

PREA Facility Audit Report: Final

Name of Facility: Tomorrows Hope Transitional Housing

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/08/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kayleen Murray	Date of Signature: 10/08/2025

AUDITOR INFORMATION	
Auditor name:	Murray, Kayleen
Email:	kmurray.prea@yahoo.com
Start Date of On-Site Audit:	08/25/2025
End Date of On-Site Audit:	08/26/2025

FACILITY INFORMATION	
Facility name:	Tomorrows Hope Transitional Housing
Facility physical address:	6260 Heverly Boulevard , Coalport, Pennsylvania - 16627
Facility mailing address:	PO Box 395 , 6260 Heverly Blvd, Coalport, Pennsylvania - 16627

Primary Contact

Name:	Larissa Owen
Email Address:	lowen@tomorrowshopepa.org
Telephone Number:	814-672-5485

Facility Director	
Name:	Richard Metzger
Email Address:	rmetzger@tomorrowshopepa.org
Telephone Number:	8146725485

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	176
Current population of facility:	109
Average daily population for the past 12 months:	108
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-80 Years Old
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	33
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Tomorrows Hope, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	6062 Heverly Boulevard, Coalport, Pennsylvania - 16627
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Larissa Owen	Email Address:	lowen@tomorrowshopepa.org
--------------	--------------	-----------------------	---------------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-25
2. End date of the onsite portion of the audit:	2025-08-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Passages- Rape Crisis UPMC Altoona- SANE

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	176
15. Average daily population for the past 12 months:	109
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	106
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>During the tour portion of the onsite visit, the auditor was able to confirm that the facility does not have single cells or isolation units. The facility provided the auditor with a list of residents and identified targeted residents.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>35</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	<p>2</p>
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>The facility did not have a contractor or volunteer available for the onsite visit.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>10</p>
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided the auditor with a list of residents and identified targeted residents. The auditor was able to select residents to interview and interviewed all residents in a targeted category and random residents based on other demographics including, housing unit, intake date, race, age, and risk level. Only one resident was counted toward each targeted category. Some residents had more than one targeted interview. All residents received the random client interview.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor was able to select residents to interview and interviewed all residents in a targeted category and random residents based on other demographics including, housing unit, intake date, race, age, and risk level. Only one resident was counted toward each targeted category. Some residents had more than one targeted interview. All residents received the random client interview.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the tour portion of the onsite visit, the auditor confirmed that the facility does not have segregation cells or isolation units.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>4</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No volunteers or contract staff available during the onsite visit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--------------------------------------------------------------	------------------------------------------------------------------

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

<p>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The auditor was given full access to the facility during the onsite visit. Agency administration and facility management escorted the auditor around the facility and opened every door for the auditor. The tour of the facility included all interior and perimeter areas. The auditor was able to observe the housing units, dorms, bathrooms, group rooms, dining room, staff offices, storage closets, and administration area. The auditor was able to have informal interaction with both staff and clients during the walk through and see how staff interacted with clients. The auditor used the resident phones to test the internal and external reporting options. The auditor reviewed electronic documentation during the onsite visit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
------------------------------------------------------------------------------------------	---

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility has not had an allegation of sexual harassment since the last audit cycle.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had one allegation in the past twelve months that is still ongoing. The auditor reviewed the last substantiated allegation for the audit files. The allegation investigation was completed on 9/2024.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Tomorrow's Hope (TH) policy 3.17 requires the facility to have zero tolerance toward all forms of sexual harassment and sexual abuse. All employees have a duty to report inappropriate conduct to their supervisor or to any member of management. TH ensures that anyone making a complaint or reporting an incident or participating in an investigation will be protected against retaliation. All complaints will be taken seriously and investigated promptly and confidentiality to the fullest extent possible. Anyone found guilty of sexual harassment or sexual abuse will be subject to disciplinary action, up to and including termination from the program or employment. The policy includes definitions and outlines the facility's plans to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment.</p> <p>The facility is also required to comply with the Pennsylvania Department of Corrections zero tolerance policy. PA DOC policy DC-ADM 008 section 1 states that the facility that contracts with DOC must prohibit any form of sexual abuse and sexual harassment of an inmate. Anyone who engages in, fails to report, or</p>

knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action, up to and including termination, and may be subject to criminal prosecution. An inmate, reentrant, detainee, employee, contractor, or volunteer is subject to disciplinary action and or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual abuse or sexual harassment of an inmate. A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of an inmate.

Policy states that the PREA Coordinator is responsible for overseeing the agency's efforts to comply with the PREA standards. The PREA Coordinator is responsible for:

- Develop and revise policy that meets, at minimum, the published federal PREA standards, as well as incorporate best practices for the trauma-informed care of victims of sexual abuse and sexual harassment in a confinement setting
- Oversee PREA compliance
- Ensures policies and procedures are being implemented and that they are maintained in a ready state for any and all inspections
- Develop PREA related curriculum and training materials for residents, staff, volunteers, and contract service providers

The facility provided the auditor with their Organizational Chart. The chart list the PREA Compliance Manager as a job that reports directly to the agency CEO.

The auditor interviewed the PREA Compliance Manager during the onsite visit. She states that her job duties include:

- Providing PREA training during staff onboarding
- Provide PREA refresher training
- Completing and/or assessing PREA Risk Assessment Tools (PRAT)
- Assigning appropriate housing based on PRAT
- Ensuring compliance with the standards

The PREA Compliance Manager is new to this role, but has a firm grasp of the PREA standards, and understands what the facility needs to do to remain in compliance. She reports that she has enough time and sufficient authority to develop, implement, and oversee the agency's efforts to comply with the standards.

The CEO reports to the auditor that the PREA Compliance Manager “picked it up quick” after taking on the role, and has quickly got acclimated to the PREA policies and responsibilities. The former PREA Compliance Manager was able to train the current one prior to leaving, and will come to him with questions. He describes her as thorough and “stays on top of compliance requirements.”

The PREA Compliance Manager and the CEO are responsive and accessible to staff and residents. They work collaboratively to ensure a culture of respect and safety.

	<p>Review:</p> <p>Policy and procedure</p> <p>Table of organization</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with CEO</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A: The CEO reports to the auditor that the facility is a private not for profit agency and does not contract with other facilities to house offenders on behalf of Tomorrow's Hope.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy DC-ADM 008 states that the agency will ensure that each facility develops, documents, and makes its best efforts to comply with a staffing plan. The plan will provide for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. The staffing plan is to include a calculation of adequate staffing levels and determination of the need for video monitoring; and will take into consideration:</p> <ul style="list-style-type: none"> • The physical layout of each facility, including consideration of blind spots or areas where staff or residents may be isolated; • The composition of the resident population; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; • Any other relevant factors <p>The policy requires the Program Director to document and justify all deviations from the staffing plan. The documentations will be forwarded to the Executive Deputy Secretary, Executive Secretary for Institutional Operations (EDIS)/Regional Deputy</p>

Secretary, PREA Coordinator, and PA Board of Probation and Parole Regional Director.

The policy requires whenever necessary, but no less frequently than once a year, the facility will assess, determine, and document whether adjustments are need to:

- The prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

The facility provided the auditor with a copy of the facility's most recent staffing plan. The plan included:

Layout of the facility

The facility is made up of three buildings. Two buildings are resident housing units, while the third is the administrative building. The housing units have three levels, with the top two of each having dorms, bathrooms, and lounge area. The bottom level of one housing unit is a dorm for housing handicap residents, and the bottom level of the other dorm is a recreation/lounge area, known to the residents as the "man cave." The administrative building has the main post desk, staff offices, and a phone/computer room for resident use. At the bottom level of the administrative building is the kitchen/cafeteria.

Composition of residents

The facility houses male offenders on behalf of the Pennsylvania Department of Corrections (PA DOC). The facility's rated capacity is 116 offenders, and average population is 109.

Incidents of sexual abuse

The facility had one allegation of sexual abuse during 2024. The allegation was investigation by the PA DOC, and determined to be unfounded.

Staff at Tomorrow's Hope are required to participate in PREA training including all PREA related definitions and how to recognize signs of abuse, continued interpersonal communication and boundaries with residents. Training includes all staff, and targets specifically the Case Managers and Security monitors who have the most consistent contact with the residents. Initial PREA training is part of the new hire training requirements so that all staff have training before any contact with residents.

All PREA investigations will be conducted by The Department of Corrections or the State police. Tomorrow's Hope is contracted with the Department of Corrections and is part of the Bureau of Community Corrections.

Prevailing staffing plan

Case Managers work 1st shift M-F, with one chosen late day per week; CEO, Security Supervisor, Business Manager work 1st shift M-F. The CEO responds to all off-hour needs. If the CEO is unavailable then, the Security Supervisor, Case Manager Supervisor, and Business Manager would respond to off-hour needs on a rotating basis.

- 1st shift - 8am - 4pm 2 Monitors, 1 Supervisor
- 2nd shift - 4pm - 12am 2 Monitors
- 3rd shift 12am - 8am 2 Monitors

The staffing pattern plan at Tomorrows Hope is based on the needs and total number of residents. Tomorrows Hope has a max capacity of 116 residents.

Currently, there are 110 residents being housed at Tomorrows Hope. There is 1 Chief Executive Officer (CEO). At current time there are 3 FT Case Managers and 1 FT Case Manager Supervisor for 110 residents. Case Managers are expected to have a case load of 30-40 residents per case manager. The Case Manager Supervisor over see's the Case Managers and carries a caseload of 20-30 residents.

The Kitchen is currently running with 4 FT cooks and 1 PT/casual cook. There is 1 FT kitchen supervisor. The security department has 9 FT and 5 PT/casual employees. Transportation is provided and there are currently 2 part time/casual drivers. 1 FT (40) hours a week Transportation Coordinator over sees the transportation department. The Medical department consists of 1 (20) hour/week LPN and 1 (20) hour a week Direct Care Support. There is 1 FT maintenance staff who conducts general repairs, grass cutting, etc. of the center.

The staffing level is reviewed by the CEO to determine staffing needs at least annually. The CEO provides updates to the Owners/Board members of Tomorrows Hope to ensure staffing needs are at an acceptable level. The staffing needs will be based on current census and expected future intakes. The CEO has the authority to determine the needs of the facility throughout the year and will be responsible for budgeting the needed staff. The CEO will oversee the process to ensure accountability. If census changes drastically, the CEO will review the needs at that time.

Deviations from staffing plan

The Security Supervisor reports that there have been no deviations from the staffing plan.

Monitoring

Tomorrows Hope is a secure facility with remote controlled gate access at the main entry point to the facility. The main entry point utilizes 2-way communication to verify entrance into the facility and possess a closed-circuit security camera that is monitored from the control station. There is a total of 32 security Cameras located throughout the facility. Perimeter lighting is of halogen bulb type and is lit from

dawn to dusk. External lighting is automatic and is hard-wired to the main electrical panel. Camera monitoring systems are located within the facility and are monitored from the security office. Playback and recording modes are available on each system and monitor a variety of positions around the facility.

Adequate staffing levels

It was determined that the Tomorrows Hope staffing coverage would continue with 2 minimum for each shift. Case Management and other program staff will be cross trained on Security Monitor duties so that they can provide security coverage, when necessary, during their normal working hours.

The facility's administrative team reviewed the staffing needs of Tomorrows Hope on 9/19/2024.

Review:

Policy and procedure

Staffing plan

Staffing plan review

Tour of facility

Interview with Security Supervisor

Interview with PREA Compliance Manager

Interview with CEO

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Tomorrow's Hope complies with DOC policy DC-ADM 008 which states that all staff will be trained to conduct resident searches professionally, respectfully, and in the least intrusive manner possible, consistent with security needs. A properly conducted pat search involving incidental contact with a resident's genitals is not considered a violation of sexual abuse policies. The policy does not allow for cross gender strip searches except in exigent circumstances. All cross gender strip searches must be documented on the Cross Gender Search Validation Form and maintained in an annual file. The policy prohibits cavity searches and cross gender pat searches of female residents absent exigent circumstances. Should the facility house female residents, the facility is not allowed to restrict female residents' access to regularly available programming or other opportunities in order to comply with this provision. TH does not house female residents. The facility prohibits strip</p>

and body cavity searches.

Section 19 of policy DC-ADM 008 states that each facility will train staff on how to effectively interact professionally and respectfully toward transgender and intersex residents. Residents entering the facility will receive a PREA Risk Assessment Tool (PRAT) and have an opportunity to self-identify as a transgender or intersex individual. The policy does not allow for the facility to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's status is unknown, it may be determined during conversations with the resident, reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

As part of supportive documentation, the auditor received and reviewed the training video provided to staff members who are responsible for conducting pat searches. The training is conducted annually and provided by the Security Monitor Supervisor. The performance objectives included:

- Perform a clothed search of an offender
- Understand Guidance on Cross Gender and Transgender Pat Searches
- Understand techniques when conducting Cross Gender and Transgender Pat Searches

These training also include instructions on maintaining a professional demeanor when searching an offender; not making remarks that could be construed as demeaning, sexist, racist, or otherwise inflammatory; and proper hand placement techniques for same gender, cross gender, and transgender searches.

Along with the training video, the facility provided the auditor with a sign-in sheet from the most recent training.

The auditor was able to view pat searches being conducted during the onsite visit. The searches were conducted professionally and respectfully.

Security staff interviewed during the audit report that during their onboarding, they received training from the PA DOC, along with annual refreshers. Supervisors reported that certain staff are cross trained so that even transport personnel know how to perform compliant pat searches if necessary. The staff state that they use the back of their hands when searching sensitive areas, and report that they are not allowed to strip searches.

Both staff and residents confirm that only same-gender staff conduct searches. All residents interviewed said, "No, I have never been pat-searched by a female staff," and staff verified that there is always a male staff on duty to conduct the search.

Residents report that searches are done each time they return from community service, work, or passes. Almost all residents said that pat searches are handled in a professional, non-invasive way. No resident interviewed described a search as inappropriate or abusive.

The Security Monitor Supervisor reports that he conducts onsite pat search training. The training includes viewing the video Guidance in Cross-Gender and Transgender Pat Searches developed by the Moss Group, and then the Supervisor will provide instruction and practice on the proper techniques. All staff must show proficiency in conducted professional, respectful searches, including transgender pat searches.

Security staff report that the facility has housed at least one transgender resident. They report that they followed specific guidelines while searching the resident. The staff report only using a security wand on the resident and checking the socks and shoes. The staff report that the facility is currently housing a resident that does not want identified as transgender; however, this resident does wear female undergarments. The staff conduct universal pat searches on the resident, but try to complete the search without any other residents present to ensure no resident gets a glimpse of the underclothes. The resident was interviewed and confirmed the practice. The resident reports that he does wear girl underclothes, and everybody here knows it. He states that staff are professional and respectful during pat searches, making sure to complete his search after all other residents are left the search area.

Policy 008 states that all residents will be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks or security rounds. Staff of the opposite gender will announce their presence when entering a resident housing unit. The presence of an opposite gender staff on the unit will not exempt an announcement from being made when an additional opposite gender staff member enters the location.

Tomorrow's Hope also has a policy (3.17) that requires residents be able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breast, buttocks, or genitalia. Staff of the opposite gender are to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The first building on the grounds has three housing units, one on each floor. The ground level unit has one bathroom. The entrance to the bathroom opens to a laundry room area. There are four single use bathrooms, each with a door. The bathrooms all have 1 sink, 1 toilet, and 1 single use shower with an opaque shower curtain. The main level and top floors have two bathrooms. The bathrooms on each floor have the same floor plan. On one side of the hallway, there is a solid door at the entrance. Inside there are two toilet stalls and two sinks. Across the hall is another solid door at the entrance. There are three individual shower stalls with opaque shower curtains and three sinks. The bathrooms are set up to provide the residents will appropriate levels of privacy. Residents that have been classified as being vulnerable to abuse are placed on the ground level housing unit.

The second building has identical second and third floor housing units as building one.

Tomorrow's Hope is almost exclusively male security staff. Most residents state that

they had never seen a female security staff member working in the dorms or conducting searches. Comments from the residents include:

- “No, they don't have any female security staff”
- “No, no, it's all male staff”
- “The only female staff are case managers and kitchen staff. They do not enter the male dorms or perform pat searches.”

The Security Monitor Supervisor reports that should a female work as a security monitor, they would be required to announce themselves prior to entering the housing units, and knock and announce prior to entering bathrooms. The cross-gender announcement requirement is reviewed during annual training.

