

# PREA Facility Audit Report: Final

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

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/06/2024

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> Matthew A. Burns	<b>Date of Signature:</b> 11/06/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Burns, Matthew
<b>Email:</b>	preaauditor2015@gmail.com
<b>Start Date of On-Site Audit:</b>	09/30/2024
<b>End Date of On-Site Audit:</b>	10/01/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Outside In Residential Programs
<b>Facility physical address:</b>	196 Hamill School Road, Bolivar, Pennsylvania - 15923
<b>Facility mailing address:</b>	P.O. Box 639, Greensburg, Pennsylvania - 15601

Primary Contact
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<b>Name:</b>	Steve Frye
<b>Email Address:</b>	sfrye@myoutsidein.org
<b>Telephone Number:</b>	724-238-8441

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Justin Franco
<b>Email Address:</b>	jfranco@myoutsidein.org
<b>Telephone Number:</b>	724-238-8441 ext 105

<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>	Stephen Mills
<b>Email Address:</b>	smills@excelahealth.org
<b>Telephone Number:</b>	7245371435

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	82
<b>Current population of facility:</b>	55
<b>Average daily population for the past 12 months:</b>	52
<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>	12-18
<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>	79
<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>	0

### 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>	Steve Frye	<b>Email Address:</b>	sfrye@myoutsidein.org
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# Facility AUDIT FINDINGS

## 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
- 115.365 - Coordinated response

### 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:	2024-09-30
2. End date of the onsite portion of the audit:	2024-10-01

#### 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:	This auditor was able to interview a representative from the Blackburn Center. The Blackburn Center provides advocacy services to residents at this facility. Outside In Residential Programs has a signed Memorandum of Understanding with the Blackburn Center to provide advocacy services and emotional support to residents at this facility.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	84
15. Average daily population for the past 12 months:	57
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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>49</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>1</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>2</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>
<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></p>	<p>0</p>

<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>	1
<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>	1
<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 49 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, Facility Director, and staff during the on-site portion of this audit to determine there was 1 resident residing at the facility who had a physical disability, 2 residents who had a cognitive disability, 1 resident who identified as lesbian, gay, or bisexual, and 1 resident who disclosed prior sexual victimization on the risk screening. There were no residents residing at the facility who were hard-of-hearing or Deaf, had low-vision or were Blind, were limited English proficient, identified as transgender or intersex, or who reported sexual abuse in the facility.</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>59</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>0</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>6</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>There were 59 staff (36 direct care staff) and 6 contracted staff at this facility who have contact with the residents on the first day of the on-site portion of this audit (9/30/2024). There are currently no volunteers approved to enter this facility.</p>



# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

**53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:**

5

**54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)**

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

**55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?**

This auditor interviewed 10 of 49 residents (20.4%) residing at the facility during the on-site portion of this audit. Ages of the residents interviewed ranged from 13 years old to 17 years old. Random residents from each cabin were selected to be interviewed by this auditor. Residents interviewed length of time residing in this facility ranged from 3 weeks to 5 months.

**56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?**

- Yes
- 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>10 of the 49 residents (20.4% of the population) residing at the facility were interviewed in a private and confidential area. Ages of the residents interviewed ranged from 13 years old to 17 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse/sexual harassment, and were aware of the services which were available to them at the facility (including outside resources). All the residents interviewed stated that they feel safe at this facility.</p>
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**Targeted Inmate/Resident/Detainee Interviews**

<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>5</p>
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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><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>1</p>
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<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>2</p>
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<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>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Blind or had low vision.</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>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Deaf or hard-of-hearing.</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>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Limited English Proficient.</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>1</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>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who identified as transgender or intersex.</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>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files, and the resident roster. It was determined there were no residents residing at the facility who reported sexual abuse at this facility during the past 12 months.</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>1</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>There were no residents residing at the facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations in residential programs. During the tour of the facility, this auditor did not view any areas a resident can be isolated.</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>This auditor was able to interview five targeted residents (1 resident who was physical disabled, 2 residents who were cognitively disabled, 1 resident who identified as lesbian, gay, or bisexual, and 1 resident who disclosed prior sexual victimization on the risk screening). There were no residents residing at the facility who met any other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster to confirm these statistics.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<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 checked="" 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>This auditor interviewed 12 direct care staff employed at this facility during the on-site portion of this audit. Staff interviewed years of experience ranged from 2 months to 10 years. Staff from all three shifts were interviewed. All staff interviewed were knowledgeable of PREA and the agency zero-tolerance policy. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at the facility and they were able to discuss the PREA trainings that they have received. Staff reported that they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were also aware of their roles as mandated reporters and how to contact the Pennsylvania Department of Human Services Childline hotline and agency investigators to report allegations of sexual harassment and sexual abuse at this facility.</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>17</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>



<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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Director, 2 investigative staff responsible for conducting administrative investigations, 2 staff who conduct risk assessments, 2 intake staff, an upper-level staff who completes Unannounced Rounds, 2 staff who monitor retaliation, 2 first responders, 2 members of the Sexual Abuse Incident Review Team, and a Human Resources staff. There are no medical or mental health staff employed at this facility. All medical and mental health appointments are scheduled through outpatient medical and mental health practitioners in the community. This auditor also interviewed 2 contracted staff during the on-site portion of this audit.</p>

## 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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<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>During the first day of the on-site portion of the audit (9/30/2024), this auditor completed a detailed tour of the facility which took approximately 2 1/2 hours. This auditor was accompanied by the Agency PREA Coordinator and Facility Director during the tour. All areas of the facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the lobby, cabins, programming areas, school, and common areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.</p>
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**Documentation Sampling**

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><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 <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>This auditor reviewed 10 randomly selected resident files from the past 12 months for documentation verifying PREA education and risk assessments were completed as noted in the Zero Tolerance Policy. This auditor also reviewed 10 direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in the Zero Tolerance Policy.</p>
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# 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:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<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
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of sexual abuse at this facility during the past 12 months. Therefore, there were no investigative files for this auditor to review.

<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</p> <p><input type="radio"/> No</p> <p><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</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 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</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 abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no allegations of sexual harassment at this facility during the past 12 months. Therefore, there were no investigative files for this auditor to review.</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>There were no allegations of sexual harassment or sexual abuse at this facility during the past 12 months. Therefore, there were no investigative files for this auditor to review.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**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.**

- Yes  
 No

### 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

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<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>	
<b>Auditor Discussion Instructions</b>	
<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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs has a Zero-Tolerance Policy concerning sexual abuse and sexual harassment of residents and is committed to the prevention and elimination of sexual abuse and sexual harassment through compliance with the Prison Rape Elimination Act of 2003. Outside In Residential Programs is committed to the equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual harassment and sexual abuse. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual harassment and sexual abuse and forms the foundation for the facility’s training efforts with residents, staff, volunteers, and contracted staff.</p> <p>(b) Outside In Residential Programs Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states, “Outside In will designate an upper level PREA Coordinator as well as PREA Managers to oversee the compliance with PREA</p>

	<p>standards in all facilities.”</p> <p>Outside In Residential Programs has a designated Agency PREA Coordinator who has direct access to the Chief Executive Officer. His official title is Director of Supportive Services and Agency PREA Coordinator. This auditor reviewed the Facility Organizational Chart, confirmed the Agency PREA Coordinator’s position, and noted that he has direct access to the Chief Executive Officer. The Agency PREA Coordinator stated that he is committed to PREA and in implementing PREA in this facility. The Agency PREA Coordinator also reported that he has the support needed and sufficient time to develop, implement, and oversee the facility’s efforts towards PREA compliance and to fulfill his PREA responsibilities. He was interviewed by this auditor on October 1, 2024.</p> <p>(c) Outside In Residential Programs does not have a Facility PREA Compliance Manager as it is a stand-alone facility. All PREA related issues are handled by the Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Outside In Residential Programs Organizational Chart</li> <li>3. Outside In Residential Programs PREA Pre-Audit Questionnaire</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a - b) Outside In Residential Programs Zero Tolerance Policy states, “Outside In does not contract with any private agencies or entities for the confinement of students.”</p> <p>Outside In Residential Programs does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during interviews with the Agency Head and Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> </ol>

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> <li>1. Generally accepted juvenile detention and correctional/secure residential practices;</li> <li>2. Any judicial findings of inadequacy;</li> <li>3. Any findings of inadequacy from Federal investigative agencies;</li> <li>4. Any findings of inadequacy from internal or external oversight bodies;</li> <li>5. All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated);</li> <li>6. The composition of the resident population;</li> <li>7. The number and placement of supervisory staff;</li> <li>8. Institution programs occurring on a particular shift;</li> <li>9. Any applicable State or local laws, regulations, or standards;</li> <li>10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>11. Any other relevant factors."</li> </ol> <p>There were 49 residents residing at this facility during the on-site portion of this audit. The average daily population at the facility during the past 12 months has been 52 residents.</p> <p>The PREA Staffing and Video Surveillance Plan at Outside In Residential Programs addresses the facility staffing plan and requirements. The facility is currently budgeted for 41 direct care staff; 36 of those positions are currently filled and 5 are vacant. This plan was reviewed by the Agency PREA Coordinator, Facility Director, and Chief Administrative Officer on September 3, 2024.</p> <p>The facility is equipped with 97 video surveillance cameras (60 inside video surveillance cameras, 28 outside video surveillance cameras, and 9 vehicle video surveillance cameras). Recordings from these devices remain on a secure server for</p>



approximately 45 days. Video from all major incidents is reviewed by the Agency PREA Coordinator, Facility Director, and supervisors, and is retained on a database. It was noted during interviews with the Agency PREA Coordinator and Facility Director, that random video surveillance is also reviewed by the administrative team at the facility on a regular basis. This includes reviewing random video surveillance at the facility during all three shifts.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will document all exigent circumstances that deviate from the prescribed staffing plan."

The Agency PREA Coordinator and Facility Director reported that there have been no deviations from the staffing plan during the past 12 months. They stated that in the event administrative staff feel staffing ratios cannot be maintained during an upcoming shift, staff would be held over and paid overtime to meet the ratios. Interviews with the Agency PREA Coordinator and Facility Director confirmed that staffing is monitored shift to shift by the administrative team and supervisors, and that adjustments are made as needed to ensure the ratios are met. Staff schedules were also reviewed by this auditor to confirm compliance.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will maintain a student to staffing ratio of 1:8 during student waking hours and 1:16 during sleeping hours."

Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations also require all residential programs in the Commonwealth of Pennsylvania to meet the minimum staff to resident ratios noted in this standard (1:8 during waking hours and 1:16 during sleeping hours).

The PREA Staffing and Video Surveillance Plan states the facility runs at a minimum 1:8 staff to resident ratio during first and second shifts and at a minimum 1:16 staff to resident ratio during third shift. In addition, the facility employs a security guard during the overnight hours who makes additional rounds to check on the staff and residents and monitor the video surveillance cameras. This was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, resident rosters, and observations made during the tour of the facility that these ratios were being met on a regular basis. During the on-site portion of this audit, there were 49 residents residing at the facility and a minimum of two staff scheduled in each cabin during each shift.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Annually Outside In will determine and document whether adjustments are needed to the staffing plan, prevailing staffing patterns, video monitoring and resources facility has available to commit to staffing plan."

Interviews with the Agency PREA Coordinator and Facility Director during the on-site portion of this audit confirmed the PREA Staffing and Video Surveillance Plan is reviewed on an annual basis or more frequently if necessary. A review of the Outside In Staffing and Video Surveillance Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Agency PREA Coordinator, Facility

Director, and Chief Administrative Officer on September 3, 2024.

(e) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility."

This auditor was able to review Unannounced Rounds Tracking Forms from the past 12 months at this facility and it was noted these rounds are being completed by the Agency PREA Coordinator during waking hours and during sleeping hours monthly. The Agency PREA Coordinator was interviewed, and he was able to discuss how he completes the rounds, ensures minimum ratios are being met, and how his inspections of the facility are completed. The Agency PREA Coordinator also discussed how he makes sure the rounds are random by selecting different times of the day/night and days of the week to conduct the rounds. This auditor was able to review completed Unannounced Rounds Tracking Forms from the past 12 months (October 2023 to September 2024) to confirm Unannounced Rounds are being completed a minimum of twice per month during the past 12 months. After reviewing the Unannounced Rounds Tracking Forms, it was confirmed that Unannounced Rounds were being completed two times per month (once during waking hours and once during sleeping hours) by the Agency PREA Coordinator at this facility.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. 2024 PREA Staffing and Video Surveillance Plan
3. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
4. Staffing Schedules
5. Resident Roster
6. Unannounced Rounds Tracking Forms
7. Locations of Video Surveillance Cameras
8. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Administrative Staff who completes Unannounced Rounds
4. Random Staff Interviews

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.”</p> <p>Staff and resident interviews confirmed that cross-gender strip searches and cross-gender visual body searches are prohibited and do not occur at this facility. During interviews, staff could describe what an exigent circumstance would be and understood that would be the only time these searches would be permitted. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by any staff at this facility.</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy prohibits states, “Outside In will not conduct cross-gender pat-down searches except in exigent circumstances.”</p> <p>Interviews with the Agency PREA Coordinator, Facility Director, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at this facility. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. No staff interviewed reported they have ever completed a cross-gender pat search of a resident during their tenure at Outside In Residential Programs.</p> <p>(c) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.”</p> <p>Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the search on an Incident Report and notify a supervisor or administrative staff. This Incident Report would then be reviewed by the Agency PREA Coordinator and Facility Director and placed in the resident’s file. Residents interviewed confirmed there have been no cross-gender pat searches conducted at this facility during the past 12 months.</p> <p>(d) Outside In Residential Programs Zero Tolerance Policy states, “Outside In requires opposite gender staff to announce their presence when entering student cabins.”</p> <p>The Agency PREA Coordinator, Facility Director, and staff interviewed noted opposite gender staff are trained to announce their presence when entering a cabin at this facility. It was also noted during interviews with staff and residents that opposite gender staff are regularly announcing their presence upon entering a cabin. This practice was observed by this auditor during the tour of the facility.</p>

(e) Outside In Residential Programs Zero Tolerance Policy states, "Outside In prohibits the search of all transgender and intersex students for the sole purpose of determining the student's genital status."

Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff interviewed stated that if a resident's genital status is unknown, they would attempt to determine the genital status by having conversations with the resident and reviewing the case history of the resident.

There were no transgender or intersex residents admitted to Outside In Residential Programs during the past 12 months.

According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches completed at this facility during the past 12 months. This was confirmed during interviews with staff and residents during the on-site portion of this audit.

(f) Outside In Residential Programs Zero Tolerance Policy prohibits states, "Outside In will train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."

All staff at Outside In Residential Programs have been trained on the proper way to conduct cross gender pat down searches, and searches of transgender or intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are educated on this topic through the training video titled "Guidance on Cross-Gender and Transgender Pat Searches" upon hire and on an annual basis.

Documentation of the training and staff participation was provided to this auditor to review, and it was confirmed 100% of the staff employed at the facility involved in the supervision of the residents received this training. Staff interviewed were able to describe and discuss key concepts of this training to this auditor during interviews.

Reviewed documentation to confirm compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Staff Training Records
3. Tour of Facility

Interviews:

1. Interview Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews
4. Random Resident Interviews

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.”</p> <p>There were two cognitively disabled residents and one physically disabled resident residing at this facility during the on-site portion of this audit. All three of these residents were interviewed by this auditor during the on-site portion of this audit and stated that all their needs are met and that they know that they can go to a staff member to ask for assistance if they need assistance.</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse. It was noted during interviews that these residents would be able to meet one on one with a staff, supervisor, or teacher to ensure they comprehend the material presented to them. In addition, it was noted that a Case Manager reviews all PREA education material one-on-one with all residents upon intake and each resident is given an opportunity to ask any questions they may have to ensure they comprehend the material.</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.”</p> <p>The PREA brochure titled “End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment” is available to residents in both English and Spanish. There have been no limited English proficient residents admitted into the facility during the past 12 months; however, it was noted if a limited English proficient resident was admitted into the facility, they would receive the PREA brochure and all other</p>

information about the facility in Spanish. In addition, translation services are available to any limited English proficient residents admitted into the facility. These services are available through Voiance Language Services, LLC. Outside In Residential Programs has an agreement with Voiance Language Services, LLC, and provided this auditor with documentation confirming this agreement to review to confirm compliance. It was also noted during the tour of the facility that PREA posters in both English and Spanish are posted in each cabin and in all common areas of the facility.

There were no limited English proficient residents residing at Outside In Residential Programs during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations."

Staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and staff that there have been no circumstances during the past 12 months at this facility where resident interpreters, readers, or other types of resident assistants have been used.

Staff interviewed all understood there are interpreters available for the residents through Voiance Language Services, LLC, and were able to explain how they would contact an interpreter through this agency to provide services to the resident.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Agreement with Voiance Language Services, LLC.
3. Tour of Facility
4. PREA Posters

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews
4. Interviews with Cognitively Disabled Residents
5. Interview with Physically Disabled Resident

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

(a - b) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents who:

1. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;  
or
3. Has been civilly or administratively adjudicated of engaging to have engaged in the activity described above."

In addition, this policy states "Outside In shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor, that may have contact with residents."

This practice was confirmed during an interview with a representative from Human Resources as well as a review of 10 randomly selected employee files. In addition, it was noted that any staff who are hired at this facility is not permitted to work with the residents until all background checks are completed.

(c) Outside In Residential Programs Zero Tolerance Policy states "Prior to being hired or prior to being alone with students, or prior to being contracted for services for students, and consistent with applicable laws, Outside In or the contracting agency performs the following background checks:

1. PA Child Abuse Registry
2. National Sex Offender Registry ([www.NSOPW.gov](http://www.NSOPW.gov))
3. FBI
4. PA State Police

When considering persons for employment or contracted services for students, Outside In will make its best effort to contact all known prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Outside In will follow Pennsylvania Child Protective Service Law pertaining to all hiring, promotion and screening practices for all employees, contractors who have potential to be alone with our students. This will include training through the PA portal Recognizing and Reporting Child Abuse, receive clearances and verification of past offenses."

During an interview with a representative from Human Resources, he was able to

describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to an employee being offered employment and being able to work at Outside In Residential Programs with any residents.

All prospective employees go through four different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, Child Abuse History Clearance, and National Sex Offender Registry. These background checks must be completed a minimum of every five years. Upon receiving these clearances, copies are placed in the employee file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.

During the past 12 months, there were 71 employees hired at this facility who may have contact with residents. All randomly selected staff files contained the above-mentioned background information. This process was also confirmed during an interview with a representative from Human Resources.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents."

There are currently six contracted staff approved to enter this facility and have contact with the residents (all contracted staff are from Metz Culinary Management). During the past 12 months, there has been seven contracted staff approved to enter the facility (all contracted staff approved to enter the facility are from Metz Culinary Management).

All contracted staff are screened as noted in the above-mentioned policy as they are required to have three background checks completed prior to having contact with the residents at the facility. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, Child Abuse History Clearance, and National Sex Offender Registry. These background checks must be completed a minimum of every five years. Background checks for the contracted staff approved to enter this facility were forwarded to this auditor for review to confirm compliance.

(e) Outside In Residential Programs Zero Tolerance Policy states, "No less than every 5 years, criminal background checks will be conducted of current employees and contractors."

A representative from Human Resources was able to describe the process of completing background clearances on current employees and contracted staff every five years to ensure this facility is meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Childcare Regulations which also require current employees and contracted staff to complete background clearances a minimum of every five years. A representative from Human Resources



was interviewed and stated that his department maintains a system that notes when each background check was completed and when future background checks are due.

This auditor was able to review ten staff files and all contracted staff files to confirm background checks are being completed when the employee is hired and every five years after the initial background checks are completed.

(f) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will ask all applicants and employees who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The facility will also impose upon employees a continuing affirmative duty to disclose any such misconduct."

Outside In Residential Programs requires all applicants and staff seeking a promotion to disclose any misconduct during the application process. Failure to disclose information about previous misconducts shall exclude the applicant from hire and/or promotion. This was confirmed during an interview with a representative from Human Resources. In addition, the representative from Human Resources noted that all applicants are asked about previous misconduct while completing an application for employment and during the interview process.

(g) Outside In Residential Programs Zero Tolerance Policy states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

An interview with a representative from Human Resources noted any applicant that fails to disclose previous misconduct will not be considered for the position they have applied for. In addition, failure to disclose misconduct can also result in termination (depending on the nature of the misconduct that was withheld).

(h) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will 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."

When requested, Outside In Residential Programs provides information on substantiated allegations of sexual harassment or sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. This was confirmed during an interview with a representative from Human Resources.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Pennsylvania Department of Human Services 3800 Childcare Regulations
3. Outside In Residential Programs Employment Application
4. Outside In Residential Programs Disclosure Statement

	<ol style="list-style-type: none"> <li>5. Review of Randomly Selected Staff Background Checks</li> <li>6. Review of Contracted Staff Background Checks</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resources Representative</li> </ol>
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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>(a) Outside In Residential Programs Zero Tolerance Policy states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Outside In will consider the effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect residents from sexual abuse.”</p> <p>During an interview with the Agency Head, it was noted that Cabin 5 was completely renovated since the last PREA audit in 2021. The Agency Head stated that if there are any additional plans for expansion or modifications, the facility will continue to prioritize the resident’s sexual safety prior to approving any expansion or modifications at the facility.</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Outside In will consider how such technology may enhance the facility’s ability to protect residents from sexual abuse.”</p> <p>There have been numerous video surveillance cameras added to this facility since the last PREA audit in 2021. In addition, the facility had video surveillance cameras added to all transport vehicles since the last PREA audit in 2021. Interviews with the Agency Head, Agency PREA Coordinator, and Facility Director confirmed the video surveillance system is inspected and upgraded on an annual basis. Any upgrades to the video surveillance system are noted on the PREA Staffing and Video Surveillance Plan. It was noted that the current video surveillance system was installed in 2015.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. 2024 PREA Staffing and Video Surveillance Plan</li> <li>3. Tour of Facility</li> </ol> <p>Interviews:</p>

	<ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Agency PREA Coordinator</li> <li>3. Interview with Facility Director</li> </ol>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) The Pennsylvania State Police – Greensburg Station conducts sexual abuse investigations which are criminal in nature at Outside In Residential Programs. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are conducted by agency investigators. Outside In Residential Programs has formally asked the Pennsylvania State Police – Greensburg Station to comply with all PREA investigative standards in a formal letter dated September 9, 2024.</p> <p>A representative from the Pennsylvania State Police – Greensburg Station was interviewed by this auditor and stated that any investigator who would handle a sexual abuse investigation at this facility has been trained in a uniform evidence protocol. In addition, this auditor interviewed two agency investigators who are responsible for conducting administrative investigations at the facility. Both agency investigators interviewed noted they have completed investigator training titled “PREA: Investigating Sexual Abuse in Confinement Settings” through the National Institute of Corrections. Training certificates noting all agency investigators at this facility were requested and received by this auditor to confirm compliance.</p> <p>There were no allegations of sexual abuse at this facility during the past 12 months. Therefore, there was no documentation for this auditor to review regarding investigations.</p> <p>(b) Outside In Residential Programs is not responsible for completing any form of criminal sexual abuse investigations. All sexual abuse investigations for allegations which are criminal in nature are completed by the Pennsylvania State Police – Greensburg Station in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. This was confirmed during interviews with agency investigators and a representative from the Pennsylvania State Police – Greensburg Station.</p> <p>(c) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will offer all students who experience sexual abuse access to forensic medical examination through Excelsa Health Latrobe Hospital, Westmoreland Hospital, or alternate facility. Outside In will request that the student be examined by a SAFE or SANE at the hospital. Outside In will ensure that all of its students who require this</p>

level of care will receive this treatment free of charge.”

The Agency PREA Coordinator and Facility Director reported during their interviews that Independence Health System - Latrobe Hospital is where a resident would be transported for a forensic examination by a SAFE/SANE.

Outside In Residential Programs has signed Memorandum of Understanding with Independence Health Systems - Latrobe Hospital which states, “The hospital will provide examination by a Sexual Abuse Nurse Examiner (SANE) when possible. If a SANE is not available, the exam can be performed by a qualified medical practitioner. The attending Emergency Department physician will decide if transfer to a facility that has a SANE is warranted. All reasonable efforts will be to provide a SANE at this hospital.”

A representative from Independence Health System - Latrobe Hospital was interviewed by this auditor and was able to confirm the details of the Memorandum of Understanding and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to Independence Health System - Latrobe Hospital.

There were no incidents of sexual abuse involving penetration at this facility during the past 12 months that required a resident to be transported to Independence Health System - Latrobe Hospital. Therefore, there were no forensic examinations completed.

(d) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will offer all students victim advocate services through a rape crisis center, Blackburn Center.”

It was noted that any resident at Outside In Residential Programs is entitled to receive emotional support and advocacy services through the Blackburn Center. Outside In Residential Programs has a Memorandum of Understanding with the Blackburn Center to provide emotional support and advocacy services to all residents at this facility. This auditor was provided with a copy of the signed Memorandum of Understanding to confirm compliance.

A representative from the Blackburn Center was interviewed by this auditor and confirmed an advocate from this agency would respond to Independence Health System - Latrobe Hospital to provide emotional support and rape crisis counseling to any resident victim of sexual abuse.

(e) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will provide a qualified staff member to accompany and support the student through the forensic examination process and investigatory interview.”

Outside In Residential Programs has a Memorandum of Understanding with the Blackburn Center which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis

intervention, information, and referrals to the victim. This was confirmed during an interview with a representative from the Blackburn Center.

(f) The Pennsylvania State Police - Greensburg Station conducts sexual abuse investigations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services at this facility. All alleged incidents of sexual abuse at the facility are also reported to other appropriate authorities as required (including the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators). Outside In Residential Programs has formally asked the Pennsylvania State Police - Greensburg Station to comply with all PREA investigative standards in a letter dated September 9, 2024. This auditor was provided with a copy of the letter to the Pennsylvania State Police - Greensburg Station to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Pennsylvania State Police - Greensburg Station and two agency investigators to discuss the investigation process for allegations of sexual abuse at this facility.

(g) All criminal investigations of sexual abuse at this facility are conducted by the Pennsylvania State Police - Greensburg Station in conjunction with the Pennsylvania Department of Human Services. Outside In Residential Programs has formally asked the Pennsylvania State Police - Greensburg Station to comply with all PREA investigative standards in a letter dated September 9, 2024. This auditor was provided with a copy of this formal letter and interviewed a representative from the Pennsylvania State Police - Greensburg Station to confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Formal Letter to Pennsylvania State Police - Greensburg Station
3. Memorandum of Understanding with Independence Health System - Latrobe Hospital
4. Memorandum of Understanding with the Blackburn Center

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Agency Investigators
4. Interview with Representative from Pennsylvania State Police - Greensburg Station
5. Interview with Representative from Independence Health System - Latrobe Hospital
6. Interview with Representative from the Blackburn Center

<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>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.”</p> <p>There were no allegations of sexual harassment or sexual abuse at this facility during the past 12 months. Interviews with the Agency PREA Coordinator and Facility Director confirmed the referral process for any allegations of sexual harassment and sexual abuse to ensure all allegations of sexual harassment and sexual abuse are investigated by the Pennsylvania State Police – Greensburg Station (criminal investigations) or agency investigators (administrative investigations).</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy notes all allegations of sexual harassment and sexual abuse are referred to the Pennsylvania State Police – Greensburg Station (criminal investigations) and agency investigators (administrative investigations) for investigation. This policy is posted on the facility website. The Agency PREA Coordinator and Facility Director both stated during an open investigation, communication would be maintained between this facility and the Pennsylvania State Police – Greensburg Station through telephone calls, emails, and on-site visits.</p> <p>There were no criminal investigations conducted by the Pennsylvania State Police – Greensburg Station during the past 12 months at this facility.</p> <p>Information regarding the referral of allegations of sexual harassment and sexual abuse for investigation and other PREA related information is posted on the facility website. In addition, this information is also sent to the families of the residents and contracting agencies when the resident arrives at the facility. PREA related information is also posted in the cabins and all common areas of the facility and was observed by this auditor during the tour of the facility.</p> <p>All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations which are criminal in nature are conducted by the Pennsylvania State Police – Greensburg Station in conjunction with the Pennsylvania Department of Human Services and administrative investigations are conducted by agency investigators.</p> <p>(c) Outside In Residential Programs has formally asked the Pennsylvania State Police – Greensburg Station to comply with all PREA investigative standards in a letter dated September 9, 2024. This auditor was provided with a copy of the formal letter that was sent to the Pennsylvania State Police – Greensburg Station to confirm compliance with this standard.</p> <p>A representative from the Pennsylvania State Police – Greensburg Station was interviewed by this auditor, and stated his agency completes thorough</p>

	<p>investigations on each incident and contacts the facility at the completion of any investigation. An agency investigator would then conduct an administrative investigation following any criminal investigation. Interviews with two agency investigators confirmed that they investigate all allegations of sexual abuse and prepare a detailed investigative report at the completion of all administrative investigations.</p> <p>The Agency PREA Coordinator noted that following the receipt of an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a Sexual Abuse Incident Review is conducted by the Incident Review Team.</p> <p>There were no allegations of sexual abuse at this facility during the past 12 months.</p> <p>(d - e) All criminal investigations of sexual abuse at this are conducted by the Pennsylvania State Police - Greensburg Station in conjunction with the Pennsylvania Department of Human Services. Outside In Residential Programs has formally asked the Pennsylvania State Police to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor reviewed a copy of the formal letter that was sent to the Pennsylvania State Police - Greensburg Station on September 9, 2024, to review and confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Formal Letter to Pennsylvania State Police - Greensburg Station</li> <li>3. Facility Website</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Agency Investigators</li> <li>4. Random Staff Interviews</li> <li>5. Interview with Representative from Pennsylvania State Police - Greensburg Station</li> </ol>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will train all staff that have contact with students in all areas outlined in PREA Training & Education standards including but not limited to its zero-tolerance policy,

responsibilities, students' rights, freedom from retaliation, dynamics of sexual abuse and sexual harassment, common reactions, detection and response, inappropriate relationships, effective communication with all students, mandatory reporting and age of consent."

All staff receive an initial training titled "PREA: Your Role in Responding to Sexual Abuse" through the National Institute of Corrections. They receive this training upon hire. Current staff who received this training receive this training on an annual basis. In addition, the Agency PREA Coordinator stated PREA related topics are reviewed during staff meetings at the facility on a regular basis.

All staff interviewed reported receiving the above-mentioned training regarding PREA annually. Staff interviewed were able to discuss the training they received and discussed key points of the training. In addition, staff interviewed discussed reviewing PREA related topics during staff meetings at the facility. Training records from the past year were reviewed by this auditor and indicated all staff who may have contact with residents at this facility completed the training annually.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will ensure staff training is tailored to the unique needs/attributes and gender of students."

PREA training is provided specifically to this facility annually. Outside In Residential Programs is a facility that houses male residents; therefore, the training is tailored to that population. This auditor reviewed the training specific to those staff working with the residents at this facility. After reviewing this training, it was confirmed the training is tailored to male residents.

During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

(c) Outside In Residential Programs Zero Tolerance Policy states, "All employees will receive a refresher training yearly."

This auditor reviewed training records from the past year for all staff at this facility and confirmed all staff completed the PREA training titled "PREA: Your Role in Responding to Sexual Abuse" through the National Institute of Corrections.

Interviews with staff confirmed they received the training and understood the material that was covered in the training they received. All staff interviewed were able to describe key points covered in the training when prompted by this auditor during interviews.

(d) Outside In Residential Programs Zero Tolerance Policy states, "All PREA related training records will be signed or electronically verified by the employee that they understand the training they received and kept in the employee training file."

All staff who successfully complete the annual PREA training must electronically verify they received and understood the PREA training. This electronic verification notes each staff has received the training, understands the training, and will adhere



	<p>to information and requirements covered in the training. This auditor was able to review training logs from the past year and confirmed each staff at this facility electronically verified they understood the training they received.</p> <p>Interviews with staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, agency policies, and the residents and staff’s right to be free from retaliation for reporting allegations of sexual harassment and sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. PREA Training Curriculum</li> <li>3. Training Logs</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Random Staff Interviews</li> </ol>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will ensure that all volunteers and contractors that have contact with students be notified of the agency’s zero tolerance policy, be trained on their responsibilities to prevent, detect, and respond to sexual harassment and sexual abuse, and on how to report such incidents.”</p> <p>Outside In Residential Programs reported that there have been seven contracted staff approved to enter the facility during the past 12 months. There are currently six contracted staff approved to enter the facility (food services staff from Metz Culinary Management). There have been no volunteers approved to enter the facility during the past 12 months.</p> <p>During an interview with the Agency PREA Coordinator, it was noted all contracted staff and volunteers are required to complete the same training that staff at this facility are required to complete prior to having contact with any of the residents. All contracted staff successfully completed the PREA training titled “PREA: Your Role in Responding to Sexual Abuse” through the National Institute of Corrections prior to having any contact with the residents. This auditor requested and received training logs for all of contracted staff approved to enter the facility during the past 12</p>

months to confirm those contracted staff completed the required training.

This auditor interviewed two contracted staff from Metz Culinary Management during the on-site portion of this audit to confirm they received and understood the training they received.

(b) Prior to having contact with any of the residents in the facility, all contracted staff and volunteers are required to complete the PREA training titled "PREA: Your Role in Responding to Sexual Abuse" through the National Institute of Corrections. This auditor requested and received training records for all of the contracted staff approved to enter the facility during the past 12 months to confirm they received the required training prior to having any contact with the residents.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will keep documentation confirming that contractors understand the training they received."

Outside In Residential Programs maintains training records for all contracted staff and volunteers who have been approved to enter the facility and have contact with residents. All contracted staff/volunteer training records are kept on a database that is maintained by the Agency PREA Coordinator. The Agency PREA Coordinator and Facility Director were able to explain the process of educating a contracted staff or volunteer prior to them entering the facility to ensure they are aware of the agency PREA policies, their duty to report, and the importance of appropriate interactions with the residents.

There have been seven contracted staff approved to enter this facility during the past 12 months. These contracted staff completed the PREA training "Your Role in Responding to Sexual Abuse" through the National Institute of Corrections and signed an acknowledgement form noting they received, reviewed, and understood the training that they received. This auditor requested and received training records for all contracted staff approved to enter this facility during the past 12 months to confirm compliance.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Contracted Staff Training Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Contracted Staff

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) Outside In Residential Programs Zero Tolerance Policy states, "During the Intake process all students admitted to Outside In are educated regarding their rights to be free from sexual abuse and sexual harassment."

All residents admitted to Outside In Residential Programs receive the PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" during the intake process. In addition to receiving the above-mentioned PREA pamphlet, residents also review the pamphlet with an intake staff.

Residents interviewed were knowledgeable of PREA and were able to discuss ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received the PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" and reviewed this pamphlet with an intake staff at intake.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Within 10 days of intake all students are shown an age-appropriate video which outlines their rights to be free from sexual harassment and sexual abuse and to be free from retaliation from such abuse."

Comprehensive PREA education includes watching a PREA education video titled "PREA and Sexual Safety Education for Residents in a Confinement Facility" and meeting with a Case Manager to review the PREA material they received at intake. The video is approximately 10 minutes in length and is available in English, Spanish, American Sign Language, and Closed Captioned.

Interviews with residents at this facility confirmed they received this comprehensive education within 10 days of intake. All residents stated that they watched this video during their first day at the facility, after they completed the intake process. Interviews with two Case Managers also confirmed each resident watches the PREA video titled "PREA Sexual Safety Education for Residents in a Confinement Facility" and have a chance to ask questions when they finish watching the video.

Outside In Residential Programs reports there were 331 residents admitted into this facility during the past 12 months. All residents admitted into the facility received comprehensive PREA education within 10 days of their intake.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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."

This auditor interviewed two intake staff, and both reported that each resident admitted into the facility receives the PREA pamphlet titled "End the Silence: Zero

Tolerance for Sexual Abuse and Sexual Harassment” during the intake process. The intake staff interviewed were able to describe explaining ways to report sexual harassment or sexual abuse to each resident. The intake staff interviewed also noted each resident admitted into the facility receives a comprehensive PREA education session during their first day at the facility (after they complete the intake process). This comprehensive PREA education includes watching a PREA video titled “PREA and Sexual Safety Education for Residents in a Confinement Facility.” It was noted during interviews with intake staff that residents sign an acknowledgement form noting they received the PREA brochure titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” at intake and a comprehensive PREA education within 10 days of intake. This auditor reviewed 10 resident files for residents who were admitted into the facility during the past 12 months, and each resident file reviewed contained an acknowledgement form that included two signatures (one for the PREA information they received at intake and one for the comprehensive PREA education they received within 10 days of intake).

All residents interviewed confirmed they received both the intake education at intake (including receiving the PREA pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment”) and a comprehensive PREA education within 10 days of intake (including watching a PREA education video). All residents interviewed acknowledged reviewing ways to report sexual harassment and sexual abuse with a Case Manager at the facility.

(d) Outside In Residential Programs Zero Tolerance Policy states, “Students who have limited English proficiency, are deaf or have limited reading skills have the opportunity to have “Billy Speaks Out” read to them by their counselor and if necessary, Outside In will provide an interpreter through a local agency to assist with relaying the PREA education information.”

Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Interpretation services are available through Voiance Language Services, LLC. Outside In Residential Programs also ensures that key information about PREA is continuously and readily available or visible through posters posted throughout the facility in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility. This auditor was able to review documentation from Voiance Language Services, LLC to confirm that the facility has an agreement with this agency to provide interpretation services.

There were no limited English proficient residents at this facility to interview during the on-site portion of this audit. It was also noted that there were no limited English proficient residents admitted into the facility during the past 12 months.

(e) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will maintain documentation of resident participation in these education sessions.”

All resident education is documented on an acknowledgement form noting the resident received the PREA education. This acknowledgement form is signed and

	<p>dated by the resident upon receiving PREA education information. This acknowledgement form is kept in the resident’s file. This auditor was able to review 10 resident files, and each file contained the above-mentioned documentation confirming the resident received PREA pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” during the intake process and comprehensive PREA within 10 days of intake.</p> <p>(f) Outside In Residential Programs Zero Tolerance Policy states, “Outside In provides readily available education via postings throughout the facility.”</p> <p>All residents at this facility receive a PREA education pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” at intake and watch the PREA education video titled “PREA and Sexual Safety Education for Residents in a Confinement Facility” within 10 days of intake. Case Managers at the facility also review ways to report sexual harassment and sexual abuse with the resident during each education session. In addition, there were visible posters (in both English and Spanish) in the cabins, all common areas, and visiting areas of the facility that were viewed by this auditor during the tour of the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. PREA Education Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment”</li> <li>3. Signed Resident PREA Education Acknowledgement Forms</li> <li>4. PREA Posters</li> <li>5. Tour of Facility</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Intake Staff</li> <li>3. Random Resident Interviews</li> </ol>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) The Pennsylvania State Police – Greensburg Station is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse at this facility which are criminal in nature. Outside In Residential Programs has formally asked the Pennsylvania State Police – Greensburg Station to comply with PREA investigative standards. This was requested in a formal letter to the Pennsylvania</p>

State Police – Greensburg Station requesting investigations be conducted in compliance with the PREA standards. This letter was dated September 9, 2024, and a copy was provided to this auditor for review and to confirm compliance.

Administrative investigations at this facility are conducted by agency investigators. This auditor was provided with documentation noting all agency investigators completed the National Institute of Corrections PREA investigator training titled “PREA: Investigating Sexual Abuse in a Confinement Setting” to confirm compliance with this standard. Interviews with two agency investigators who complete investigations at this facility confirmed that they completed the training and understand their role as agency investigators at this facility.

(b) The Pennsylvania State Police – Greensburg Station is responsible for the investigation of all allegations of sexual abuse that are criminal in nature at Outside In Residential Programs. A representative from the Pennsylvania State Police – Greensburg Station was interviewed by this auditor and stated investigators who conduct investigations have completed various investigative trainings. He was able to describe these trainings to this auditor and stated his agency would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual abuse at this facility.

There are eight agency investigators assigned to complete administrative investigations of all allegations of sexual abuse at Outside In Residential Programs. Two agency investigators who complete investigations at this facility were interviewed by this auditor and were able to describe the training they received and discussed evidence collection, and the criteria and evidence required to substantiate an allegation during their interviews.

(c) The Pennsylvania State Police – Greensburg Station is responsible for the investigation of all allegations of sexual abuse at this facility that are criminal in nature. Administrative investigations are conducted by agency investigators. Outside In Residential Programs has formally asked the Pennsylvania State Police – Greensburg Station to comply with PREA investigative standards. This was requested in a formal letter to the Pennsylvania State Police – Greensburg Station requesting criminal investigations be conducted in compliance with the PREA standards. This letter was dated September 9, 2024, and a copy was provided to this auditor for review and to confirm compliance.

(d) A representative from the Pennsylvania State Police – Greensburg Station was interviewed by this auditor. This representative was able to confirm investigators who conduct sexual abuse investigations have completed various trainings including investigating sexual abuse allegations in a confinement facility.

In addition, the Agency PREA Coordinator and Facility Director at this facility were able to confirm any allegations of sexual harassment and sexual abuse (that are criminal in nature) are referred to the Pennsylvania State Police – Greensburg Station for investigation. The Pennsylvania State Police – Greensburg Station would then work in conjunction with the Pennsylvania Department of Human Services to complete the investigation.

	<p>There were no allegations of sexual harassment or sexual abuse at Outside In Residential Programs during the past 12 months. Therefore, there were no investigations completed during that time.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Formal Letter to Pennsylvania State Police - Greensburg Station</li> <li>3. Investigator Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Agency Investigators</li> <li>4. Interview with Representative from Pennsylvania State Police - Greensburg Station</li> </ol>
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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> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>2. How to preserve physical evidence of sexual abuse;</li> <li>3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."</li> </ol> <p>There are currently no medical or mental health staff employed at this facility. All medical and mental health appointments are scheduled through outpatient medical and mental health practitioners in the community. This was confirmed during interviews with the Agency PREA Coordinator and Facility Director.</p> <p>(b) There are no medical staff at Outside In Residential Programs. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Independence Health System - Latrobe Hospital by a SANE/SAFE. The agency has a signed Memorandum of Understanding with Independence Health System - Latrobe</p>

	<p>Hospital that notes forensic examinations would be completed by a SANE/SAFE.</p> <p>(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere."</p> <p>There are currently no medical or mental health practitioners employed at Outside In Residential Programs. All medical and mental health appointments are scheduled through outpatient medical and mental health practitioners in the community. This was confirmed during interviews with the Agency PREA Coordinator and Facility Director.</p> <p>(d) Outside In Residential Programs Zero Tolerance Policy states, "Medical and mental health care practitioners shall receive the training mandated for employees or for contractors and volunteers, depending upon the practitioner's status at the agency."</p> <p>There are currently no medical or mental health practitioners employed at Outside In Residential Programs. All medical and mental health appointments are scheduled through outpatient medical and mental health practitioners in the community. This was confirmed during interviews with the Agency PREA Coordinator and Facility Director.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Memorandum of Understanding with Independence Health System - Latrobe Hospital</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interview with Representative from Independence Health System - Latrobe Hospital</li> </ol>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(a) Outside In Residential Programs Zero Tolerance Policy states, "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, Outside In will obtain and use information about each resident's



personal history and behavior to reduce the risk of sexual abuse by or upon a resident. After the initial screening (upon intake or transfer), Outside In students are reassessed under the following circumstances:

1. Cabin change/transfer
2. Every 90 days
3. Sexual abuse or harassment incident
4. Every 30 days if client is assessed as being "High Risk" for being either a victim or a perpetrator of sexual abuse/harassment (score 17 or above)."

This auditor discussed the Vulnerability Assessment Instrument with the Agency PREA Coordinator, Facility Director, and two staff who administer the assessment at Outside In Residential Programs. The assessment is completed by Case Managers at the facility upon intake and residents are reassessed using the Vulnerability Assessment Instrument every 90 days after the initial assessment. In addition, the Vulnerability Assessment Instrument is administered to any residents who are involved in an incident of sexual harassment or sexual abuse incident involving the resident or every 30 days if the resident is identified as being high risk for being either a victim or perpetrator of sexual abuse. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at this facility.

During the past 12 months, there were 331 residents admitted to Outside In Residential Programs whose length of stay in the facility was 72 hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually perpetrating other residents within 72 hours of intake by being administered the Vulnerability Assessment Instrument.

This auditor was able to confirm the Vulnerability Assessment is completed within 72 hours of intake by interviewing two staff who administer the assessment and by reviewing ten randomly selected resident files. In addition, all residents interviewed stated the Vulnerability Assessment Instrument is completed as noted in the Outside In Residential Programs Zero Tolerance Policy. Each resident interviewed stated that they were administered the Vulnerability Assessment during their intake into the facility and again after 90 days (for residents who were residing at the facility for longer than 90 days) or every 30 days (for residents who were identified to be high risk for being either a victim or perpetrator of sexual abuse).

(b) Outside In Residential Programs Zero Tolerance Policy states, "Assessments shall be conducted using an objective screening instrument."

The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident upon admission to the facility and periodically throughout a resident's stay at the facility after the initial screening is completed.

Two staff who administer the Vulnerability Assessment Instrument were interviewed and understood how to administer this screening and were aware of its importance

in keeping residents safe from sexual abuse. The staff interviewed were able to describe how this screening is administered within 72 hours of the resident being admitted into the facility and periodically throughout the resident's stay at the facility.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will attempt to retrieve information about the students' prior sexual victimization or abusiveness, gender non-conforming appearance or identification as LGBTQIA and vulnerability to sexual abuse, past and current charges, age, emotional and cognitive development, physical size and stature, mental illness or disabilities, intellectual and developmental disabilities, physical disabilities, students' own perception of vulnerability and any other information that may indicate heightened need for supervision, additional safety precautions or separation from certain other students."

