)	na
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</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
	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
	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
	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
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	



	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes