

# PREA Facility Audit Report: Final

**Name of Facility:** A.R.C. Woodlawn Program

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/28/2017

**Date Final Report Submitted:** 04/02/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Maureen G. Raquet	<b>Date of Signature:</b> 04/02/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Raquet, Maureen
<b>Address:</b>	
<b>Email:</b>	Mraqet1764@comcast.net
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	09/11/2017
<b>End Date of On-Site Audit:</b>	09/14/2017

FACILITY INFORMATION	
<b>Facility name:</b>	A.R.C. Woodlawn Program
<b>Facility physical address:</b>	2600 Woodlawn Program Street, Harrisburg, Pennsylvania - 17111
<b>Facility Phone</b>	717-561-1611
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Raymond Isom	<b>Title:</b>	Program Director
<b>Email Address:</b>	arcray.isom@gmail.com	<b>Telephone Number:</b>	717-561-1611

Warden/Superintendent			
<b>Name:</b>	Raymond Isom	<b>Title:</b>	Program Director
<b>Email Address:</b>	arcray.isom@gmail.com	<b>Telephone Number:</b>	717-561-1611

Facility PREA Compliance Manager			
<b>Name:</b>	David Jackson	<b>Email Address:</b>	Davidjackson@placeholder.example.com

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	14
<b>Current population of facility:</b>	13
<b>Age range of population:</b>	14-19
<b>Facility security level:</b>	N/A
<b>Resident custody level:</b>	N/A
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	18

AGENCY INFORMATION	
<b>Name of agency:</b>	Alternative Rehabilitation Communities, Inc
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2743 North Front Street, Harrisburg, Pennsylvania - 17110
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>	Daniel P. Elby	<b>Title:</b>	CEO
<b>Email Address:</b>		<b>Telephone Number:</b>	717-238-7101

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Laura Kempton	<b>Email Address:</b>	arclaura.kempton@gmail.com



## AUDIT FINDINGS

### **Narrative:**

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

The Prison Rape Elimination Act (PREA) Audit of A.R.C. at Woodlawn was conducted on September 11, 12, 13, 14, 2017, by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This is the first PREA Audit for this facility. This Audit, conducted on September 11, 12, 13, 14, 2017 is part of an Agency Audit for Alternative Rehabilitation Communities. It was conducted at the same time and as part of the Agency Audit as well as the Audit of two other A. R. C. facilities located in Harrisburg, Pa. This Audit was conducted in year two of the second PREA 3 year cycle. The Agency and this facility implemented PREA on January 1, 2017. Notice of the Audit was posted on 7-5-17. I received an email with pictures of the posting in the living and common areas on this date. The facility was requested to keep these notices posted during the pre-audit six week period and they were still posted in all areas during the tour on September 12, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 7-19-17, I received notification of the completion of the Pre-Audit Questionnaire on the PRC On-line Auditing system. During this pre-audit time period, through emails and phone calls with the PREA Coordinator, the uploaded information, important documentation and PREA Policy was discussed, clarified and amended. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 8-8-17. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator and the Director of Program Services. The tour of the facility was conducted by the PREA Coordinator and the PREA Manager on 9-12-17.

During the tour, I saw postings for the upcoming Audit in the living areas on the first floor and in the building foyer in Spanish and English. The dining room which is used as a visiting area had reporting posters in both languages added before the end of the onsite portion of the Audit. These posters described sexual abuse and provided reporting information for the YWCA of Greater Harrisburg, a member of the Pennsylvania Coalition Against Rape.

Upon my arrival at the facility, the residents were finishing chores and getting ready for school, which is located in an adjacent building. During the tour, I asked for and received a volunteer to show me how the "PREA Hotline" procedure worked. There are posters next to the phone for reporting and the phone number for the YWCA next to each phone, along with the phone number for Pa. Child Line. The resident demonstrated how they would ask a staff to use the phone and then they dialed the number. They handed the phone to me and I verified it went to the reporting hotline. During the pre-Audit time period, I contacted the YWCA of Greater Harrisburg and spoke to the Director. The Director confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She also stated that there have been no issues or ongoing problems at Woodlawn that she was aware of.

Residents were in school during the tour. I saw the residents in the classroom with a teacher and with a Direct care staff. Pa. #3800 Child Care regulations requires a ratio of 1:8 and 1:16. The ratio in the classroom 1:4. I spoke to several residents who told me they had received PREA education and they told me how they could report. There is a PREA box in the dining room/visiting area. I spoke to staff persons who stated they received PREA training and they told me that Administration conducts unannounced

rounds on a regular basis. I saw an unannounced round log and saw that a round had been conducted the night before at 3:45 A.M. I spoke to a secretary, teacher's aide and the cook, all of whom told me they received PREA education.

There are no Medical staff at Woodlawn. Residents receive a physical within 72 hours of admission in the Community. There is a contracted Psychiatrist, who I spoke to via telephone, who does medication evaluations and meets any emergency psychiatric needs. He is contracted by the Agency for all ARC residential facilities except Schaffner Youth Center. He has received PREA education and he is a mandated reporter. An agency psychologist, new to the position, had not yet received the specialized PREA education for Medical and Mental Health Staff. She had received PREA training required of all staff. Subsequent to the onsite portion of the Audit, but prior to the Interim report, the psychologist completed the NIC specialized training for Medical and Mental Health staff. A newly hired nurse was interviewed after the Audit and she too received both trainings.

The residents receive PREA Education upon admission which includes receiving a PREA pamphlet with reporting information and information about the zero tolerance policy. Within 10 days, but usually the next school day, the teacher or teacher's aide who are ARC employees, conduct the more extensive education which includes viewing the PREA video, "Safeguarding your sexual safety; A PREA Orientation video. ARC has a Latino program at another facility and uses these staff as resources for their other programs if needed. As part of the Admission process, the staff conducting the intake also administers the Vulnerability Assessment.

The dining room is used for visiting, which occurs once a week for each resident. Reporting posters in Spanish and English were added in this room prior to the end of the onsite portion of the Audit. There is a "PREA box" in this room for parent and visitor reporting as well as signs about sexual abuse and domestic violence.

Directly after the tour of the facility, interviews were conducted privately in one of the living rooms. Several Agency staff were interviewed earlier in the week as part of the Agency Audit. The Facility Director was out on medical leave during the onsite portion of the Audit and was interviewed by telephone at a later date. The following staff were interviewed as part of the Agency Audit on 9-11-17:

Chief Executive Officer of A. R. C.  
Human Resources Assistant  
PREA Coordinator, who is also a member of the Incident Review team  
Agency Psychologist  
Barber, who is a contracted employee

The following were interviewed as part of the Facility Audit:

PREA Manager who also monitors retaliation  
Psychiatrist, a contracted employee by telephone  
Staff who conducts Education at Intake and Vulnerability Assessment  
Teacher who conducts 10 day education  
Facility Director by phone on 10-27-17  
Agency Nurse on 10-19-17  
10 random residents  
12 random staff

Staff are full and part time and work rotating shifts with rotating days off. A roster of all staff working on all

units was provided to me and I interviewed twelve random staff. There are 17 full and part time staff at Woodlawn including the Facility Director, who was out on emergency medical leave, the Cook, Teacher, Teacher's Aide and the Secretary. All of these staff have received the necessary training to count in ratio. I interviewed both the cook and the secretary in order to obtain 12 random staff interviews because several of the part time staff have full time jobs and are not available during weekdays. These interviews represent 70% of all of the staff assigned to the facility.

I was given a census of all 13 facility residents and 10 were interviewed, which included one resident who disclosed a prior sexual abuse. There were no residents that identified as LGBTI, who were disabled, or non-English proficient. There was one resident who reported a resident on resident sexual abuse. This resident refused to be interviewed.

I reviewed the files of 12 staff for required documentation, including two staff hired within the past 12 months, and the files of 11 residents.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment as mentioned above: "The PREA Hotline", which goes directly to YWCA of Greater Harrisburg. Addresses and phone numbers for the YWCA were posted throughout the facility in both Spanish and English, including the area that is used for visiting. A report can be placed in the locked metal box, which is checked by the PREA Manager on a daily basis. Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls and visits. Attorneys, Probation Officers and Caseworkers can call or visit at any time.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third parties. Most were aware of the Victim Advocacy Services and Hotline through the YWCA. Most residents stated they would tell a staff or use the "PREA box".

There are MOUs with Pinnacle Health for Forensic Examinations with SAFE/SANes. There is a MOU with YWCA of Greater Harrisburg for outside agency reporting and Victim Advocacy and Crisis Intervention Services. Pa. Child Line also conducts investigations. There is not an MOU with Harrisburg City Police Department but documentation of efforts to obtain one was provided to me. This information is posted on the facility website.

During the past 12 months, there has been one allegation of resident on resident sexual abuse at Woodlawn. This was reported immediately prior to the onsite portion of the Audit. Subsequent to the onsite this allegation was classified as unsubstantiated. The proper documentation was provided to the Auditor. There have been no other reports of sexual abuse or sexual harassment at the facility. The facility has not received any reports from residents of sexual abuse at other facilities, nor have other facilities reported sexual abuse to Woodlawn.

At the conclusion of the onsite Audit, a brief Exit interview was held with the PREA Coordinator. The preliminary results of the Audit were discussed as well as a plan for corrective action

## AUDIT FINDINGS

### Facility Characteristics:

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

Alternative Rehabilitation Communities was established in 1975 in response to a request for facilities to house juveniles who were being removed from the State Correctional Facility at Camp Hill. During this time period a Juvenile Justice Reformer, Jerry Miller, oversaw the removal of Juveniles from the State's Prisons. The State solicited, through a Request for Services' Proposal, for group homes for these young men. A.R.C. opened their Woodlawn facility in response. Since that time, A.R. C. has run up to nine juvenile facilities, including a Secure Unit. In the past year, the Agency has downsized from eight to the current six facilities. These include 4 Male group homes, one female group home and one short term shelter facility. These facilities are located in Harrisburg City, York City and Carlisle, Pa.; all in the Central Pennsylvania area. The Agency also runs a non-residential Evening Reporting Center in the City of Harrisburg. This is part of the Juvenile Detention Alternatives Initiative and was started through a grant from the Juvenile Justice and Delinquency Prevention Committee, part of the Pa. Commission on Crime and Delinquency. The ERC accepts alleged delinquents as an alternative to Detention. They report after school, do homework, eat dinner and attend groups. They also attend on Saturdays and may do Community Service at that time.

There are 165 ARC employees including, teachers, administrators and support personnel. The CEO, Dan Elby, one of the founders of ARC, reports to a 6 person Board of Directors.

A.R. C. at Woodlawn has a 14 bed licensed capacity. It was originally built in 1775 as a private home and was purchased in 1985 by ARC for its current purpose and leased by ARC prior to the purchase. This was the first facility operated by ARC. ARC is a residential facility for male delinquent and dependent juveniles. The facility had 36 admissions in 2016 and the average length of stay is 6-12 months. The children, ages 14-19, are placed by order of the Court. The residents attend school taught in a classroom in an adjacent building by a certified teacher and aide, who are ARC employees. The residents attend groups every day, which include Aggression Replacement Training, Criminal and Addictive Thinking and Balanced and Restorative Justice Groups. The residents are taken into the community for recreation including the YMCA. These residents progress through levels that allow them to earn home visits and for some to reach "transition status" that provides for gradual re-integration into the community and to a return home. One resident was at this status during the onsite. He lives at his home during the week, attending school, and returned to Woodlawn on weekends.

The director of this facility is Raymond Isom, who was interviewed by telephone subsequent to the onsite but prior to the 45 day Interim report and he reports directly to the Director of Operations. Contracted employees include the barber and psychiatrist. There are no volunteers. This facility is licensed by the Pa. Department of Human Services under the 3800 regulations governing child care.

The 5,014 square foot building is located on about .41 acres on a corner lot in a very old home located in a residential community. The home is located in the city of Harrisburg, the state capitol of Pennsylvania in Dauphin County. The two story stone and frame building has on street parking with steps leading up from the street to the front door. The exterior doors are locked to keep others out. There is a front porch and a back and side yard with a volleyball net. In order to enter the facility, you ring the bell at the front door and a staff unlocks it from the inside allowing you to enter. When inside, you are in a foyer with two offices, one on both sides of the area and a staircase to the second floor immediately in front of you. To

the left is the living/common room, used for recreation and this was where the private interviews were conducted. It was furnished with wooden/upholstered furniture and had posters and signs on the wall. The Director's office was closed and locked toward the front of the building. The room had large windows, with curtains and built in shelving.

On the right side of the building was another common room, used for group and there is also a bathroom with a toilet, sink and two shower stalls. This is the the bathroom that is used to conduct showers. All residents shower one at a time and dress and undress in the bathroom.

Through an open doorway to the rear of the building was the dining room/visiting room. This is where there is a phone with the hotline number that the resident used to call YWCA of Harrisburg. From this room there is stairway to a very small cellar with a washer/dryer, ladies' room, storage area and some weight machines. The doorway to the basement is always kept locked. To the right of the dining area is a small open kitchen with a back door. The back door through the kitchen is used to go to school immediately across the driveway. The school building is a small one story building with a front and backroom. The front room is used as a classroom with a teacher's and children's desks. There is a large glass window partitioning off the back room, which is used as an office. This is where the ten day education is conducted by the teachers. There is a small vegetable garden next to the school.

The second floor is accessed by a stairway from the foyer in the front of the house. There are three bedrooms of 5 beds apiece. The beds are foldaways and the rooms can be configured to meet needs. Two of the bedrooms are in the front of the house with a staff desk posted between them. I was shown what room and what bed a child would be placed in if he needed extra supervision. It was literally just feet from the midnight staff desk. The third bedroom is in the rear of the second floor along with a bathroom used at night. There is a second midnight staff post in front of the bathroom. There are no cameras in this building.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	36
<b>Number of standards not met:</b>	0
<b>Not audited at the facility level:</b> Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	7

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. There is a culture of dignity and respect from the leadership of the Agency on down. PREA was not implemented at this facility until January 2017. This facility did not undergo a PREA Audit during the first PREA cycle.

The Policy was amended during the pre-audit time period to include all necessary verbiage. Some procedures although being practiced prior to PREA were not being documented. Other procedures must be implemented in order to be compliant.

The PREA Coordinator for the agency has extensive experience in Juvenile Corrections and previously worked at Schaffner Youth Center, an ARC facility. She was appointed to this position within the last year when the previous PREA Coordinator left the agency. She has six PREA Managers who report to her; one at each facility. She and a PREA team developed policy, procedure and curriculum for both staff and residents. The PREA Coordinator does the PREA training for employees. While implementing the standards, she requested the assistance of the Pa. Juvenile Justices Services PREA Coordinator. He assisted this Agency by providing posters, forms, curriculum and technical assistance. He performed a "mock audit" which included interviews of residents. He reviewed the Vulnerability Assessment which was in use and recommended changes to it. The new tool, which includes all necessary variables did not go into use until June 2017. The use of other resources by this Agency demonstrates the commitment to doing things right.

The tracking and record keeping by the PREA Coordinator is exemplary. She has a PREA binder for each facility with staff training, resident education and vulnerability assessments. She tracks Medical and Mental Health follow up and she conducts the 6 month re-assessments of residents that the policy now calls for.

There is a MOU with YWCA of Greater Harrisburg that allows for victim advocacy, emotional support and

reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Pinnacle Health for Forensic Medical Examinations for Residents with SAFE/SANEs and although there is not a MOU with the Harrisburg City Police Department, there is a cooperative working relationship. This information is posted on the website.

The residents receive education regarding the facility's Zero Tolerance Policy and Reporting Information at Intake. There is no documentation of this initial education. Within 10 days, but usually the next school day the residents watch a PREA Orientation video, one on one, with the teacher, who asks them questions about it. Residents sign off that they have received the education. There are informational postings throughout the facility to act as ongoing education for both residents and staff. The Vulnerability Assessments are also conducted at Intake and a review of the resident files show they are done in a timely fashion. All residents receive a physical in the community within 72 hours of admission and all residents will be assessed by the Agency psychologist. The Mental Health Assessment is a new procedure and has not occurred as of the Audit. There is a contracted psychiatrist, who I interviewed by phone, who does medication evaluations and consults when needed. I was provided with secondary medical and mental health documentation for those residents identified as perpetrators and/or who disclosed a prior victimization. Although now being practiced, this follow up has not been ongoing since PREA implementation, so additional documentation will be needed.

All staff files were complete for both education/training, child abuse and criminal history clearances. All resident files, were complete for timely PREA 10 day education and administration of the Vulnerability Assessment. Risk based housing for those residents identified as sexually vulnerable or sexually aggressive is being practiced, however, it is not being documented. VAs are being conducted at Intake but have not been conducted at six months as the policy which was amended now calls for. The PREA Coordinator conducted six month assessments on those residents who required one prior to the Audit, however all of them were done after the fact.

The Pa. 3800 regulations require a ratio of 1:8 and 1:16 at Woodlawn. The posted schedules always meet or exceed this ratio. There are never deviations from ratio because both voluntary and mandatory overtime is used to ensure that ratio is met. Although supervisors are required to conduct and document unannounced rounds on each shift, the upper and mid-level supervisors and administration have been conducting these rounds on a weekly Director on Call basis for many years. They do not document these rounds although both the CEO and Facility Director described them and I did see a recent documentation in a log during the tour.

There have been no standards that have been exceeded, because this facility only implemented the standards in January 2017. Four standards as noted below do not apply. Five standards require corrective action. The remaining Standards have been met at either the facility or agency level. All policy and procedure meet the Standards. This report serves as the Interim Report. Ninety days of documentation needs to be submitted as noted in the corrective action plan for this facility to be fully compliant.

The following standards requires Corrective Action:

#### Standard #313: Monitoring and Supervision

All provisions of this standard were met except for the provision requiring random unannounced rounds conducted by upper and mid-level supervisors on all shifts. Although documentation was provided to me of supervisors on shift conducting rounds, the Director's on call have not documented their weekly rounds. Ninety days of documentation of random rounds being conducted at all hours on all shifts needs to be submitted to the Auditor in order for the facility to be in compliance with this standard.

Documentation of random unannounced rounds for a period of six months were submitted to the Auditor.

This documentation satisfies the plan of correction and demonstrates compliance with the standard. This standard has been met.

#### Standard #333: Resident Education

Interviews with staff and residents indicate that the residents are receiving all required PREA education in a timely fashion, but the Intake education is not being documented. Ninety days of admissions with documentation of Intake education needs to be provided to be compliant with this standard.

I received documentation of all admissions for a period of five months since the onsite. All 5 admissions received education in a timely fashion and documentation of it was provided. This standard has been met.

#### Standard #341: Obtaining Information from residents

During the pre-audit time period, the Policy was amended to include re-assessments of residents at six months. This was implemented immediately prior to the onsite Audit. Ninety days of documentation needs to be provided of residents receiving a six month re-assessment .

There have been no residents who have been at Woodlawn longer then six months, so no re-assessments have been conducted. However, they are being conducted at other ARC facilities and the PREA Coordinator includes the date of the re-assessment on the PREA tracking spread sheet. This demonstrates compliance with the standard. This standard has been met.

#### Standard #342: Placement of residents in housing, bed, programming , educational and work assignments

Although being practiced as evidenced by interviews of staff and seeing risk based housing practiced on the tour, there is no documentation of risk based housing decisions. Ninety days of documentation of risk based housing needs to be submitted in order to be in compliance with this Standard.

Documentation of 5 months of admissions were submitted and reviewed. None of the 5 admissions were identified as either sexually vulnerable or sexually aggressive and in need of risk based housing consideration. However this is being practiced and documented at other ARC facilities and the PREA Coordinator tracks its use. This demonstrates compliance. This standard has been met.

#### Standard #381: Medical and Mental Health Screenings

The necessary Medical and Mental Health 14 day follow up has not been consistently followed or documented. Ninety days of documentation needs to be submitted.

Five months of Admissions have been submitted, but none of the 5 residents required Medical or Mental Health follow up due to an identification on the VAI. All residents receive a physical in the community within 782 hours. An Agency Nurse and Psychologist have been hired and trained. During their interviews they discussed the follow up that would occur in the community within 14 days if needed. Although this has not been done, due to the low number of admissions, the policy and procedure are now in place to

ensure that it happens. It is occurring according to policy in the 5 other ARC facilities that were audited. Additionally the PREA Coordinator tracks all Medical and Mental Health follow up.

This standard has been met.

The following standards do not apply:

Standard #312: Contracting with other entities for confinement of residents: A.R.C. at Woodlawn does not contract with any other entities for the confinement of their residents.

Standard #318: Upgrades to Facilities and Technology: There have been no upgrades to this facility.

Standard #334: Specialized Training; Investigations: Woodlawn staff do not conduct Investigations. This is done by Harrisburg City Police Department and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Woodlawn.

The Auditor reviewed submitted documentation and conducted phone calls with the PREA Coordinator during the period of corrective action to ensure compliance with the plan of correction. As of April 2, 2018 this facility is fully PREA compliant.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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.

<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>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  A.R.C. Organizational Chart  Agenda for PREA Manger Meeting</p> <p>Interviews Conducted:</p> <p>A.R.C. PREA Coordinator  Woodlawn PREA Manager</p> <p>The facility has a designated PREA Coordinator and a PREA Manager at each of its facilities. They meet to develop policy and to conduct training. When I interviewed the PREA Coordinator on 9-11-17, she told me that she has enough time to devote to PREA implementation at ARC. She writes policy, does training, and ensures compliance with the Standards. As a supervisor, she meets with all PREA Managers together on a regular basis. She visits all facilities regularly and she keeps all PREA related information for each facility and each resident. She also does all the six month Vulnerability reassessments for those student that require it. She states that she does have the time necessary for all PREA related responsibilities.</p> <p>There is a flow chart with the PREA Coordinator and each of the PREA Managers. It appears from the chart that they have enough Authority to develop, implement and oversee the agency efforts to comply with the PREA standards.</p> <p>On 9-12-17, I interviewed the PREA Manager at Woodlawn. He feels that he has the experience to be effective in this position. He also monitors retaliation in this capacity. He checks the PREA boxes every day and he would receive reports from staff and residents of any sexual abuse or sexual harassment. He did receive one report of resident on resident sexual abuse in the PREA box.</p> <p>The PREA Zero Tolerance policy has been reviewed. It contains the required definitions as well as a plan to prevent, detect, report and respond to incidents of sexual harassment in its facilities. This policy was amended several times during the pre-audit time period.</p> <p>This standard has been met.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	<p>this standard does not apply. A.R.C. does not contract with other facilities for the confinement of its residents. This was audited at the Agency level.</p>



115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations  Pa. Bureau of Human Services Licensing and Inspection Summary  Posted Staff Schedule  PREA Zero Tolerance Policy  Logs of Unannounced Rounds  Additional Logs of Unannounced Rounds  Documentation of yearly review of staff schedules by PREA Coordinator  Documentation of an Unannounced round conducted on 9-12-17 at 3:45 AM</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  Facility Director who also conducts Unannounced rounds  Residents during tour  Staff during tour</p> <p>The review of the Zero Tolerance Policy, ARC policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Bureau of Human Services Licensing and Inspection Summary. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.</p> <p>I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing on a yearly basis as required. This is done at a Director's Meeting and all Facility and Agency Directors have input and sign off on the staffing review. The PREA Manager states that staffing is reviewed daily to ensure one on one supervision and that other resident needs are met.</p> <p>The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states his facility is always in ratio and most times supersedes the ratio.</p> <p>I was provided current staff schedules with more than the required ratio. The Director prepares the staff schedule and it is posted in the small staff office off the foyer, where the staff have their mailboxes, in the Director's office and in the ARC Central Administration Building. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing, so there are never any deviations. The Director cited a recent blizzard where staff remain at the facility until relieved. If there are activities, such as field trips, or recreation at the YMCA, additional staff will be scheduled to properly supervise this event. If a resident requires one on one supervision due to a Safety Plan, an additional staff person is brought in.</p> <p>During the tour, I saw residents supervised in groups in the classroom and in the dining room. Required ratio was exceeded.</p>

Prior to the onsite, I was provided logs of unannounced rounds conducted by the Facility Supervisor. The Facility Director conducts them on all shifts when he is the Director on duty and documents them. He never advises anyone that he will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. All Directors carry keys to all facilities, so they can enter any time of the day or night without alerting facility staff. As the Director on Call, he must do an unannounced round on all shifts at four ARC facilities, except his own during the week he is on call. The following week, a different Director on Call will visit Woodlawn. This ensures that rounds are conducted on all three shifts at all ARC facilities, several times a month. These rounds were not being documented prior to PREA implementation. Only the facility supervisor rounds were documented.

Corrective Action:

Ninety days of documentation of random unannounced rounds by mid and upper level supervisors occurring at all hours on all three shifts needs to be submitted to the Auditor to be in compliance with this standard.

I was provided with logs of random, unannounced rounds conducted by the Directors on Call for the months of August, September, October, November and December of 2017, as well as January, February and March of 2018. This documentation demonstrates compliance with the standard and satisfies the plan of correction.

This standard has been met.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy  Search Policy  Gender Variant Search Preference Form  Staff Training Curriculum  Staff Training Logs</p> <p>Interviews:</p> <p>12 staff  10 Random residents</p> <p>The ARC Zero Tolerance Policy contains the necessary requirements for this standard. It, along with the Search policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. Only male staff act as Direct care staff, although the cook, teachers and secretary can count in ratio. Only the male staff conduct searches. There have been no cross gender searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. There were no Transgender or Intersex residents in the current population.</p> <p>Residents state that they always shower alone. The bathrooms contain single showers with a curtain. Same sex staff conduct showers. Showers are conducted after the female staff leave for the day. Residents must be completely dressed when they are not in the bathroom. Only one female staff person, the cook, enters the second floor sleeping area for some housekeeping responsibilities and that is only when the boys are in school.</p> <p>All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents. All residents could tell me that female staff are never in the bedroom area when they are sleeping and they are not working when showers are conducted.</p> <p>This standard has been met. There is no need for corrective action</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy  Spanish and English Reporting Posters  Interpretive Services Documentation</p> <p>Interviews Conducted:</p> <p>Agency CEO  Twelve Staff</p> <p>During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. The County has contracts with translators that includes translators and resources for those that are deaf or blind. The Director stated that all reasonable accommodations would be made for a resident with a disability. There is the capacity through the Educational program, for all residents to receive appropriate education. The teachers conduct the 10 day education. There is "Latino program" at one of the ARC facilities and those resources, including staff are shared. There are many Spanish speaking ARC staff. All residents were working on Latino week" projects in school during the onsite. The Director of Education is Latina according to the CEO and they employ a reading specialist. A team approach is used for residents who are low functioning. However students with disabilities are accepted on a case by case basis because a certain level of functioning is needed in order to participate in "cognitive reasoning groups" Staff knew that residents cannot be used as translators for other residents to report sexual abuse and they never knew this to happen. The PREA policy requires these accommodations. This standard has been met. There is no need for corrective action</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	This standard was Audited and met at the Agency level. File of staff from this facility were Audited at the Agency level.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply. There as been no renovation to this facility or any installation or upgrading of video or electronic surveillance systems since 2012.

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy  MOU with Pinnacle Health System  MOU with YWCA of Greater Harrisburg  Documentation of attempts to obtain a MOU with Harrisburg City Police Department</p> <p>Interviews:</p> <p>PREA Coordinator  12 Staff  Phone Interview with Director of YWCA of Greater Harrisburg (a PCAR)</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Harrisburg Hospital (Pinnacle Health) to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by Harrisburg City Police Department. Documentation of attempts to obtain an MOU were provided to me. There is no signed MOU. The YWCA of Greater Harrisburg, a member of the Pennsylvania Commission Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals.</p> <p>I spoke to the Director of the YWCA prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU.</p> <p>All MOUs are in place for the required services outside of the facility. The Director of the YWCA confirmed SAFE/SANEs at Harrisburg Hospital.</p> <p>There was one resident who reported a sexual abuse by another resident immediately prior to the onsite. This incident did not require a forensic exam and the resident refused to be interviewed. The incident was unsubstantiated. All reports were provided to the Auditor. All policy and procedure was followed.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.322	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pennsylvania Child Protective Services Law (CPSL)  Alternative Rehabilitation Communities' website  Documentation of attempts to obtain MOU with Harrisburg City PD  Reports of Unsubstantiated Resident on Resident Sexual Abuse</p> <p>Interviews:</p> <p>Agency CEO</p> <p>I interviewed the Agency CEO and reviewed the PREA Policy. I reviewed documentation of efforts to obtain a MOU with Harrisburg City PD. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The CEO states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Harrisburg City Police Department and Pa. Child Line. There are no investigators at ARC. The Pa. Child Care regulations prohibit the facility from investigating or interfering with an incident prior to reporting it. The facility must only gather enough information to report the incident and to institute a plan of safety. The contact information for Pa. Child Line and Harrisburg City PD is on the website.</p> <p>There was one allegation of a sexual abuse by a resident against a resident. The resident used the PREA box to report it. The PREA Manager and Coordinator interviewed the victim and the perpetrator. They determined that the residents had an ongoing disagreement and the incident was unsubstantiated. The victim refused to be interviewed by me, however, I did interview the alleged perpetrator. All documentation demonstrated timely adherence to the reporting policy.</p> <p>This standard has been met. There is no need for corrective action.</p>
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115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  PREA Curriculum for Employees  Mandated Reporter Curriculum  Pa. Dept. of Human Services 3800 Child Care Regulations  Twelve Random employee files  Logs of all Woodlawn employees training</p> <p>Interviews:</p> <p>PREA Coordinator  Twelve Staff</p> <p>I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2016 and any staff who were hired after that date receive this training during orientation. The staff receive training every year. I saw sign in sheets for all staff training and I saw PREA knowledge tests that each employee takes to demonstrate understanding of the subject matter and a sign off that they had completed the training in a log book. The PREA Coordinator keeps a log of training for each facility. All staff files that were reviewed had received initial PREA training and some had received refresher training.</p> <p>The training is conducted by the PREA Coordinator and includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The twelve staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff that were interviewed could tell me they received initial training and annual refresher training as recently as last week. All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.</p> <p>The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.</p> <p>This standard has been met. There is no corrective action needed</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Zero Tolerance Policy          PREA Brochure for Contractors          Training Logs          Signed Training Acknowledgement of two Contracted Employees</p> <p>Interviews:</p> <p>Contracted Employee , the psychiatrist by phone          Contracted Employee, the barber</p> <p>I conducted an interview with two Contracted Employees, the psychiatrist by phone and the barber in person. Both were able to tell me that they received training and the extent of the training. The Psychiatrist is also a mandated reporter. They were able to tell me that they would report to an administrator or supervisor and would also document the report. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. I saw the signed acknowledgement of training for both contractors.</p> <p>There are no Volunteers at Woodlawn.</p> <p>The PREA Coordinator conducts the training and also keeps a log of contractor training and their signed acknowledgements.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Resident PREA Ten Day Education Acknowledgement Form  Posters for Reporting and Education in Spanish and English  11 Resident Files  Additional Documentation of Residents' receiving education at Intake  PREA Tracking Form</p> <p>Interviews:</p> <p>Staff person who performs Intake  Teacher who performs 10 day Education  10 random residents.</p> <p>This facility conducts education as a two part process. I interviewed a staff who performs Intake education as part of Admission. All staff conduct Intakes. He stated that he conducts Intake education "as soon as they walk through the door". There is an Intake brochure with an explanation of Zero Tolerance and reporting information. The Intake staff states that he explains PREA to residents and "I ask them if they have any questions". The 10 day education is conducted by a teacher's aide or teacher, who I interviewed, usually the next school day. The teacher stated that she shows the PREA video one on one with the new resident and answers any questions he might have. He signs off that he received that education. I saw signed acknowledgements of education in all 11 files. All education was done in a timely fashion. There are no signed acknowledgments of Intake education.</p> <p>The 10 residents that I interviewed stated they had received education at Intake and then again in school. Many could tell me they have received it many times at different placements. They could all demonstrate that they received education.</p> <p>There are posters throughout the facility in both Spanish and English for continuing education.</p> <p><b>Corrective Action:</b></p> <p>In order to be compliant with this standard, the facility needs to document Intake Education and 90 days of Admission with timely education needs to be submitted.</p> <p>I received documentation of 5 admissions since the date of the onsite Audit, that covered September 2017 through and including February 2018. All 5 residents received education at Intake and documentation of this with the residents' signatures was submitted. This satisfies the plan of correction.</p> <p>This standard has been met.</p>

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply. There are no investigators at Woodlawn. Investigations are conducted by the Harrisburg City Police Department and/or Pa. Child Line.

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Employee Training Curricula  Training Logs  NIC Certificate of Training for Nurse  NIC Certificate for Psychologist</p> <p>Interviews:</p> <p>Agency Psychologist  Agency Nurse subsequent to onsite  PREA Coordinator  Agency Contracted Psychiatrist</p> <p>This facility does not perform any forensic medical examinations. These are conducted at Harrisburg Hospital by SAFE/SANEs and there is a MOU with the Hospital. All residents receive physicals in the community.</p> <p>I interviewed an Agency Psychologist , who received the all employee training and the NIC Specialized online training for Medical and Mental Health staff. She completed the specialized training subsequent to the onsite but prior to the 45 day Interim Report. I saw the logs for this training and her NIC Certificate. I interviewed the Agency nurse as part of the second round of Audits. She was new to the Agency and received her training subsequent to this onsite but prior to the next round of Audits in October 2017, but prior to the Interim Report. She received both the all employee PREA training and the NIC Specialized Medical/MH on-line curriculum. I was provided with the NIC online completion certificate for the Nurse and for the Agency Psychologist .</p> <p>The PREA Coordinator stated that the Psychologist will do the follow up assessments for those residents who require it and that the Nurse trains staff on medication administration and serves as a liaison for the community medical services that the residents utilize.</p> <p>The Contracted Psychiatrist was interviewed by phone and receives PREA education. He is a mandated reporter.</p> <p>This standard has been met.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Vulnerability Assessment Instrument  Completed Vulnerability Assessment Instruments for 11 Residents  Gender Variant Search Form  PREA Tracking Form</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  A staff person who administer the VAI  10 residents</p> <p>The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. This standardized instrument was amended in June 2017, to include the LGBTI question at the suggestion of the PREA Coordinator from the Pa. Department of Human Services, Bureau of Juvenile Justice Services when he conducted a mock audit and gave technical assistance to the ARC programs. Although PREA was implemented in January 2017, the updated VAI was not used until 6 months later.</p> <p>All staff administer the instrument as part of the Intake process. The staff person interviewed takes into account the Intake packet, which is reviewed by all staff prior to the child's admission. It may contain court reports, psychological and other tests. The staff person who was interviewed uses the VAI as a guideline and uses a combination of developing a conversational rapport to gain trust with the resident and asking direct questions.</p> <p>All completed VAIs are part of the residents' records and have restricted access. Only the administrative staff, PREA Manager, PREA Coordinator and Medical staff have access to these files. The files are kept locked in the program secretary's office. I reviewed the files of 11 residents. All but one resident had timely administration of the VAI. The one resident who did not, had been admitted in 2016, prior to PREA implementation. Three of the residents had a VAI conducted using the updated version of the tool.</p> <p>During the pre-audit, the policy was revised to include re-administration at six months. All residents who required a 6 month re-assessment had one completed, although it was not done in a timely fashion, due to recent implementation.</p> <p>I interviewed 10 residents and all but one resident could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, what was their sexual orientation, gender identity or expression, or if they were fearful of sexual abuse at the facility. Four residents could tell me that they were asked these questions again by the PREA Coordinator within the past two weeks.</p>

Corrective Action:

Ninety days of timely six month re-assessments need to be submitted to the Auditor in order to demonstrate compliance with the standard.

There have been no residents who have remained at Woodlawn past six months in the 5 months since the onsite Audit. However, the PREA Coordinator conducts the assessments and has at other ARC facilities. She also includes the re-assessment date on her PREA tracking spread sheet. Although there have been no examples of this re-assessment being conducted in a timely fashion, the Policy and the practice at other ARC facilities, demonstrates compliance with this standard.

This standard has been met.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Pa. Department of Human Services 3800 Child Care Regulations  Vulnerability Assessments of 11 residents  PREA tracking spread sheet</p> <p>Interviews:</p> <p>PREA Coordinator  PREA Manager  Facility Director  A staff who conducts Risk Screening</p> <p>Isolation is not practiced and is prohibited by both ARC Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.</p> <p>I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I observed this room, Room #1, and the bed at the doorway next to the midnight staff post. I also observed the bathroom that has two single shower stalls with curtains. All residents shower alone according to staff and residents interviewed. The Director stated that the shower procedure was changed within the past 12-18 months to require residents to shower alone due to safety concerns.</p> <p>The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis at the Agency level and would be formally reviewed every six months and most probably daily or every other day. The residents' own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were no Transgender or Intersex residents in the population during the Audit.</p> <p>I reviewed the files of 11 residents (10 active and 1 discharge). There were no residents who identified as sexually vulnerable and one resident who identified as sexually aggressive. Although according to staff interviews and observations during the tour, risk based housing is practiced, however it is not currently documented.</p> <p>The policy was amended to include all necessary verbiage,</p> <p>Corrective Action:</p> <p>Ninety days of admissions with documentation of risk based housing decisions for those residents identified as sexually vulnerable or sexually aggressive need to be submitted to the Auditor to be in compliance with the standard.</p> <p>I received a PREA tracking spread sheet that lists all admissions for the past 5 months. There have been 5 admissions and none have been identified as either sexually vulnerable or sexually aggressive. However, there is a column on the spread sheets that requires risk based housing documentation if a child is identified. I have seen documentation of this at other ARC</p>

facilities and this demonstrates compliance with the policy and procedure.  
This standard has been met.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance Policy  Grievance Policy  Telephone Policy  Visiting Policy  Pa.Child Protective Services Law  Pa. Bureau of Human Services 3800 Child Care Regulations  Resident Rights' Form  MOU with YWCA of Greater Harrisburg  Documentation of Unsubstantiated allegation of resident on resident sexual abuse</p> <p>Interviews:</p> <p>PREA Coordinator  Director of YWCA of Greater Harrisburg, a PCAR (by phone, prior to Audit)  Twelve Staff  Ten Random Residents</p> <p>I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many other ways that a report could be made.</p> <p>The primary reporting mechanism is to an outside agency, YWCA of Greater Harrisburg. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite, I conducted a telephone interview with the Director of the YWCA and she confirmed the services outlined in the MOU. This reporting method is posted throughout the facility. The "hotline" can be used on any phone; the number is posted above the phone. During the tour, I asked for a volunteer to show me how he would report using the hotline. He took me to the dining room phone and told me that he would ask to use the one in the staff office if he wanted privacy. He dialed the posted number and it worked as directed. There is a PREA Box in the dining room. It is a locked box and is checked daily by the PREA Manager. The one resident on resident sexual abuse that was reported prior to the onsite was reported using the PREA Box. That resident refused to be interviewed. The residents can also call Child Line and the staff must call Child Line as mandated reporters.</p> <p>The Pa. Department of Human Services 3800 Child Care Regulations require a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL. Residents can call home at least twice a week, but many students state they can call three or four times a week and can even call their girlfriends. Residents can receive visits from parents</p>

and grandparents once a week and special accommodations can be made for parents who live far away or who work during regular visiting times. Several residents receive home visits as part of their "transition" status. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them and can call them.

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

There was one allegation of resident on resident sexual abuse that was reported using the grievance box. This occurred immediately before the onsite portion of the Audit. All reporting, policy and procedure were followed and the documentation was provided to the Auditor. This allegation was subsequently unsubstantiated.

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

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Grievance Policy  Pa. Department of Human Services 3800 Child Care Regulations  Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summary  Child's Rights' Form  Grievance Form  Documentation of unsubstantiated allegation of resident on resident sexual abuse</p> <p>Interviews Conducted:</p> <p>PREA Coordinator  PREA Manager</p> <p>There was one allegation of resident on resident sexual abuse reported using the grievance box. This report occurred immediately prior to the onsite portion of the Audit. All policy and procedure were followed and documentation of such was provided to the Auditor. This allegation was subsequently unsubstantiated. The victim, who reported this incident, refused to be interviewed by the Auditor. The Policy provides that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance. The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL, during their annual licensing inspection, inspects resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summary contained no citations for failing to follow the grievance process. The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but it is available to all residents. The policy was amended to include all necessary verbiage during the pre-audit time period. There is no need for corrective action. This standard has been met</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p data-bbox="252 219 896 253"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 297 523 331"><b>Auditor Discussion</b></p> <p data-bbox="252 376 545 409">Documents Reviewed:</p> <p data-bbox="252 465 1232 712">           PREA Policy            Visiting Policy            Telephone Policy            Spanish and English Posters for YWCA of Greater Harrisburg in the Facility            Reesident PREA Intake brochures            MOU with YWCA of Greater Harrisburg         </p> <p data-bbox="252 768 395 801">Interviews:</p> <p data-bbox="252 857 1072 1014">           Facility Director            PREA Manager            Ten Random residents            YWCA of Greater Harrisburg Director (by phone prior to onsite)         </p> <p data-bbox="252 1070 1471 1261">           The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through the YWCA of Greater Harrisburg. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service. This information is also contained in the PREA brochure that residenst receive at Intake.         </p> <p data-bbox="252 1283 1455 1395">           The PREA Manager described the MOU with the YWCA off Greater Harrisburg, a PCAR, and the services that they offer. The MOU was reviewed and I spoke to the YWCA Director by telephone prior to the Audit to confirm the services offered in the MOU.         </p> <p data-bbox="252 1417 1471 1653">           The residents who were interviewed state that they can make and receive phone calls at least twice a week and sometimes three or four times a week, Visiting is once a week and accommodations will be made for those parents who cannot come during regular visiting hours. Residents who are at "transition status" can have home visits. Residents state that they are all eligible for visits, but not all receive them. Most residents call their parents or grandparents. Some residents state they can call their girlfriends.         </p> <p data-bbox="252 1675 1455 1787">           Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. The residents interviewd stated they could call their lawyers, but very few have had the need to.         </p> <p data-bbox="252 1809 1471 2000">           The Facility Director states that the lawyer can call or have a private visit at any time. Of the residents interviewed, eight out of ten , were able to tell me about the counseling services offered through the YWCA because the information was on posters and the brochure they had received at Intake. The residents who knew of the services were able to tell me that they would be free, available around the clock and confidential.         </p> <p data-bbox="252 2022 1129 2045">           There is no need for corrective action. This standard has been met.         </p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Alternative Rehabilitative Communities' website  Posters in Spanish and English in Visiting Area</p> <p>The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by the facility via the website, which was verified, and it is also posted in the facility in the area where parents and guardians visit.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Pa. Child Protective Services Law  Training Logs  Pa. Department of Human Services 3800 Residential Child Care Regulations</p> <p>Interviews:</p> <p>Facility Director  PREA Manager  Twelve Staff  Agency Psychologist  Agency Nurse during the October Audits</p> <p>There has been one incident of unsubstantiated resident on resident sexual abuse in the past 12 months. There have been no sexual harassment reports during that time period. The PREA policy, as well as the Pennsylvania Child Protective Services Act, requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The Agency Psychologist interviewed is also a mandated reporter. She stated during her interview that she reports to Pa. Child Line and her supervisor. She would document any report received. She gives informed consent before the initiation of services and also would "sit down and tell them" if such an incident was reported to her. However she is a mandated reporter and this supersedes consent for any resident in their care.</p> <p>During the October Audits of two other Agency facilities, the Agency Nurse was interviewed. She had just been hired and had not received her PREA training during the Woodlawn Audit. She is a mandated reporter and gives informed consent. Her mandated reporter responsibilities supersede all other policy for any resident in the facility.</p> <p>The PREA Manager states that the PA. 3800 Child Care regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Director states that if there is an attorney of record, they would also be notified and if there was a court order prohibiting a parent from notification, they would contact a guardian. This standard has been met. There is no need for corrective action.</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Zero Tolerance policy</p> <p>Interviews:</p> <p>Facility Director PREA Manager Twelve staff</p> <p>There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.</p> <p>After reviewing the policy and interviewing the 12 random staff, the PREA Manager and Facility Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. Victims and Perpetrators would be separated and put on a safety plan. This could mean a change of room or transferring one or the other to a different facility. A staff person would be immediately removed from the facility and taken off the schedule.</p> <p>This standard has been met. There is no corrective action necessary.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</p> <p>Interview: Agency Head Facility Director</p> <p>There have been no incidents that have required reports within the past twelve months. The policy clearly states that if a resident reports a sexual abuse at another facility to a staff person, it will be reported to Child Line and documented. The Director or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.</p> <p>If a report is made at another facility regarding an allegation against Woodlawn staff, it will be reported to the Director or PREA Coordinator who will contact Child Line and Harrisburg City PD and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers will also be notified within 24 hours.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Employee Training Curriculum</p> <p>Interviews:</p> <p>Twelve Staff</p> <p>There have been no incidents in the past twelve months that have required first responder actions. The one unsubstantiated allegation was not of the type that would necessitate first responder actions.</p> <p>The policy contains the following first responder duties: seek assistance, separate the victims, secure the scene, report to your supervisor document and contact the medical department. This is contained in the staff training curriculum. When interviewed, the twelve random staff were able to discuss their first responder duties although they have not had to practice them. The policy also was amended to contain the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.</p> <p>This standard has been met. There is no need for corrective action.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA policy Sexual Abuse Checklist</p> <p>Interviews:</p> <p>Facility Director</p> <p>There have been no incidents in the past twelve months that have required the use of the Coordinated Response. The Facility Director stated during his interview that the coordinated plan would be implemented based on the kind and level of abuse. This would include preserving physical evidence, possibly removing the student from the facility, or removing the perpetrator. The police might have to be called and staff would begin their notifications required by the ARC Chain of Command Call list. This includes himself, as facility director and the CEO. The CEO has a dedicated land line at his house and the procedure requires his notification within the first 15 minutes of an incident. There is a sexual assault checklist that requires the staff person to check off each item such as notifications of medical, administration, documentation etc. The check list itself is a step by step coordinated plan. Although not needed at Woodlawn in the past 12 months, I saw its use at another ARC facility. This standard has been met. There is no need for corrective action.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	This was Audited at the agency level.

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Interviews:</p> <p>Agency CEO Facility Director PREA Manager</p> <p>There was one allegation of resident on resident sexual abuse that was unsubstantiated. Both residents were placed on safety plans that require separation and closer staff supervision. This supervision also includes monitoring for retaliation. The resident who reported the sexual abuse refused to be interviewed. The resident who was alleged to have committed the abuse was interviewed.</p> <p>The PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at this facility is the PREA Manager. He states that he would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone they are to contact him immediately. He would also do a status check daily if needed and would do so for length of stay or 90 days as required in policy. He would monitor "power and control issues, conversations and remarks"</p> <p>He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include "one on one" supervision of the victim. According to the Agency Head, it could include a perpetrator's transfer or discharge. In the case of staff, Human resources would be notified and the Agency Head stated he would meet with a staff personally and the staff person would lose their job if they were retaliating against a resident or another employee.</p> <p>The PREA Manager stated that he would do a status check every day with the resident who alleged sexual abuse.</p> <p>This standard has been met. There is no need for corrective action.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply. Both A.R.C. policy and the Pa. 3800 Child Care Regulations prohibit the use of isolation.



115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Documentation of efforts to obtain MOU with Harrisburg City PD  Pa. Child Protective Services Law  Pa. 3800 Child Care Regulations</p> <p>Interviews:</p> <p>Facility Director  PREA Coordinator  PREA Manager</p> <p>There has been one unsubstantiated allegation of resident on resident sexual abuse and no allegations of sexual harassment in the past 12 months. The resident who reported the incident refused to be interviewed. The PREA Policy was amended to contain all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, Harrisburg City Police Department or Pa. Child Line. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the Facility Director state that they have a very cooperative relationship with Harrisburg City PD.</p> <p>The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the ARC Coordinated Response. An Incident Review would also be conducted after the investigation was completed.</p> <p>By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are properly reported. All allegations, even if a staff person is no longer employed at the facility, are reported.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: PREA Policy</p> <p>The Standard of Proof is in the PREA policy, however this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and Law Enforcement.</p> <p>This standard has been met.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Signed Resident Notification Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator</p> <p>The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and to whom it has been reported. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He stated that the PREA Coordinator or PREA Manager would notify all parties including the resident and document such. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification.</p> <p>There was one report of resident on resident sexual abuse that was reported immediately prior to the onsite portion of the Audit and was unsubstantiated. Prior to the 45 day report, signed documentation that the resident was notified of the outcome was submitted to the Auditor.</p> <p>This standard has been met. There is no need for corrective action</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</p> <p>Interviews: Agency Head</p> <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment or violation of the Agency's Zero Tolerance Policy. The policy includes all provisions including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed.</p> <p>This standard has been met.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy Pa. Child Protective Services Law</p> <p>Interviews: Facility Director</p> <p>There have been no incidents of this nature in the past twelve months. Both the PREA Policy and the Pa. CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Facility Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and Law Enforcement. He also states he would contact the contractor or volunteer's agency.</p> <p>This standard has been met.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Pa. Child Protective Services Law  Pa. Department of Human Services 3800 Child Care regulations</p> <p>Interviews:</p> <p>Facility Director  Agency Psychologist  Agency Nurse</p> <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. The unsubstantiated resident on resident sexual abuse resulted in both residents being placed on Safety plans. I interviewed the alleged perpetrator who stated he was not disciplined. The victim refused to be interviewed.</p> <p>The amended PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations and ARC policy prohibit sexual activity between residents, however, if it is consensual, it is not reported as sexual abuse.</p> <p>Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL. The resident who reported the unsubstantiated allegation of sexual harassment was not disciplined.</p> <p>The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.</p> <p>The Director states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.</p> <p>The Nurse stated that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation. This would be offered in the community. Woodlawn does not provide therapy or counseling onsite.</p> <p>This standard has been met. There is no need for corrective action</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy  Vulnerability Assessment Instrument  Files of 11 residents  PREA Tracking Sheet</p> <p>Interviews:</p> <p>Staff who administers Risk Assessment  PREA Coordinator  Agency Psychologist  Psychiatrist (contracted)  Agency Nurse</p> <p>The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. All residents receive a physical in the community within 72 hours of admission. There are no Medical or Mental Health staff in the facility. There is an Agency Nurse and an Agency Psychologist.</p> <p>The Risk Assessment was conducted on all admissions since January 2017, when PREA was implemented at Woodlawn. However, there was no Medical or Mental Health resources available for the required follow up. According to the PREA Coordinator, one resident disclosed a prior victimization and he was offered follow up, but not in a timely fashion. I interviewed that resident, who was admitted in January and offered an assessment in August. He stated he was offered services, but declined, because he had "already dealt with the issue". I saw documentation of this in the resident's file.</p> <p>Since the onsite Audit, an Agency Nurse has been hired and an Agency Psychologist has been given the responsibility to assess residents who have been identified on the risk assessment. I interviewed both, although they had not started these assessments. Both had received specialized PREA training subsequent to the onsite, but prior to the 45 day Interim report.</p> <p>This standard has not been met .</p> <p>Corrective Action:</p> <p>Ninety days of admissions, with timely medical and mental health assessments for those residents identified on the risk assessment as having disclosed a prior sexual victimization or who are perpetrators, need to be submitted. Secondary documentation, either in the form of a declination or an assessment will need to be submitted. Interviews with both the Nurse and Psychologist will need to be conducted.</p> <p>I have received documentation of all admissions for a period of five months. There have been 5 admissions during this time period. None of the residents were identified as either being a sexual perpetrator or having disclosed a prior victimization. However, a procedure is now in</p>

place at all 6 ARC facilities to conduct these assessments in a timely fashion. The PREA Coordinator tracks the VAIs and ensures that an identified resident receives 14 day Mental Health follow up. All residents receive a physical in the community within 72 hours of admission.