This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at Outside In Residential Programs and confirmed this screening is objective and captures the information required in this standard.

A review of ten randomly selected resident's files confirmed the Vulnerability Assessment Instrument is being administered within 72 hours of intake and periodically throughout a resident's stay at the facility. These assessments are administered by Case Managers at the facility.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will ascertain information through the student during the intake process, medical and mental health screenings, assessments, referring agent documentation, and daily eyes on supervision from residential staff."

Interviews with two staff who administer the Vulnerability Assessment Instrument confirmed that they interview each resident within 72 hours of admission and periodically throughout a resident's stay at the facility. They reported that in addition to administering the Vulnerability Assessment, they also review the case history of each resident and any other pertinent information available prior to administering the assessment.

(e) Outside In Residential Programs Zero Tolerance Policy states, "The information gathered will be shared with the student's residential treatment team only and will only be used to make treatment-based decisions such as ongoing needs while in placement, court recommendations, and permanency and aftercare services."

All completed Vulnerability Assessment Instruments are kept in the resident's files. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents. It was noted that only administrative staff, supervisors, and Case Managers have access to a resident's Vulnerability Assessment at this facility.

Interviews with residents confirmed the Vulnerability Assessment Instrument has

	<p>been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at the facility. All residents interviewed who have resided at the facility for longer than 90 days, reported that they have been asked these questions again periodically during their stay at the facility.</p> <p>Ten resident’s files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All ten files reviewed had the above-mentioned screening completed within 72 hours of intake and periodically throughout their stay at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Vulnerability Assessment Instrument Template</li> <li>3. Completed Vulnerability Assessment Instruments</li> <li>4. Review of Residents Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Staff That Performs the Screening for Risk of Victimization and Abusiveness</li> <li>4. Random Staff Interviews</li> <li>5. Random Resident Interviews</li> </ol>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, “With the goal of keeping all students safe and free from sexual abuse, Outside In confidentially shares information from the risk screening with those Outside In personnel who have a legitimate need to know in order to make housing, bed, program and education decisions. All decisions regarding cabin assignments are based on the results from the vulnerability assessment. These include age, size, resident view of sexual safety, incidents and score. Outside In will ensure student safety when making these decisions.”</p> <p>Interviews with the Agency PREA Coordinator, Facility Director, and staff who administer the Vulnerability Assessment Instrument confirmed that the Vulnerability</p>

Assessment Instrument is completed by a Case Manager at this facility within 72 hours of intake (usually during the resident's first day at the facility) and cabin, education, and work assignments are made accordingly to keep all residents at the facility free from sexual harassment and sexual abuse. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate cabins to ensure residents are kept safe while residing in the facility.

A review of ten completed Vulnerability Assessment Instruments at Outside In Residential Programs supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. Any residents who are identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, have a Safety Plan developed for them and communicated to all staff to keep them safe. In addition, any residents identified as sexually aggressive from the information noted on the Vulnerability Assessment Instrument also have a Safety Plan developed for them and communicated to all staff to keep all residents safe.

(b) It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at this facility. Interviews with the Agency PREA Coordinator and Facility Director confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months as isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Lesbian, gay, bisexual, transgender, or intersex residents at Outside In will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive."

There was one resident who identified as LGBTI residing at this facility during the time of the on-site audit. This resident was interviewed by this auditor and confirmed that he was not placed in a specific cabin based solely on his sexual identification. In addition, the Agency PREA Coordinator and Facility Director stated that under no circumstance would a resident be placed in a specific cabin based solely on their sexual identification. They stated that residents are placed in appropriate cabins by using the results from the Vulnerability Assessment Instrument to ensure safety.

(d) Outside In Residential Programs Zero Tolerance Policy states, "LGBTQIA students shall not be placed in a specific cabin based solely on the basis of such identification. Housing decisions will be considered on a case-by-case basis."

There have been no transgender or intersex residents admitted to this facility during the past 12 months. Interviews with the Agency PREA Coordinator and Facility Director confirmed a decision on whether a resident is appropriate for this facility or not is to be made at the administrative level and be in the best interest of

the resident's safety.

(e) Outside In Residential Programs Zero Tolerance Policy states, "Placement of transgender or intersex students will be reassessed bi-annually."

Interviews with the Agency PREA Coordinator and Facility Director confirmed that the facility would ensure placement and programming for any transgender or intersex resident would be reassessed by the resident's treatment team at least twice a year while the resident is placed at Outside In Residential Programs. It was noted reassessments would occur during the resident's Individual Service Plan Review. Individual Service Plan Reviews include all members of a resident's treatment team and are conducted every six months while the resident is residing at the facility.

There were no transgender or intersex residents admitted to Outside In Residential Programs during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview.

(f) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will consider students' own view of their sexual safety the first priority in making housing decisions."

Interviews with the Agency PREA Coordinator and Facility Director confirmed the facility would ensure the resident's views would be given serious consideration in the event a transgender or intersex resident would be admitted to Outside In Residential Programs.

There were no transgender or intersex residents admitted to Outside In Residential Programs during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview.

(g) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will afford transgender and intersex students the opportunity to shower separately."

Interviews with the Agency PREA Coordinator and Facility Director confirmed any transgender or intersex resident admitted into the facility would be given the opportunity to shower separately from the other residents in the facility.

There were no transgender or intersex residents admitted to Outside In Residential Programs during the past 12 months.

(h - i) There were no residents at Outside In Residential Programs who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Pennsylvania Department of Human Services 3800 Child Care Regulations</li> <li>3. Vulnerability Assessment Instrument Template</li> <li>4. Completed Vulnerability Assessment Instruments</li> <li>5. Review of Residents Files</li> <li>6. Safety Plans</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Staff That Perform the Screening for Risk of Victimization and Abusiveness</li> <li>4. Random Staff Interviews</li> <li>5. Interview with LGBTI Resident</li> </ol>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In provides students with multiple internal ways to report privately to agency officials about sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The internal ways to make such reports privately to Outside In officials include:</p> <ol style="list-style-type: none"> <li>1. Speaking with individual counselor;</li> <li>2. Request to speak with Medical Coordinator; or</li> <li>3. Request to speak with PREA Coordinator or a PREA Manager.”</li> </ol> <p>Reporting information is delivered to the residents through the intake process, PREA brochure titled “End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment” (in both English and Spanish), and posters (in both English and Spanish). Numerous posters were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual harassment and sexual abuse. In addition, residents are permitted to submit a grievance form.</p> <p>Interviews with residents confirmed they were educated on how to report allegations of sexual harassment, sexual abuse, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations internally</p>

to staff, supervisors, teachers, or administrative staff.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Students can make reports of abuse or harassment without having to go through Outside In officials by contacting:

1. Their caseworker or probation officer;
2. Their attorney;
3. Parents or legal guardian;
4. Victim advocate (Blackburn Center: 1-888-832-2272); or
5. External private counselor."

Reporting information is delivered to the residents through the intake process, PREA brochure titled "End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment", and posters. Numerous posters were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual harassment and sexual abuse (both internally and externally).

The Blackburn Center offers a 24/7 Sexual Abuse Hotline for residents to report allegations of sexual harassment and sexual abuse. This hotline can be reached at 1-888-832-2272. This reporting mechanism is reviewed with residents during the intake process, is listed in the PREA brochure titled "End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment" and is posted on posters throughout the facility.

All residents interviewed were aware of their right to contact the Blackburn Center Sexual Abuse Hotline. Residents interviewed also confirmed they received this information during PREA education sessions upon their arrival at this facility.

There are no residents placed at Outside In Residential Programs solely for civil immigration purposes.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Staff members are required to accept and take appropriate action for all reports of sexual abuse or sexual harassment regardless of whether they are received verbally, in writing, anonymously or from third parties."

Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual harassment, sexual abuse, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Incident Report, notify their supervisor or administrative staff, and contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation. Staff interviewed also reported that they would complete a CY47 form prior to contacting the Pennsylvania Department of Human Services Childline Hotline.

(d) Outside In Residential Programs Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states, "Outside In issues to all students upon their arrival the

tools necessary to make a written report (pencil/pen, paper, postage).”

Interviews with residents confirmed they are educated on ways to report allegations of sexual harassment or sexual abuse upon intake into the facility. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the Blackburn Center by calling the 24/7 Sexual Abuse Hotline. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.

During an exit meeting with the Agency PREA Coordinator and Facility Director, this auditor recommended that the facility should increase the avenues a resident can privately report allegations of sexual harassment and sexual abuse. It was agreed upon that the facility was going to add locked PREA boxes to each cabin that will allow residents to submit a grievance form without submitting it to a staff. The Agency PREA Coordinator and Facility Director stated that they would be the only administrative staff with keys to the locked PREA boxes and would check them daily. In addition, it was agreed upon that each resident would receive a grievance form with their intake packet. This would allow residents to submit a grievance form without having to request one from a staff or taking one from a bin that contains various forms in each cabin.

(e) Outside In Residential Programs Zero Tolerance Policy states, “Staff members can privately report allegations of sexual abuse and sexual harassment of residents by calling the Residential Compliance Manager.”

Interviews with staff confirmed that they were aware that they are permitted to privately report allegations of sexual harassment and sexual abuse. All staff interviewed stated they would either contact the Childline Hotline, Agency PREA Coordinator, or Residential Compliance Manager to make a private report. Staff interviewed also reported this is reviewed during annual PREA trainings at the facility.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Resident PREA Reporting Poster (English)
3. Resident PREA Reporting Poster (Spanish)

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews
4. Random Resident Interviews



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) The Pennsylvania Department of Human Services 3800 Childcare Regulations requires that all residents be advised of the grievance procedure upon intake into the facility. Once residents are educated on the grievance procedure, they sign a Grievance Acknowledgement Form noting they have been educated on the grievance procedure. This signed acknowledgement form is kept in the resident's files.

Interviews with the Agency PREA Coordinator and Facility Director noted any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Pennsylvania State Police - Greensburg Station and/or agency investigators for investigation.

All residents interviewed were aware of the grievance procedure. All the resident's files reviewed contained notification (signed acknowledgement form) of the grievance process.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Outside In students are permitted to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Outside In does not permit any student to resolve an alleged incident of sexual abuse through any informal grievance process. Outside In understands that nothing in this section of the policy shall restrict its ability to defend against a lawsuit filed by a student on the ground that the applicable statute of limitations has expired."

Interviews with staff and residents confirmed they are aware of the grievance policy. Both residents and staff understood there is no time limit to submit a grievance alleging sexual abuse at the facility. Residents noted they are educated on the grievance procedure during the intake process (during their first day at the facility) and are aware of how to submit a grievance.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Students alleging sexual abuse and harassment by a staff member are permitted to submit a grievance without submitting it to the staff member who is the subject of the complaint. They can do so by submitting the grievance to any Outside In Program Coordinator, Program Supervisor, Program Manager or Director."

Interviews with the Agency PREA Coordinator and Facility Director confirmed that any grievance submitted that alleges sexual abuse does not have to be referred to the staff who is the subject of the complaint and can be submitted directly to the Agency PREA Coordinator, Facility Director, supervisor on shift, or Case Manager.

All residents interviewed were aware that they are not required to submit a grievance alleging sexual abuse to the staff who is the subject of the complaint.

There were no grievances alleging sexual abuse at Outside In Residential Programs

during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.

(d) Outside In Residential Programs Zero Tolerance Policy states, "A decision on the merits of any grievance or portion of a grievance alleging sexual abuse or sexual harassment will be made and communicated within 90 days of the filing of the grievance. Computation of the 90-day time period shall not include days where a student is preparing for an administrative appeal. Outside may use an extension up to 70 days to respond to an appeal. Outside In will notify the student in writing if an extension is warranted to properly respond to an appeal. If the student does not receive a response with the time allotted for the reply, including any extension, the student may consider this a denial at that level."

Interviews with the Agency PREA Coordinator and Facility Director confirmed any decision on a grievance regarding sexual abuse would be made by administrative staff at the facility and that decision would be shared with the resident who submitted the grievance within 90 days.

There were no grievances alleging sexual abuse at Outside In Residential Programs during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.

(e) Outside In Residential Programs Zero Tolerance Policy states, "Third parties, including fellow students, staff members, family members, attorneys, and outside advocates may assist students in filing requests for administrative remedies relating to allegations of sexual abuse. Outside In documents student decisions to decline third party assistance in filing a grievance. If a student declines to have the request processed on his behalf, the agency will document this decision in his chart. Parents/legal guardians of students are permitted to file a grievance, including appeals, on behalf of students, regardless of whether or not the student agrees to having the grievance filed on their behalf."

The Pennsylvania Department of Human Services 3800 Childcare Regulations requires that all parents/legal guardians be advised of the grievance procedure when a resident is admitted into any juvenile residential facility in the Commonwealth of Pennsylvania. The grievance procedure is noted in the intake packet that all parents receive when the resident is admitted into this facility. There is an acknowledgement form that the parents/legal guardians are required to sign and return noting they were educated on the grievance procedure at the facility.

Residents interviewed were aware of third-party reports and understood other residents, parents, family members, and legal guardians are able to file a grievance alleging sexual abuse on their behalf.

There were no third-party grievances filed at Outside In Residential Programs during the past 12 months. This was confirmed by reviewing grievances submitted at the facility during the past 12 months.

(f) Outside In Residential Programs Zero Tolerance Policy states, "In the event that

an emergency grievance alleging that a student is subject to substantial risk of imminent sexual abuse has been filed the following will occur:

1. The initial agency response will occur within 48 hours.
2. Staff will immediately enact and implement a written safety plan.
3. After an internal investigation by PREA Coordinator or designee, a formal plan of intervention will be implemented in consultation with counselor, referral source and clinical supervisor.
4. The final agency decision will be issued within 5 days.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed that if anyone at Outside In Residential Programs would receive a grievance alleging substantial risk of imminent sexual abuse, it would be treated as an Emergency Report. A Safety Plan would be implemented, and a final decision would be made within 5 days of receiving the grievance.

There were no grievances alleging substantial risk of imminent sexual abuse during the past 12 months at Outside In Residential Programs. This was confirmed by this auditor by reviewing grievances filed at the facility during the past 12 months.

(g) Outside In Residential Programs Zero Tolerance Policy states, “Outside In may choose to discipline students when it is demonstrated that the student filed a grievance in bad faith. In no circumstances will a student be disciplined for filing a grievance in good faith.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident who files a grievance alleging sexual abuse in good faith would not be disciplined regardless of the outcome of the grievance submitted. In addition, they stated any resident who files a grievance alleging sexual abuse in bad faith would be held accountable by losing privileges at the facility.

There were no grievances filed in bad faith at this facility during the past 12 months.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Grievance Form
3. Review of Residents Files
4. Review of Facility Grievance Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews
4. Random Resident Interviews

115.353	<p><b>Resident access to outside confidential support services and legal representation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In provides students with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:</p> <ol style="list-style-type: none"> <li>1. Providing students with mailing addresses and telephone numbers of local victim advocacy organizations, Blackburn Center.</li> <li>2. Providing opportunities for confidential communication between students and these organizations.</li> <li>3. Informing students, prior to having access to outside support services, the extent to which their communication will be monitored.</li> <li>4. Informing students, prior to having access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality.”</li> </ol> <p>Upon intake, all residents at Outside In Residential Programs are made aware of the services that are available to them through the Blackburn Center. This includes notifying residents of the address and telephone number to the Blackburn Center. In addition, Outside In Residential Programs has a signed Memorandum of Understanding with the Blackburn Center. This Memorandum of Understanding notes the Blackburn Center will provide residents with emotional support and confidential advocacy services. In addition to residents receiving the above-mentioned information at intake, the address and telephone number to the Blackburn Center is listed in the PREA brochure titled “End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment” and on posters posted around the facility.</p> <p>Interviews with residents confirmed they are educated and aware of the services that are available to them through the Blackburn Center. Residents interviewed noted the address and telephone number to the Blackburn Center is listed in the PREA brochure titled “End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment” and is noted on posters that are posted throughout the facility.</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will notify student, prior to giving them access to outside agencies how these communications will be monitored and the extent to which reports of abuse will be forwarded to children and youth services.”</p> <p>Residents interviewed were aware of the services available to them from the Blackburn Center. Residents interviewed also stated they were educated that any correspondence with the Blackburn Center is confidential and private. Residents</p>
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noted during interviews that this information is provided to them during their intake, is listed in PREA brochure titled "End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment" and is noted on posters that are posted through the facility.

There were no allegations of sexual abuse at Outside In Residential Programs during the past 12 months. Therefore, there were no residents who made an allegation of sexual abuse at this facility to interview during the on-site portion of this audit.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements."

A Memorandum of Understanding is in place with the Blackburn Center in accordance with this standard. This Memorandum of Understanding confirms each party's responsibilities regarding this standard. The Agency PREA Coordinator discussed this Memorandum of Understanding and the advocacy services that are provided by the Blackburn Center to all residents at Outside In Residential Programs. This auditor contacted a representative from the Blackburn Center, and she confirmed the agency would provide advocacy services and emotional support services to all residents at this facility as noted in the Memorandum of Understanding.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Outside In provides students with reasonable and confidential access to attorneys or other legal representation. Outside In provides students with reasonable access to parents or legal guardians."

Outside In Residential Programs provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with the residents confirmed any visits with their attorney would be in a private setting.

Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to their parents or legal guardians on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and regular visits (if the family can visit). Residents also stated if there was an incident at the facility, they would be permitted to receive a telephone call or visit with their parents or legal guardian.

The Agency PREA Coordinator and Facility Director confirmed all resident visits with their attorney and/or legal representation would be in private if requested by the resident or their attorney.

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Memorandum of Understanding with the Blackburn Center</li> <li>3. PREA Brochure “End the Silence – Zero Tolerance for Sexual Abuse and Sexual Harassment”</li> <li>4. PREA Posters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interview with Representative from the Blackburn Center</li> <li>4. Random Staff Interviews</li> <li>5. Random Resident Interviews</li> </ol>
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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>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In provides information on the agency website that directs people how to report student sexual abuse or sexual harassment.”</p> <p>Multiple methods used to receive third party reports of sexual harassment or sexual abuse is posted on the facility’s website to inform the public about reporting resident sexual harassment and sexual abuse on behalf of residents. In addition, there are posters which note ways third parties can report allegations of sexual harassment and sexual abuse in all areas where visits take place in the facility. These posters were observed by this auditor during the tour of the facility. Third party reports can also be made to any staff, Agency PREA Coordinator, Pennsylvania State Police - Greensburg Station, or the Pennsylvania Department of Human Services via the Childline Hotline. This auditor was able to review the facility website and confirmed multiple methods to file a third-party report are posted on the website.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual harassment or sexual abuse on their behalf. All staff interviewed acknowledged that they would accept a third-party report of sexual abuse and respond in the same manner as if they had witnessed the abuse themselves. They also noted any information from a third-party report of abuse would be documented on an Incident Report and reported to the supervisor on shift and the Pennsylvania Department of</p>

	<p>Human Services via the Childline Hotline.</p> <p>There were no allegations of sexual abuse filed by a third party at Outside In Residential Programs during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Facility Website</li> <li>3. PREA Posters</li> <li>4. Tour of Facility</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Random Resident Interviews</li> </ol>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In requires 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</p> <p>All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline as they are mandated reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the supervisor on shift to report any information related to sexual harassment or sexual abuse and report the allegation to the proper investigating agencies (Pennsylvania State Police – Greensburg Station, Pennsylvania Department of Human Services, and/or agency investigators). Staff also reported they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting the Agency PREA Coordinator.</p>

All staff at Outside In Residential Programs are trained in mandatory reporting on an annual basis. Staff interviewed were able to discuss this training with this auditor during interviews.

(b) Outside In Residential Programs Zero Tolerance Policy states, "All Outside In staff are required to comply with PA mandatory child abuse reporting laws."

All staff interviewed were aware of their responsibility to report any allegations of sexual harassment or sexual abuse. The staff were able to describe their role as mandated reporters to this auditor during interviews and were aware of the Childline Hotline to report allegations of sexual abuse. The staff noted they could either submit an allegation of sexual abuse to the Childline Hotline either by calling the toll-free telephone number or by submitting the allegation electronically. In addition, staff noted allegations of sexual harassment and sexual abuse would also be reported to the supervisor on shift or the Agency PREA Coordinator.

Interviews with the Agency PREA Coordinator and Facility Director confirmed that all staff are trained to report any suspicions of child abuse to the Pennsylvania Department of Human Services via the Childline Hotline. Both stated staff are also trained that if there is any uncertainty about whether to report, they should always be resolved in favor of making a report.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Apart from reporting to the designated supervisors or officials and designated PA or local service agencies, Outside In prohibits any staff member from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other management decisions."

Interviews with staff at this facility confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse. Staff interviewed reported this is reviewed during annual PREA trainings at this facility.

(d) Outside In Residential Programs Zero Tolerance Policy states, "All staff at Outside In are required to complete mandatory child abuse reporting training and PREA training regarding reporting incidents of sexual abuse as well and applicable mandatory child abuse reporting laws."

There are no medical or mental health staff employed at this facility.

(e) Outside In Residential Programs Zero Tolerance Policy states, "Upon receiving any allegations of sexual abuse, the PREA Coordinator will report the allegation to the appropriate external authorities, alleged victim's parents/guardian, and the referring agent within 48 hours."

All staff interviewed stated that in addition to reporting the allegation to the supervisor on shift, they are also required to report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and document the allegation/incident on an Incident Report. Interviews with the Agency PREA



Coordinator and Facility Director confirmed that parents/legal guardians and contracting agencies (Juvenile Probation and/or Children & Youth) are immediately notified of any allegation.

(f) Outside In Residential Programs Zero Tolerance Policy states, "The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators."

All allegations of sexual harassment, sexual abuse, neglect, and retaliation are reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or agency investigators for investigation. The Pennsylvania State Police - Greensburg Station investigates any allegations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are conducted by agency investigators.

Staff are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party. Staff interviewed noted they would document this information on an Incident Report and report the allegation to the supervisor on shift and/or the Pennsylvania Department of Human Services via the Childline Hotline if they received a third-party report.

Interviews with the Agency PREA Coordinator, Facility Director, and staff confirmed that they are aware of how to report an allegation of sexual abuse and were aware all allegations of sexual abuse are investigated by the Pennsylvania State Police - Greensburg Station in conjunction with the Pennsylvania Department of Human Services (criminal investigations) and agency investigators (administrative investigations). The Agency PREA Coordinator and Facility Director were able to describe the reporting process as well as the investigative process once an allegation of sexual abuse is referred to the Pennsylvania Department of Human Services and/or agency investigators at this facility.

There were no allegations of sexual harassment or sexual abuse at this facility during the past 12 months.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. CY47 Form
3. Coordinated Response Plan
4. Alleged Abuse Sexual Assault Checklist

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews

<b>115.362</b>	<b>Agency protection duties</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1449 456">(a) Outside In Residential Programs Zero Tolerance Policy states, “When Outside In learns that a student is subject to substantial imminent sexual abuse, they shall take immediate action to protect the student from such abuse.”</p> <p data-bbox="280 499 1477 779">The Agency Head, Agency PREA Coordinator, and Facility Director were interviewed regarding the protective action the agency takes when learning that a resident is subject to substantial risk of imminent sexual abuse. They all reported the facility would ensure steps are taken to remove the risk to the resident which would include separation of the resident from the potential abuser and increasing supervision. If a staff is the potential abuser, the staff could also be or placed on Administrative Leave pending an investigation.</p> <p data-bbox="280 822 1474 1102">The Agency Head, Agency PREA Coordinator, and Facility Director confirmed that staff would be expected to act immediately to separate the resident at risk from the potential abuser/threat. In addition, they reported a Safety Plan would be developed and implemented by the supervisor on shift or administrative staff to ensure the safety of the resident at risk. This Safety Plan would include increased supervisor/ monitoring, separation from the potential abuser, and making a cabin change if necessary.</p> <p data-bbox="280 1144 1471 1341">Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff, report the incident to the supervisor on shift, and document the behaviors on an Incident Report. A Safety Plan would be developed and implemented by the supervisor on or an administrative staff to ensure the safety of the resident(s) at risk.</p> <p data-bbox="280 1384 1410 1453">There were no residents that Outside In Residential Programs determined was subject to substantial risk of imminent sexual abuse during the past 12 months.</p> <p data-bbox="280 1496 1010 1529">Reviewed documentation to determine compliance:</p> <ol data-bbox="341 1599 1147 1632" style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> </ol> <p data-bbox="280 1675 437 1709">Interviews:</p> <ol data-bbox="341 1778 959 1933" style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Agency PREA Coordinator</li> <li>3. Interview with Facility Director</li> <li>4. Random Staff Interviews</li> </ol>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1477 539">(a) Outside In Residential Programs Zero Tolerance Policy states, “Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.”</p> <p data-bbox="280 580 1477 775">An interview with the Facility Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual harassment or sexual abuse involving a resident while in another facility. This was confirmed by this auditor by reviewing HCSIS (Home and Community Services Information System) reports that were filed during the past 12 months at this facility.</p> <p data-bbox="280 815 1453 931">(b) Outside In Residential Programs Zero Tolerance Policy states, “Notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.”</p> <p data-bbox="280 972 1453 1167">An interview with the Facility Director confirmed she understood the timeframe to notify the agency/facility where the alleged abuse occurred. She stated that she would contact the head of the agency/facility where the alleged sexual abuse occurred immediately after being made aware of the allegation and document this notification on an Incident Report.</p> <p data-bbox="280 1207 1437 1285">(c) Outside In Residential Programs Zero Tolerance Policy states, “The head of the facility shall document that it has provided such notification.”</p> <p data-bbox="280 1326 1394 1480">An interview with the Facility Director confirmed that she would document any notification of alleged abuse on an Incident Report, generate a HCSIS report, complete a CY47 form, and contact the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p data-bbox="280 1520 1453 1637">(d) Outside In Residential Programs Zero Tolerance Policy states, “The facility head that receives such notification shall ensure that the allegation is investigated in accordance with the PREA standards.”</p> <p data-bbox="280 1677 1469 2085">The Facility Director was able to articulate what her responsibilities would be if she received an allegation from another agency/facility that a resident was sexually harassed or sexually abused while residing at Outside In Residential Programs. She stated that she would immediately generate a HCSIS report, complete a CY47 form, contact the Pennsylvania Department of Human Services via the Childline Hotline, agency investigators, and/or the Pennsylvania State Police – Greensburg Station (if the allegation appeared to be criminal in nature) to report the allegation of abuse. The Facility Director stated if the alleged abuser was still residing or employed at this facility, a Safety Plan would be developed immediately to ensure the safety of all residents.</p>

	<p>Outside In Residential Programs did not receive any allegations/notifications from other agencies/facilities that any residents were sexually harassed or sexually abused during the past 12 months. This was confirmed by this auditor by reviewing HCSIS reports that were filed during the past 12 months at this facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. HCSIS Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Facility Director</li> </ol>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Upon learning of an allegation that a student was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> <li>1. Separate the alleged victim and abuser(s)</li> <li>2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence</li> <li>3. 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.”</li> </ol> <p>Staff interviewed were able to articulate the steps they would take as first responders. Their responses were consistent with the Outside In Residential Programs Zero Tolerance Policy. All staff noted they have been trained on steps to take as a first responder in the event of an incident of sexual abuse at this facility. The staff’s responses were consistent as all staff noted they would separate the victim from the abuser, call for additional staff to report to the scene, secure the scene, report the incident to the supervisor on shift, and document the incident on an Incident Report. In addition, all Youth Workers and supervisors are trained to utilize the Alleged Abuse Sexual Assault Checklist to ensure all steps noted in agency policies are followed in the event they are a first responder.</p>

	<p>There were no allegations of sexual abuse at this facility during the past 12 months that required staff to act as first responders.</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy states, “If the first responder is a volunteer or contractor, they shall request that the alleged victim not take any action that would destroy physical evidence. Subsequently, they are required to notify Outside In staff.”</p> <p>Non-security staff at this facility have been trained appropriately in their duties as first responders. All non-security staff are trained to immediately separate the victim from the abuser, contact security staff, secure the scene, and to document the incident on an Incident Report in the event of an incident of sexual abuse at the facility where they are the first responder.</p> <p>Non-security staff interviewed were able to discuss their role as a first responder and noted that they would immediately separate the victim from the abuser, contact a security staff, secure the scene until a security staff arrived, and document the incident on an Incident Report.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Alleged Abuse Sexual Assault Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> </ol>
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<b>115.365</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Outside In has a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”</p> <p>Outside In Residential Programs has developed a detailed Coordinated Response Plan and an Alleged Abuse Sexual Assault Checklist that is used in this facility. These documents note the role of direct care staff, supervisors, administrative staff, and investigators in the event of an incident of sexual abuse. These documents were forwarded to this auditor for review and met the requirements of this standard.</p> <p>Interviews with the Agency PREA Coordinator, Facility Director, agency</p>

	<p>investigators, and staff indicated that all are knowledgeable of their responsibilities in responding to an incident or allegation of sexual abuse. All staff interviewed stated they were familiar with the Coordinated Response Plan, Alleged Sexual Assault Checklist, and their duties as they were trained in how to respond and what actions to take in the event of an incident of sexual abuse. There are no medical or mental staff employed at this facility. Therefore, there were no medical or mental health staff for this auditor to interview.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Coordinated Response Plan</li> <li>3. Alleged Abuse Sexual Assault Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Agency Investigators</li> <li>4. Random Staff Interviews</li> </ol>
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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> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In does not participate in collective bargaining agreements with any governmental agency. Outside In manages its own employee disciplinary processes."</p> <p>An interview with the Agency Head confirmed this facility has not entered into any collective bargaining agreements since August 20, 2012. Due to not having a Union for staff at this facility, there were no contracts for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol>

<b>115.367</b>	<b>Agency protection against retaliation</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 1453 667">(a) Outside In Residential Programs Zero Tolerance Policy states, “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. 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 data-bbox="280 707 1461 1115">The Agency PREA Coordinator is responsible for retaliation monitoring of both residents and staff at this facility. If the Agency PREA Coordinator was unable to complete the retaliation monitoring for any reason, the Facility Director is his designated backup and would assume retaliation monitoring responsibilities. This auditor interviewed the Agency PREA Coordinator and Facility Director, and they confirmed that they are responsible for monitoring retaliation and have been educated on the signs of retaliation. Both the Agency PREA Coordinator and Facility Director reported that it is the expectation of the agency that any resident or staff who reports sexual abuse would be monitored for a period of 90 days (or until the allegation was determined to be Unfounded).</p> <p data-bbox="280 1155 1422 1312">(b) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will utilize moving student’s cabins, increased access to their counselor, FTA of students, and/ or administrative leave for staff to prevent retaliation of reporting sexual abuse or sexual harassment.”</p> <p data-bbox="280 1352 1477 1930">The Agency PREA Coordinator is responsible for monitoring retaliation and the Facility Director is his designated backup in the event he is unable to complete retaliation monitoring at this facility. Both were interviewed and stated while monitoring retaliation when a resident makes a report, they would check in with the resident who made the allegation on a weekly basis. In addition, they both stated that they would also review progress notes, behavior records, report cards, and educational reports. The Agency PREA Coordinator and Facility Director stated that while monitoring retaliation when a staff makes a report, they would check in with the staff who made the allegation on a regular basis. In addition, they both reported that they would review employee attendance records, employee discipline, and employee evaluations during the retaliation monitoring period. Both stated that retaliation monitoring is documented on a PREA Retaliation Monitoring Log and were able to describe this log and how it would be utilized if an allegation of sexual abuse was reported at this facility.</p> <p data-bbox="280 1971 1469 2083">There were no allegations of sexual abuse during the past 12 months at this facility. Therefore, there was no retaliation monitoring documentation for this auditor to review.</p>

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will monitor the conduct, treatment of residents or staff who report sexual abuse and students who were reported to have suffered sexual abuse for retaliation for 90 days post reporting. The period of monitoring for retaliation may exceed 90 days if the need for additional monitoring was indicated during the initial 90-day period."

There were no allegations of sexual abuse at this facility during the past 12 months. Interviews with the Agency PREA Coordinator and Facility Director confirmed that the Agency PREA Coordinator monitors retaliation and the Facility Director serves as his backup at this facility. Both reported that they have been educated on the signs of retaliation. The Agency PREA Coordinator and Facility Director reported that the agency would expect that actions would be taken immediately to ensure the resident or staff was safe. It is the expectation of Outside In Residential Programs that any resident or staff who reports an allegation of sexual abuse would be monitored for at least 90 days or until an investigation of the allegation was completed and determined to be Unfounded. The Agency PREA Coordinator stated that he would monitor a resident by completing weekly status checks for at least 90 days per policy and would document these status checks on the PREA Sexual Abuse Retaliation Monitoring Log. He also reported that if the need would arise, he would continue to complete status checks on the resident for longer than the 90-day requirement.

(d) Outside In Residential Programs Zero Tolerance Policy states, "In the case of residents, such monitoring shall also include periodic status checks."

The Agency PREA Coordinator (primary retaliation monitor) and Facility Director (backup retaliation monitor) monitor residents and staff for retaliation at this facility.

This auditor interviewed the Agency PREA Coordinator and Facility Director, and they reported that they monitor retaliation for a minimum of 90 days after an allegation of sexual abuse is reported or until an investigation is completed and determined to be Unfounded. In addition, both were able to describe what they would monitor when completing weekly status checks with a resident or staff member. The Agency PREA Coordinator and Facility Director noted their weekly status checks, file reviews, incident report reviews, and/or cabin change reviews for residents and employee attendance records, employee discipline, and employee evaluations for staff are documented on the PREA Sexual Abuse Retaliation Monitoring Log. This auditor was able to review the form and confirmed this form documents 90 days of retaliation monitoring. At the conclusion of the 90-day period, there is an option for the monitoring to be continued.

(e) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will implement a safety plan for all students who cooperates with an investigation and expresses fear of retaliation."

Interviews with the Agency PREA Coordinator and Facility Director who monitor retaliation at this facility confirmed appropriate measures are taken to protect the resident and/or staff who reports an allegation of sexual abuse. Both reported that



	<p>the safety of the residents and staff at the facility is prioritized, and a Safety Plan is developed to protect any individual who expresses fear of retaliation for reporting an allegation of sexual abuse at this facility.</p> <p>(f) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will terminate monitoring when the agency determines that the allegations are unfounded.”</p> <p>The Agency PREA Coordinator and Facility Director were interviewed and were aware that the facility’s obligation to monitor retaliation would cease if the allegation was determined to be Unfounded following an investigation. Both stated that they would note the date the allegation was determined to be Unfounded on the PREA Retaliation Monitoring Log and would then file the completed PREA Retaliation Monitoring Log in the resident’s file.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. PREA Retaliation Monitoring Log</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Persons Responsible for Monitoring Retaliation</li> </ol>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Childcare Regulations. This includes Outside In Residential Programs and all residential facilities in the Commonwealth of Pennsylvania.</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Pennsylvania Department of Human Services 3800 Childcare Regulations</li> <li>3. Tour of Facility</li> </ol>

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Random Resident Interviews</li> </ol>
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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>(a) Outside In Residential Programs Zero Tolerance Policy states, “When Outside In conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”</p> <p>All allegations of sexual abuse must be reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or agency investigators. The Pennsylvania Department of Human Services will then notify the Pennsylvania State Police – Greensburg Station of the allegation if it is criminal in nature and the Pennsylvania State Police – Greensburg Station will take the lead on the investigation. The Pennsylvania State Police – Greensburg Station will work in conjunction with the Pennsylvania Department of Human Services during any criminal investigation at this facility.</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed all PREA related allegations at Outside In Residential Programs are immediately referred to the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators. Criminal investigations are referred to the Pennsylvania State Police – Greensburg Station by the Pennsylvania Department of Human Services and/or agency investigators. Administrative investigations are completed by agency investigators.</p> <p>There were no allegations of sexual harassment or sexual abuse during the past 12 months at Outside In Residential Programs.</p> <p>(b) Criminal investigations are completed by the Pennsylvania State Police – Greensburg Station in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. If at any time during an administrative investigation, the allegation appears to be criminal in nature, then that allegation is referred to the Pennsylvania State Police – Greensburg Station. The Pennsylvania State Police – Greensburg Station will then conduct a criminal investigation in conjunction with the Pennsylvania Department of Human Services.</p>

Interviews with the Agency PREA Coordinator and Facility Director confirmed any allegations of sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators for investigation. If the allegation is criminal in nature, the Pennsylvania Department of Human Services and/or agency investigators then refer the allegation to the Pennsylvania State Police – Greensburg Station for investigation. If the allegation is not determined to be criminal in nature, an administrative investigation is then completed by agency investigators.

Interviews with two agency investigators confirmed they conduct administrative investigations at Outside In Residential Programs. Both stated if, at any point of the investigation, the allegation appears to be criminal in nature, the allegation is referred to the Pennsylvania State Police – Greensburg Station for investigation. All agency investigators completed the PREA investigator training titled “PREA: Investigating Sexual Abuse in a Confinement Setting” through the National Institute of Corrections. This auditor was provided with training records confirming all agency investigators completed the above-mentioned PREA investigator training.

An interview with a representative from the Pennsylvania State Police – Greensburg Station confirmed investigators assigned to investigate criminal allegations of sexual abuse at Outside In Residential Programs have completed training specific to juvenile sexual abuse victims.

(c) Outside In Residential Programs Zero Tolerance Policy states, “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”

An interview with a representative from the Pennsylvania State Police – Greensburg Station confirmed an investigator would report to the scene of the allegation immediately after being notified of an incident of sexual abuse. He stated the investigator would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if his agency was notified within 96 hours of the incident. The representative from the Pennsylvania State Police – Greensburg Station noted the investigator assigned to the case would also review the video from the video surveillance system at the facility and interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.

Interviews with two agency investigators who complete administrative investigations also confirmed agency investigators are trained to gather and preserve evidence, review the video surveillance system, and interview any alleged victims, alleged perpetrators, and witnesses (staff on shift at the time of the alleged incident and other residents who may have witnessed the alleged incident) as part of their investigation).

(d) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will not terminate an investigation solely because the source of allegation recants the

allegation.”

Interviews with two agency investigators and a representative from the Pennsylvania State Police – Greensburg Station confirmed investigations are not terminated because the source of the allegation recants the allegation. They noted all allegations are investigated until a determination can be made.

(e) Criminal investigations are conducted by the Pennsylvania State Police – Greensburg Station. An interview with a representative from the Pennsylvania State Police – Greensburg Station confirmed whenever evidence supports criminal prosecution, he consults with the Westmoreland County District Attorney to avoid obstacles to subsequent criminal prosecution.

(f) Outside In Residential Programs Zero Tolerance Policy states, “The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person’s status as resident or staff. Outside In will never require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

Interviews with two agency investigators and a representative from the Pennsylvania State Police – Greensburg Station noted the alleged victim’s credibility will be assessed on an individual basis and not determined by their status as a resident or staff. They also stated all investigations are conducted in the same manner, as investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.

There were no allegations of sexual harassment or sexual abuse during the past 12 months at Outside In Residential Programs.

(g) Outside In Residential Programs Zero Tolerance Policy states, “Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

All investigation reports are completed by agency investigators (administrative investigations) and the Pennsylvania State Police – Greensburg Station (criminal investigations). At the completion of any criminal investigation, agency investigators conduct an administrative investigation and prepare an investigation report. The investigation report would clearly note if the allegation was Substantiated, Unsubstantiated, or Unfounded.

There were no allegations of sexual harassment or sexual abuse during the past 12 months at Outside In Residential Programs. This auditor was able to interview two agency investigators who investigate allegations of sexual harassment or sexual abuse at this facility, and they stated all investigation reports note the investigative process, determination, and recommendations.

(h) There were no allegations of sexual harassment or sexual abuse during the past 12 months at Outside In Residential Programs. However, during interviews with two agency investigators, they stated each investigation report is detailed, documents the allegation, and notes the determination of the allegation.

During an interview with a representative from the Pennsylvania State Police - Greensburg Station, it was noted that all evidence is documented in a Criminal Complaint and Affidavit. There were no criminal investigations conducted at this facility during the past 12 months.

(i) All substantiated allegations of sexual abuse are referred to the Westmoreland County District Attorney for prosecution by the Pennsylvania State Police - Greensburg Station. This was confirmed during an interview with a representative from the Pennsylvania State Police - Greensburg Station.

During the past 12 months, there were no allegations of sexual abuse referred to the Westmoreland County District Attorney for prosecution. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police - Greensburg Station.

(j) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will retain all written reports 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."

It was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources that all reports are kept on file for a minimum of 5 years. There have been no criminal investigations at Outside In Residential Programs during the past 12 months.

(k) Outside In Residential Programs Zero Tolerance Policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

Interviews with two agency investigators and a representative from the Pennsylvania State Police - Greensburg Station confirmed the departure of an alleged abuser or victim from the employment or control of the facility does not provide a basis for terminating an investigation. There were no instances at Outside In Residential Programs involving the alleged perpetrator or alleged victim departing the facility during the past 12 months.

(l) Outside In Residential Programs has formally asked the Pennsylvania State Police - Greensburg Station to comply with PREA investigative standards. This was requested in a formal letter to the Pennsylvania State Police - Greensburg Station. A copy of this formal letter was provided to this auditor to confirm compliance.

(m) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will cooperate with all criminal investigations and shall endeavor to remain informed about the progress of such."

	<p>The Agency PREA Coordinator stated that the Facility Director maintains contact with the Pennsylvania Department of Human Services and the Pennsylvania State Police - Greensburg Station during an open criminal investigation via telephone calls, emails, and on-site visits. This was confirmed during interviews with the Agency PREA Coordinator and Facility Director. There have been no criminal investigations at this facility during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Formal Letter to Pennsylvania State Police - Greensburg Station</li> <li>3. Investigator Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interview with Human Resources Representative</li> <li>4. Interviews with Agency Investigators</li> <li>5. Interview with Representative from Pennsylvania State Police - Greensburg Station</li> </ol>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>Administrative investigations are conducted by agency investigators. There are eight agency investigators at this facility who are trained to complete administrative investigations. All agency investigators completed the PREA investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting" through the National Institute of Corrections. This auditor was provided with training records confirming all agency investigators completed the above-mentioned PREA investigator training.</p> <p>Interviews with two agency investigators confirmed administrative investigations at Outside In Residential Programs are conducted by agency investigators. Both agency investigators interviewed stated that no standard higher than the preponderance of evidence is used when determining whether allegations of sexual harassment or sexual abuse are substantiated during an administrative</p>

	<p>investigation. Both agency investigators also understood the term preponderance of evidence and the difference between criminal investigations (which require proof beyond a reasonable doubt to convict) and administrative investigations (which only require preponderance of evidence to substantiate).</p> <p>Interviews with the Agency PREA Coordinator, Facility Director, and two agency investigators confirmed a detailed investigation report is completed at the completion of any administrative investigation by the agency investigator(s) who investigated the allegation. This investigation report notes interviews that were completed, circumstantial evidence collected during the investigation, if the allegation was determined to be Substantiated, Unsubstantiated, or Unfounded, and recommendations.</p> <p>There were no allegations of sexual harassment or sexual abuse at Outside In Residential Programs during the past 12 months. Therefore, there were no investigations completed at this facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Policy</li> <li>2. Investigator Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Agency Investigators</li> </ol>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will inform any student who makes an allegation that he suffered sexual abuse while at Outside In as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded."</p> <p>All investigations of sexual abuse are completed by the Pennsylvania State Police - Greensburg Station in conjunction with the Pennsylvania Department of Human Services (criminal investigations) and agency investigators (administrative investigations). It was noted during interviews with the Agency PREA Coordinator and Facility Director that all residents are notified of a determination following an investigation by the Agency PREA Coordinator or Facility Director. This notification is</p>

then documented on a Resident Notification Form.

During the past 12 months, there were no allegations of sexual abuse at Outside In Residential Programs.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will request relevant information from the investigative agency in order to inform the student of the findings (substantiated, unsubstantiated, or unfounded)."

Interviews with the Agency PREA Coordinator and Facility Director confirmed that criminal investigations are completed by the Pennsylvania State Police - Greensburg Station. They stated that they would request relevant information from the Pennsylvania State Police - Greensburg Station to notify the resident of the determination of an investigation.

Administrative Investigations at Outside In Residential Programs are completed by agency investigators. Interviews with the Agency PREA Coordinator and Facility Director confirmed the alleged resident victim is notified of the outcome of any investigation by the Agency PREA Coordinator or Facility Director and is documented on a Resident Notification Form. The Resident Notification Form documents the residents name, date of notification, staff who notified the resident, and determination of the investigation (Unfounded, Unsubstantiated, or Substantiated). The signed Resident Notification Form is then placed in the resident's file.

During the past 12 months, there were no allegations of sexual abuse at Outside In Residential Programs.

(c) Outside In Residential Programs Zero Tolerance Policy states, "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:

1. The staff member is no longer working within the student's cabin.
2. The staff member is no longer employed at Outside In.
3. Outside In learns that the staff member has been indicted on a charge related to sexual abuse within the agency.
4. Outside In learns that the staff member has been convicted on a charge related to sexual abuse within the agency."

During the past 12 months, there were no allegations of sexual abuse against any staff member at Outside In Residential Programs. An interview with the Agency PREA Coordinator confirmed in the event of an allegation of sexual abuse against a staff at the facility, a Safety Plan would be implemented to keep the resident safe. In addition, the staff the allegation was made against would be placed on Administrative Leave until an investigation is completed and a determination is made.

All investigations of sexual abuse are conducted by agency investigators (administrative investigations) or the Pennsylvania State Police - Greensburg Station



(criminal investigations). It was noted during interviews with agency investigators that a detailed investigation report is completed following the conclusion of any investigation. This investigation report includes the determination that was made at the conclusion of the investigation and recommendations. Upon the conclusion of any investigation of sexual abuse, the resident is then notified of the determination by the Agency PREA Coordinator or Facility Director, and this notification is documented on a Resident Notification Form. This signed Resident Notification Form is then placed in the resident's file.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Following a student's allegation that another student has committed sexual abuse against the student, Outside In will inform the student (unless the allegation is determined to be unfounded) whenever:

1. Outside In learns that the student has been indicted on a charge related to sexual abuse within the agency.
2. Outside In learns that the student has been convicted on a charge related to sexual abuse within the agency."

All investigations of sexual abuse are conducted by agency investigators (administrative investigations) or the Pennsylvania State Police - Greensburg Station (criminal investigations). It was noted during interviews with agency investigators that a detailed investigation report is completed following the conclusion of any investigation. This investigation report includes the determination that was made at the conclusion of the investigation and recommendations. Upon the conclusion of any investigation of sexual abuse, the resident is then notified of the determination by the Agency PREA Coordinator or Facility Director and documented on a Resident Notification Form to document the resident was informed of the determination. The signed Resident Notification Form is then placed in the resident's file.

During the past 12 months, there were no allegations of sexual abuse at Outside In Residential Programs.

(e - f) Outside In Residential Programs Zero Tolerance Policy states, "All notifications described above will be documented in the student's chart. Outside In's obligation to report will terminate if the student is released from agency custody."

Interviews with the Agency PREA Coordinator and Facility Director confirmed that residents are notified of the results of an investigation in writing on a Resident Notification Form. Both the Agency PREA Coordinator and Facility Director interviewed stated at the completion of any investigation, the resident meets with the Agency PREA Coordinator or Facility Director to learn the determination of the investigation. The notification is then documented on a Resident Notification Form. The resident signs the Resident Notification Form to document that he was notified of the determination. The process described by the Agency PREA Coordinator and Facility Director was consistent with the Outside In Residential Programs Zero Tolerance Policy.

	<p>During the past 12 months, there were no allegations of sexual abuse at Outside In Residential Programs.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Resident Notification Form</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> </ol>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Staff is subject to disciplinary sanctions up to and including termination of employment for violating agency sexual abuse or sexual harassment policies.”</p> <p>Interviews with the Agency PREA Coordinator, Facility Director, and a representative from Human Resources confirmed any staff member at Outside In Residential Programs will be subject to disciplinary sanctions, up to and including termination, for violation of Outside In Residential Programs Zero Tolerance Policy referring to incidents of and sexual abuse.</p> <p>(b) Outside In Residential Programs Zero Tolerance Policy states, “Termination shall be the disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p>There were no staff terminated (or resigned prior to termination) for violating Outside In Residential Programs Zero Tolerance Policy by sexually abusing a resident during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from Human Resources.</p> <p>(c) Outside In Residential Programs Zero Tolerance Policy states, “Disciplinary sanctions for violations of agency policies regarding sexual abuse and sexual harassment shall be commensurate with the nature and circumstances of the acts committed, staff members disciplinary history and sanctions imposed on other staff who have committed similar sanctions.”</p> <p>During the past 12 months, there have been no staff disciplined or terminated for violation of Outside In Residential Programs Zero Tolerance Policy regarding sexual</p>

	<p>harassment and sexual abuse. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from Human Resources.</p> <p>(d) Outside In Residential Programs Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states, "All employment terminations for violations of Outside In sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies/licensing bodies, unless the activity was clearly not criminal."</p> <p>During interviews with the Agency PREA Coordinator and Facility Director, it was reported that Outside In Residential Programs and the Pennsylvania Department of Human Services will contact the Pennsylvania State Police - Greensburg Station to lead any criminal sexual harassment or sexual abuse investigation. The Pennsylvania State Police - Greensburg Station will then work in conjunction with the Pennsylvania Department of Human Services throughout the investigation until a determination is made.</p> <p>There were no staff reported to the Pennsylvania State Police - Greensburg Station for violation of Outside In Residential Programs Zero Tolerance Policy during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from the Pennsylvania State Police - Greensburg Station.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interview with Human Resources Representative</li> <li>4. Interview with Representative from Pennsylvania State Police - Greensburg Station</li> </ol>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(a) Outside In Residential Programs Zero Tolerance Policy states, "Any Outside In contractor or volunteer who engages in sexual abuse with a student will be prohibited from contact with any students and will be reported to law enforcement

agencies.”

There were no contracted staff or volunteers reported to the Pennsylvania State Police - Greensburg Station for engaging in sexual harassment or sexual abuse of residents during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, representative from Human Resources, and a representative from the Pennsylvania State Police - Greensburg Station.

(b) Outside In Residential Programs Zero Tolerance Policy states, “Outside In will take all remedial measure to prohibit contractors from contact with residents when necessary.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed that Outside In Residential Programs would immediately remove the contracted staff or volunteer from the facility, contact the Pennsylvania Department of Human Services through the Childline Hotline and/or the Pennsylvania State Police - Greensburg Station (if the allegation appeared to be criminal in nature), and would forward the allegation to an agency investigator (if the allegation was not criminal in nature). The contracted staff or volunteer(s) would not be permitted to return to the facility until the completion of an investigation and a determination is made.

There were no reported instances of sexual harassment or sexual abuse by the approved contracted staff during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from the Pennsylvania State Police - Greensburg Station.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Human Resources Representative
4. Interview with Representative from the Pennsylvania State Police - Greensburg Station

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

(a) Outside In Residential Programs Zero Tolerance Policy states, "A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."

There were no findings of guilt for resident-on-resident sexual abuse at this facility during the past 12 months. This was confirmed through interviews with the Agency PREA Coordinator, Facility Director, agency investigators, and a representative from the Pennsylvania State Police - Greensburg Station.

b) Outside In Residential Programs Zero Tolerance Policy states, "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 comparable offense by other residents with similar histories. Students at Outside In will not be placed into isolation.

The Pennsylvania Department of Human Services 3800 Childcare Regulations prohibits isolation of residents. As a result, isolation is not used at this facility and there were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months at this facility. This auditor was able to interview the Agency PREA Coordinator, Facility Director, staff, and residents who all confirmed isolation is not used at Outside In Residential Programs.

Interviews with the Agency PREA Coordinator and Facility Director confirmed that disciplinary sanctions at this facility would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and sanctions imposed for comparable offenses by other residents with similar histories. It was also noted that there have been no residents disciplined for violating Outside In Residential Programs Zero Tolerance Policy during the past 12 months.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In's disciplinary process will take into consideration the resident's mental disabilities or mental illness when deciding on a sanction."

Interviews with the Agency PREA Coordinator, Facility Director, and members of the Sexual Abuse Incident Review Team confirmed that a resident's mental health would be considered when discipline is imposed for incidents of sexual abuse. In addition, it was noted that the resident's mental health diagnosis is reviewed and considered during all Sexual Abuse Incident Reviews following a Substantiated or Unsubstantiated determination to ensure appropriate discipline was imposed. It was noted that disciplinary sanctions include loss of level, loss of privileges in the facility, and/or removal from the facility. If the allegation is criminal in nature, the Pennsylvania State Police - Greensburg Station would be responsible for filing charges through the Westmoreland County District Attorney's Office.

(d) Outside In Residential Programs Zero Tolerance Policy states, "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. Failure to participate in these services will not bar a student from engaging in general programming.”

There is no mental health staff employed at this facility. The Agency PREA Coordinator and Facility Director were interviewed by this auditor during the on-site portion of this audit. These interviews confirmed Outside In Residential Programs schedules mental health services through a mental health practitioner in the community for any resident found to have engaged in resident-on-resident sexual abuse. The Agency PREA Coordinator and Facility Director both stated the resident’s participation in therapy sessions is not always required as a condition of access to reward-based incentives.

(e) Outside In Residential Programs Zero Tolerance Policy states, “Outside In disciplines students who have sexual contact with staff if the staff member did not consent to such contact.”

There were no incidents of resident-on-staff sexual abuse at this facility during the past 12 months. This auditor was able to interview the Agency PREA Coordinator and Facility Director who confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact.

(f) Outside In Residential Programs Zero Tolerance Policy states, “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.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. There were no residents disciplined during the past 12 months at this facility for making a report of sexual abuse in bad faith.

(g) Outside In Residential Programs Zero Tolerance Policy states, “Outside In has a Zero Tolerance policy toward 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.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed all sexual activity between residents is prohibited at this facility. This is reviewed with each resident during the intake process. Interviews with residents confirmed that they are aware all sexual activity between residents is prohibited at this facility.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Pennsylvania Department of Human Services 3800 Childcare Regulations

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Members of Sexual Abuse Incident Review Team</li> <li>4. Interview with Representative from the Pennsylvania State Police - Greensburg Station</li> <li>5. Random Resident Interviews</li> </ol>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Outside In Residential Programs Zero Tolerance Policy states, “If the screening pursuant to § 115.341 indicates that a student has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the student immediately upon reviewing the screening materials. The primary counselor will document the offer of follow-up services and the student’s response, facilitate the arrangement of the follow-up care with necessary persons, and collaborate with other departments to arrange for transportation.”</p> <p>During the past 12 months, there were three residents who disclosed prior sexual victimization while being administered the Vulnerability Assessment Instrument. This auditor interviewed one resident during the on-site portion of the audit who disclosed prior sexual victimization during the intake screening, and he stated that he was offered a follow up meeting with a mental health/medical practitioner in the community within 14 days of being administered the Vulnerability Assessment Instrument. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed prior sexual victimization and there is a section on each assessment noting that the residents were offered a follow up meeting with a mental health/medical practitioner in the community within 14 days. Each resident has the option to accept or refuse this follow up meeting and their decision is noted on the completed Vulnerability Assessment Instrument. It was confirmed during interviews with the Agency PREA Coordinator and staff who administer the Vulnerability Assessment Instrument that all residents who disclose prior sexual victimization on the Vulnerability Assessment Instrument are given the option to accept or refuse a follow up meeting with a mental health/medical practitioner in the community. Their decision is then noted on the Vulnerability Assessment Instrument.</p>

(b) Outside In Residential Programs Zero Tolerance Policy states, "If the screening pursuant to § 115.341 indicates that a student has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the student immediately upon reviewing the screening materials. The primary counselor will document the offer of follow-up services and the student's response, facilitate the arrangement of the follow-up care, and collaborate with other departments to arrange for transportation."

During the past 12 months, there were two residents who disclosed previously perpetrating sexual abuse while being administered the Vulnerability Assessment Instrument. This auditor was able to review completed Vulnerability Assessment Instruments of residents who previously perpetrated sexual abuse prior to their arrival at Outside In Residential Programs. Residents who previously perpetrated sexual abuse have the option to accept or refuse this follow up meeting with a mental health staff in the community and their decision is noted on the completed Vulnerability Assessment Instrument. It was confirmed during interviews with the Agency PREA Coordinator and staff who administer the Vulnerability Assessment Instrument that any resident who discloses previously perpetrating sexual abuse on the Vulnerability Assessment Instrument is given the option to accept or refuse a follow up meeting with a mental health practitioner in the community. Their decision is then noted on the Vulnerability Assessment Instrument.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

Interviews with the Agency PREA Coordinator, Facility Director, and staff who administer the Vulnerability Assessment Instrument confirmed any information from the Vulnerability Assessment Instrument is limited to administrative staff and staff who are work at Outside In Residential Programs. It was noted that any information from the Vulnerability Assessment Instrument relayed to direct care staff is done so only for safety and security reasons and this information is documented on a Safety Plan to ensure the safety of the residents.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Outside In staff members shall 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. The majority of students at Outside In are under 18 years of age; therefore, information will, in those cases, be subject to the PA Mandated Child Abuse Reporting Law."

During interviews with the Agency PREA Coordinator, Facility Director, and intake



	<p>staff, it was noted that they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the residents upon intake of their reporting duties.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Resident Files</li> <li>3. Completed Vulnerability Assessment Instruments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interviews with Staff That Performs Screening for Risk of Victimization and Abusiveness</li> <li>4. Interviews with Intake Staff</li> <li>5. Interview with Resident who Disclosed Prior Victimization during Screening for Risk of Victimization and Abusiveness</li> </ol>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “Student victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, provided by Latrobe Hospital Emergency Room and the Blackburn Center, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”</p> <p>Resident victims of sexual abuse at Outside In Residential Programs receive emergency medical treatment at the Independence Health System - Latrobe Hospital and are offered crisis intervention services from the Blackburn Center. This auditor was provided with a Memorandum of Understanding that Outside In Residential Programs has with the Independence Health System - Latrobe Hospital and a Memorandum of Understanding that Outside In Residential Programs has with the Blackburn Center to review and confirm compliance.</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident victims of sexual abuse receive timely, unimpeded medical treatment at and crisis intervention services through the Blackburn Center.</p>

There were no allegations of sexual abuse at this facility during the past 12 months.

(b) Outside In Residential Programs Zero Tolerance Policy states, "Due to agreements in place with emergency medical and mental health services that are available 24 hours a day, 7 days a week, staff first responders will have these resources available immediately following a report. If there is any delay in making arrangements for the student to be transported to these services, or if there is a necessary time lapse due to other factors in the investigation process, all measures will be taken to keep the student victim safe pursuant to § 115.362."

All staff at Outside In Residential Programs are trained annually in their responsibilities to protect any victims of sexual abuse and to preserve evidence. All staff interviewed during the on-site portion of this audit were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. Staff interviewed also stated they would immediately separate the alleged victim from the alleged perpetrator, call for additional staff to report to the scene, secure the scene, contact the supervisor on shift, and document the incident in an Incident Report. In addition, staff were able to describe the Alleged Abuse Sexual Assault Checklist they would be expected to follow if they were the first responder to an allegation of sexual abuse. The supervisor on shift would then notify administrative staff and will arrange for the alleged victim to be transported to the Independence Health System - Latrobe Hospital for a forensic examination.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Student victims of sexual abuse while at the facility shall be 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. Information may be shared by any staff members involved in responding to the abuse report, and consultation may occur with Outside In's Medical Director or with personnel from Latrobe Hospital Emergency Room, or the Blackburn Center."

During interviews with the Agency PREA Coordinator and Facility Director, they stated any resident victim of sexual abuse at Outside In Residential Programs is offered timely information and access to emergency contraception and sexually transmitted diseases while at the Independence Health System - Latrobe Hospital and during follow-up medical appointments in the community while they are residing in the facility. The Agency PREA Coordinator stated that the resident would see a Physician in the community who would oversee the case and ensure all follow up recommendations from the hospital are followed through. In addition, during an interview with a representative from the Independence Health System - Latrobe Hospital, it was noted they would provide any resident victim of sexual abuse timely information, access to emergency contraception and sexually transmitted diseases, and follow up instructions.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising

	<p>out of the incident.”</p> <p>This auditor was able to interview the Agency PREA Coordinator and Facility Director during the on-site portion of this audit and they both confirmed that any victim of sexual abuse with penetration would be transported to the Independence Health System – Latrobe Hospital and receive medical and mental health treatment in the community at no cost whether they cooperated in the investigation or not, as noted in the Outside In Residential Programs Zero Tolerance Policy.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Memorandum of Understanding with Independence Health System – Latrobe Hospital</li> <li>3. Memorandum of Understanding with Blackburn Center</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Random Staff Interviews</li> <li>4. Interview with Representative from Independence Health System – Latrobe Hospital</li> </ol>
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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>
	<p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “The facility shall offer, using a qualified outside agency with whom a Memorandum of Understanding is in place, medical and/or mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident admitted into Outside In Residential Programs who has been sexually abused in a confinement facility is referred to a mental health staff in the community immediately upon learning such information. This referral form is attached to the Vulnerability Assessment Instrument. There were no resident victims of sexual abuse at other confinement facilities admitted into the facility during the past 12 months. Therefore, there were no residents at Outside In Residential Programs who were victims of sexual abuse at a confinement facility to interview</p>

during the on-site portion of this audit.

(b) Outside In Residential Programs Zero Tolerance Policy states, "The evaluation and treatment of such victims shall 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 the facility."

Interviews with the Agency PREA Coordinator and Facility Director confirmed all residents admitted into the facility are referred to a mental health practitioner in the community (if they have been a victim of sexual abuse in a confinement facility or not). If a resident victim of sexual abuse was being released from the facility, a referral would be made immediately for community-based services and recommendations would include specific follow up services.

(c) Outside In Residential Programs Zero Tolerance Policy states, "The facility shall provide, using a qualified outside agency with whom a Memorandum of Understanding is in place, such victims with medical and mental health services consistent with the community level of care."

There are no medical staff or mental health staff employed at Outside In Residential Programs. All medical and mental health services are provided by medical and mental health practitioners in the community.

(d) Outside In Residential Programs Zero Tolerance Policy states, "Outside In shall make available pregnancy test for sexual abuse residence if needed."

N/A - Outside In Residential Programs is an all-male facility.

(e) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will ensure the victim has comprehensive information about and timely access to all lawful pregnancy related medical services."

N/A - Outside In Residential Programs is an all-male facility.

(f) Outside In Residential Programs Zero Tolerance Policy states, "Student victims of sexual abuse while at the facility shall be offered tests for sexually transmitted infections as medically appropriate, provided by Latrobe Hospital Emergency Room or at the office of Outside In's Medical Director."

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident who is a victim of sexual abuse at Outside In Residential Programs is offered timely follow-up for sexually transmitted diseases as part of follow up appointments with a Physician in the community. This would occur if the victim was tested at the Independence Health System - Latrobe Hospital or not.

There were no incidents of sexual abuse at this facility during the past 12 months.

(g) Outside In Residential Programs Zero Tolerance Policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising

	<p>out of the incident.”</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed treatment services would be offered to the victim without financial cost regardless of if they named the abuser or cooperated with the investigation.</p> <p>(h) Outside In Residential Programs Zero Tolerance Policy states, “The facility shall attempt to conduct, using a qualified outside agency with whom a Memorandum of Understanding is in place, a mental health evaluation of all known student-on-student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident-on-resident abuser would be referred for assessment/evaluation by a mental health practitioner in the community. The mental health practitioner would then assess the resident and complete an evaluation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Memorandum of Understanding with Independence Health System – Latrobe Hospital</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Facility Director</li> <li>3. Interview with Representative from Independence Health System – Latrobe Hospital</li> </ol>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “The PREA Coordinator or designee will conduct a formal leadership review of the sexual abuse incident.”</p> <p>An interview with the Agency PREA Coordinator confirmed that he is aware a Sexual Abuse Incident Review must be completed at the conclusion of every sexual abuse investigation that has been determined to be Substantiated or Unsubstantiated. The Agency PREA Coordinator noted that he would head all Sexual Abuse Incident Reviews.</p>

There were no allegations of sexual abuse at this facility during the past 12 months. Therefore, there were no Sexual Abuse Incident Reviews conducted and no documentation for this auditor to review.

(b) Outside In Residential Programs Zero Tolerance Policy states, "The incidents of sexual abuse reviews will be conducted within 30 business days of the incident date."

An interview with the Agency PREA Coordinator confirmed any Sexual Abuse Incident Reviews are completed within 30 days of the conclusion of an investigation of an allegation of sexual abuse if the allegation was determined to be Substantiated or Unsubstantiated.

There were no allegations of sexual abuse at this facility during the past 12 months. Therefore, there were no Sexual Abuse Incident Reviews conducted and no documentation for this auditor to review.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Reviews will occur with all staff, referring agents, associate parties involved with incident."

Interviews with two members of the Sexual Abuse Incident Review Team confirmed the Sexual Abuse Incident Review Team includes the Agency PREA Coordinator, Facility Director, investigators, supervisors, and case managers.

(d) Outside In Residential Programs Zero Tolerance Policy states, "The review team shall consider whether there is a need to change policy or practice, the motivation for the incident, assess blind spots/physical barriers, staffing levels, video monitoring and disclose findings to the Associate Director of Residential Services."

(e) Outside In Residential Programs Zero Tolerance Policy states "Outside In shall implement the recommendations for improvement or shall document its reason for not doing so on SAIR form. Documentation shall be maintained by the PREA Coordinator."

Outside In Residential Programs documents Sexual Abuse Incident Reviews on a Sexual Allegation Investigation Review form. All requirements listed in this standard are reviewed and considered by the Sexual Abuse Incident Review Team. There were no allegations of sexual abuse at this facility during the past 12 months. Therefore, there were no Sexual Abuse Incident Reviews conducted during that time.

The Agency PREA Coordinator noted any time an allegation of sexual abuse is investigated and determined to be Substantiated or Unsubstantiated, a Sexual Abuse Incident Review is held within 30 days of receiving a determination at the completion of the investigation by agency investigators or the Pennsylvania State Police - Greensburg Station.

The Agency PREA Coordinator stated the Incident Review Team consists of the Agency PREA Coordinator, Facility Director, investigators, supervisors, and case managers. Two members of the Incident Review Team were interviewed during the on-site portion of this audit and were able to describe the review process that would

	<p>take place when an allegation of sexual abuse is determined to be either Substantiated or Unsubstantiated. They both stated the Incident Review Team would convene within 30 days upon the completion of an investigation by agency investigators or the Pennsylvania State Police –Greensburg Station for any Substantiated or Unsubstantiated allegations and recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse. Sexual Abuse Incident Reviews are headed by the Agency PREA Coordinator at this facility.</p> <p>All Sexual Abuse Incident Reviews and findings are incorporated into the agency Annual PREA Report by the Agency PREA Coordinator and submitted to the Agency Head before its dissemination on the facility website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Sexual Allegation Investigation Review Template</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Incident Review Team Members</li> </ol>
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<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) Outside In Residential Programs Zero Tolerance Policy states, “The SOD responsible for the campus in which the incident occurred will gather all data with the support of the PREA Coordinator and the PREA Manager. The sexual abuse checklist will be used as a guide to collect the data. All data will be kept in a hot file until completion of the investigation. The file will be kept with the PREA Coordinator.”</p> <p>Outside In collects uniform data for all allegations of sexual harassment and sexual abuse. This information is entered into the facility PREA Database titled “Survey of Sexual Violence Summary” using standardized data fields and standardized definitions. The PREA Database is the central repository for all information regarding allegations of sexual harassment and sexual abuse. The Agency PREA Coordinator is responsible for ensuring all allegations of sexual harassment and sexual abuse are entered into the PREA Database.</p> <p>This auditor interviewed the Agency PREA Coordinator who confirmed he collects</p>

uniform data for all allegations of sexual harassment and sexual abuse and enters this data into the PREA Database. This data is then reviewed and included in the agency's PREA Annual Report. There were no allegations of sexual harassment or sexual abuse at Outside In Residential Programs during the past 12 months. Therefore, there were no allegations listed in the PREA Database.

(b) Outside In Residential Programs Zero Tolerance Policy states, "At least annually, Outside In collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control."

An interview with the Agency PREA Coordinator confirmed he is responsible for gathering data on each reported incident of sexual harassment and sexual abuse to aggregate an annual report. This auditor was able to review the 2023 PREA Annual Report. This PREA Annual Report provided in-depth information regarding PREA implementation at this facility. The PREA Annual Report notes allegation statistics, definitions, and corrective action taken.

(c) Outside In Residential Programs Zero Tolerance Policy notes the PREA Database will include at a minimum the data necessary to complete the United States Department of Justice Survey of Sexual Victimization. This auditor was able to review the agency PREA Database and confirmed this database contains all allegations of sexual harassment and sexual abuse for each calendar year. The information captured in the agency PREA Database includes the data necessary to complete the Department of Justice Survey of Sexual Victimization when requested.

(d) Outside In Residential Programs Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states, "Outside In shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files and sexual abuse incident reviews."

During an interview with the Agency PREA Coordinator, this auditor confirmed Outside In Residential Programs utilizes data collected from incident reports, investigation files, and incident reviews on a PREA Database titled "Survey of Sexual Violence Summary". This information is then used to formulate the Agency's PREA Annual Report each year. There were no allegations of sexual harassment or sexual abuse at this facility during the past 12 months. Therefore, there were no allegations of sexual harassment or sexual abuse listed on the database.

(e) This provision is not applicable to Outside In Residential Programs as they do not contract with private facilities for the confinement of its residents.

(f) Outside In Residential Programs Zero Tolerance Policy states, "Such data from the previous calendar year shall be made available to the Department of Justice no later than June 30, if requested."

The Agency PREA Coordinator is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. During the past 12 months, the Department of Justice did not request this facility to submit the Survey of Sexual Abuse. Therefore, there was no



	<p>documentation for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Zero Tolerance Policy</li> <li>2. Outside In Residential Programs PREA Database</li> <li>3. 2023 Outside In Residential Programs PREA Annual Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>
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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>(a) Outside In Residential Programs Zero Tolerance 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 polices, 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.”</p> <p>This auditor interviewed the Agency PREA Coordinator, and he stated that he reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. He stated that the facility ensures the data collected is securely retained in the PREA Database. This auditor was able to review the PREA Database as it was created to retain data collected and aggregated following each allegation of sexual harassment and sexual abuse.</p> <p>There were no allegations of sexual harassment or sexual abuse at Outside In Residential Programs during the past 12 months. Therefore, there were no allegations of sexual harassment or sexual abuse listed on the PREA Database.</p> <p>(b) Outside In Residential Programs Zero-Tolerance of Sexual Abuse and/or Sexual Harassment 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 polices, 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 caparison of the current year’s data and corrective actions with those from prior years and shall provide an</p>

assessment of the agency’s progress in addressing sexual abuse.”

Outside In Residential Programs completes an annual report which details statistics of reported allegations of sexual harassment and sexual abuse. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2023 Outside In Residential Programs PREA Annual Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions.

(c) Outside In Residential Programs Zero Tolerance Policy states, “Outside In makes its annual report available to the public via the agency website.”

The Outside In Residential Programs PREA Annual Report is approved by the agency head and made available to the public through the facility’s website. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the facility website. The 2023 Outside In Residential Programs PREA Annual Report is posted on the facility website.

(d) Outside In Residential Programs Zero Tolerance Policy states, “Outside In may redact specific material from the reports when the information would present a clear and specific threat of the safety and security of a facility. But the report will indicate the nature of the material redacted.”

The Agency PREA Coordinator was interviewed and stated that any information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in the Outside In Residential Programs Zero Tolerance Policy. This auditor was able to review the 2023 Annual PREA Report, and any personal information that would present clear and specific threats to the safety and security of the facility, as well as personal identifiers, was redacted from this report.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Facility Website
3. Outside In Residential Programs PREA Database
4. 2023 Outside In Residential Programs PREA Annual Report

Interviews:

1. Interview with Agency PREA Coordinator

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

(a) Outside In Residential Programs Zero Tolerance Policy states, "Outside In Residential Programs shall collect, review, and securely maintain data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

All data collected at Outside In Residential Programs is securely retained on the PREA Database titled "Survey of Sexual Violence Summary". This data is inputted by the Agency PREA Coordinator. Access to the PREA Database is limited to administrative staff. This was confirmed during an interview with the Agency PREA Coordinator, and by reviewing the PREA Database.

(b) Outside In Residential Programs Zero Tolerance Policy states, "At least annually, Outside In makes its aggregated sexual abuse data available to the public via the agency website."

Outside In Residential Programs makes all aggregated sexual abuse data readily available to the public on the facility website. The facility's Annual PREA Report is reviewed and approved by the agency head and made available to the public through the facility website. The 2023 PREA Annual Report is posted on the facility website and was reviewed by this auditor to confirm compliance with this standard.

(c) Outside In Residential Programs Zero Tolerance Policy states, "Outside In will remove all personal identifiers before any incidents are posted on website."

An interview with the Agency PREA Coordinator confirmed all personal identifiers are removed from the Annual PREA Report prior to posting on the facility website. This auditor was able to review the 2023 Annual PREA Report to confirm all personal identifiers were removed prior to posting on the facility website.

(d) Outside In Residential Programs Zero Tolerance Policy states, "All data of sexual abuse will be kept on file for 10 years. Outside in will destroy all evidence of such sexual abuse incidents after 10 years of data collection."

An interview with the Agency PREA Coordinator confirmed Outside In Residential Programs maintains sexual abuse data collected for at least 10 years in the facility PREA Database. This auditor was also able to view the PREA Database to confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. Outside In Residential Programs Zero Tolerance Policy
2. Facility Website
3. Outside In Residential Programs PREA Database
4. 2023 Outside In Residential Programs PREA Annual Report

Interviews:

	1. Interview with Agency PREA Coordinator
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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>(a) Outside In Residential Program was last audited during the third year of the third three-year PREA cycle (audited October 6 – 8, 2021 and was found to be fully compliant on March 20, 2022). This re-audit occurred during the third year of the fourth three-year PREA cycle on September 30 – October 1, 2024.</p> <p>(b) Outside In Residential Programs has met this standard by being audited during the first, second, and third 3-year PREA cycles.</p> <p>(h) This auditor had unimpeded access to all areas of the facility during the on-site portion of this audit. The administrative team at Outside In Residential Programs accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documents from the Agency PREA Coordinator in a timely fashion during the pre-audit phase, on-site portion of the audit, and the post-audit phase.</p> <p>(m) This auditor was provided with a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications were posted in the living areas, dining area, visiting area, and administrative area six weeks prior to the on-site portion of this audit (posted on July 19, 2024). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Photographs were emailed to this auditor on the date the notices were posted (July 19, 2024) to confirm the audit notifications were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents or staff prior to, during, or after the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Outside In Residential Programs Pre-Audit Questionnaire</li> <li>2. PREA Audit Notification</li> <li>3. Photographs of PREA Audit Notification</li> <li>4. Tour of Facility</li> <li>5. Facility Website</li> </ol>

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1430 416">(f) This auditor confirmed that Outside In Residential Programs has published the most recent PREA Audit Report from the prior audit cycle on its website.</p> <p data-bbox="280 456 1011 492">Reviewed documentation to determine compliance:</p> <ol data-bbox="341 555 609 591" style="list-style-type: none"><li>1. Facility Website</li></ol>

<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.)	yes
<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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<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 is responsible for investigating allegations of sexual abuse.)	yes
<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).)	yes
<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).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<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).)	yes

<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 an 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	yes

	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).)	yes
	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).)	yes
<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.)	yes
<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.)	no
	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.)	yes
<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