Documentation of this timely Medical and Mental Health follow up was submitted for other ARC facilities and demonstrates the Agency's compliance with this standard.

This standard has been met.

115.382	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy MOU with Pinnacle Health Services</p> <p>Interviews:</p> <p>Psychologist Agency Nurse Twelve Staff</p> <p>There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Harrisburg Hospital for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify a supervisor or 911. The child would be transported either by staff or ambulance to Harrisburg Hospital. This would be done immediately and would be free of charge to the resident.</p> <p>This is an all male facility and all residents are offered STD testing and follow up at the time of their physical exam or would be offered at the hospital. Outpatient care would be followed up by the facility.</p> <p>Although there have been no incidents that have required emergency services, the policy is in place and I have reviewed documentation of it at another ARC facility.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Interviews Conducted:</p> <p>Agency Psychologist Agency Nurse</p> <p>There were no incidents in the past twelve months that required Medical Care and the resident who reported an unsubstantiated resident on resident sexual abuse refused to be interviewed. This is an all male facility with no in-house Medical or Mental Health Services. All services would be received in the community if needed. The Psychologist stated that all discharge plans would be followed, whether medical or mental health and the resident's treatment plan would be updated to include that information. Aftercare plans would include any necessary Medical or Mental Health care that the resident requires.</p> <p>All residents are offered STD testing during their admission physical and it would be offered again at the hospital.</p> <p>Any resident on resident offender will be assessed within 60 days of learning of such an abuse history by the Agency psychologist and counseling would be offered through a community partner.</p> <p>This standard has been met.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>PREA Policy SAIR for unsubstantiated report of Resident on Resident Sexual Harassment</p> <p>Interviews:</p> <p>PREA Manager PREA Coordinator who is a Member of the Sexual Incident Review Team</p> <p>There has been one unsubstantiated incident of resident on resident sexual abuse within the past twelve months that required an incident review. Prior to the 45 day Interim report, I received a copy of this SAIR for an incident that had occurred immediately prior to the onsite portion of the Audit. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated, unsubstantiated or founded allegation. This report was completed well within the 30 day timeframe. The team is comprised of the Facility Director, PREA Coordinator, and PREA Manager with input from any other staff person involved. This team looked at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The PREA Coordinator prepared the report with recommendations. The recommendation would be followed or the reason for not doing so would be documented. In this case, the team recommended video cameras to aid them in determining the outcome of the report, but would not be implementing that recommendation, because of the age of the building and the cost of the cameras. They did not feel that cameras would have prevented an incident of this type. The policy was amended to include all required verbiage. A review was conducted within the 30 day timeline and the report submitted contained all information that is required. This standard has been met.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Twelve staff files  Eleven Resident files</p> <p>Interviews:  Ten random residents  Twelve staff  Cook  Teacher</p> <p>I conducted the audit of this facility on September, 9,10,11,12, 2017 in conjunction with the Agency Audit and the Audit of two other facilities. I toured this facility on Tuesday, Sept. 12, 2017. During the tour, I had access to all areas of the facility. I saw postings of the upcoming Audit in the foyer and common areas of the facility. I did not receive any communication from residents or staff prior or subsequent to the Audit.</p> <p>I reviewed files of 11 residents and 12 staff. I was provided with all documentation I requested. There were no electronic records. There are no cameras in tis facility.</p> <p>I interviewed 10 random residents in a private room with the door closed. I privately interviewed 12 staff and the cook and the teacher.</p> <p>This standard has been met.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

## Appendix: Provision Findings

115.311 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
	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

115.311 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a) Contracting with other entities for the confinement of residents		
	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.)	

115.312 (b) Contracting with other entities for the confinement of residents		
	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".)	

115.313 (a) Supervision and monitoring		
	Does the agency ensure that each facility has developed a staffing plan	yes

	that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	
	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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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	yes

	placement of supervisory staff?	
	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

115.313 (d)	Supervision and monitoring	
	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

115.313 (e)	Supervision and monitoring	
	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 functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

<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: Residents who have speech 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: 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	<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)?	
	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?	
	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?	
	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)?	
	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?	
	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?	

115.317 (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?	

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	
	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?	
	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?	

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	

115.317 (e)	Hiring and promotion decisions	
	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?	

115.317 (f)	Hiring and promotion decisions	
	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?	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	

115.317 (h)	Hiring and promotion decisions	
	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.)	

115.318 (a)	Upgrades to facilities and technologies	
	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.)	na

<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.)	na

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na

115.321 (c)	<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

115.321 (d)	<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

115.321 (e)	<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

115.321 (f)	<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 not responsible for investigating allegations of sexual abuse.)	na

115.321 (h)	<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

115.322 (a)	<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

115.322 (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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

115.331 (a)	Employee training	
	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

115.331 (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

115.331 (c)	<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

115.331 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	<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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	<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?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (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.)	yes

115.335 (c)	<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?	yes

115.335 (d)	<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?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<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

115.341 (c)	Obtaining information from residents	
	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 the agency attempt to ascertain information about: Age?	yes
	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

115.341 (d)	Obtaining information from residents	
	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

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	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

115.342 (b)	Placement of residents	
	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

115.342 (c)	Placement of residents	
	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) 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) 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) 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 making facility and housing placement decisions and programming assignments?	yes

<b>115.342 (g) Placement of residents</b>		
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.342 (h) 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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

<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 entity or office that is not part of the agency?	yes
	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

115.351 (c)	<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

115.351 (d)	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	<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

115.352 (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

115.352 (c)	Exhaustion of administrative remedies	
	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

115.352 (d)	Exhaustion of administrative remedies	
	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

115.352 (e)	Exhaustion of administrative remedies	
	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

115.352 (f)	Exhaustion of administrative remedies	
	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

115.352 (g)	Exhaustion of administrative remedies	
	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

115.353 (a)	<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

115.353 (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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<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 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?	yes

<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

115.361 (c)	Staff and agency reporting duties	
	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

115.361 (d)	Staff and agency reporting duties	
	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

115.361 (e)	Staff and agency reporting duties	
	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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

115.364 (a)	<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

115.364 (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

115.365 (a)	<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?	

<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

115.367 (c)	Agency protection against 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 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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no

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

<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 (f)</b>	<b>Criminal and administrative agency investigations</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 does not provide a basis for terminating an investigation?	yes

<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

115.373 (b)	Reporting to residents	
	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

115.373 (c)	Reporting to residents	
	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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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

115.373 (d)	Reporting to residents	
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	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

115.376 (d)	<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

115.377 (a)	<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

115.377 (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

115.378 (a)	<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

115.378 (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

115.378 (c)	<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

115.378 (d)	<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

115.381 (c)	<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

115.381 (d)	<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

115.382 (a)	<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

115.382 (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

115.382 (c)	<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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<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 cooperates with any investigation arising out of the incident?	yes

<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>115.401 (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