The PREA Coordinator and the CEO report that any transgender resident housed at the facility would be allowed to maintain privacy. The showers in all resident bathrooms are set up to support private showers. The showers are single-use stalls with doors. Residents stated that “only one person goes in at a time” and that “you don’t have to worry about anyone watching you”. This layout allows transgender or vulnerable residents to shower privately without needing a special area.

The facility has a resident that wears female undergarments but does not want to openly identify as transgender while at the facility. The resident reports to the auditor that being allowed to quietly express themselves helps them feel safe and mentally stable while at the facility. The resident reports being able to take private showers and does not fear for his safety.

Review:

Policy and procedure

Facility tour

Training video

Training sign-in sheet

Training curriculum

Interview with Security Monitor Supervisor

Interview with residents

Interview with Security Monitors

Interview with PREA Coordinator

115.216

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Section 4 of policy DC-ADM 008 states that the facility will ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written material will either be delivered in alternative formats that accommodate the resident's disability or the information will be delivered through alternative methods, such as reading to the resident or communicating through an interpreter, which ensures the understanding of the PREA related material.

The PREA Coordinator will take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide qualified interpreters. The facility will ensure that only staff members or qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for residents. If a multilingual staff member is not available, then the contracted translation services must be utilized.

The policy does not allow the facility to rely on resident interpreters, readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the resident's safety, the performance of first responder duties under PREA standard 115.64, or the investigation of the resident's allegations.

Justification for any use of an inmate interpreter shall be documented.

Section 11 of this policy states that the facility will provide resident education explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment, or retaliation, and what to do if the resident is the victim of such. This information is to be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

During intake/orientation, the facility will:

- Provide residents with information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment, retaliation at intake
- Show residents a video regarding their rights to be free from sexual abuse sexual harassment, and retaliation (Spanish and English versions of the "PREA: What You Need to Know" video)

- Provide information regarding the facility's policies and procedures for responding to such incidents
- A staff member must facilitate the discussion, in conjunction with the Resident Education Facilitator's Guide, and answer questions
- The facilitator will ask questions at the end of the video/discussion to determine comprehension of the materials The facilitator will meet privately with any resident to discuss issues related to the video or other materials
- Provide key information continuously and readily available or visible to residents through posters, handbooks, or other written formats. The facility will post this information in each housing unit and common area.
- Make an audio announcement of the agency's zero tolerance policy over the public address system twice daily Provide the resident an opportunity to discuss issues related to sexual abuse and provide the resident with a copy of the PREA Inmate Intake Handout annually during the anniversary month of the resident's commitment month

The staff were questioned on how they provide information on the facility's zero tolerance policies that are limited English proficient; deaf/hard of hearing; blind/low vision, and/or have cognitive disabilities, are limited or non-readers. Staff report that they have had a few residents with limited or broken English, but that communication barriers were manageable without interpreters. Several staff reported that they are currently housing a resident that is classified as English as Second Language (ESL). One staff stated, "Actually, yeah, he's here now. He understands pretty well, and can read in English."

Staff said that they have not yet worked with a deaf resident or one that was hard of hearing; however, did work with a resident that was legally blind. The staff report that the facility previously housed a resident that sight was limited but not completely gone. Staff accommodated him informally by ensuring he could navigate safely and by providing verbal guidance. They state all information was provided verbally, and assistive technology was not necessary.

Staff report being trauma informed and patient with residents that have cognitive disabilities. Staff explained that when residents had difficulty understanding, they spoke slower and used clear language to ensure comprehension.

The PREA Coordinator states that the facility has a contract with the Language Line for translation or American Sign Language (ASL) services. The staff member will contact the agency and enter a code for the specific language needed. In addition, she reports that all staff are required to download and utilize Google Translate to their cell phones. The facility uses Google Translate to print PREA education material in a variety of languages as necessary.

The facility provided the auditor with education materials provided to the residents in English and Spanish, and the auditor was able to see PREA education and reporting information posted around the facility in English and Spanish.

The auditor interviewed the Case Manager responsible for providing PREA

education. She states that she provides orientation class, which includes PREA education. She states that the education includes showing the “PREA: What You Need to Know” video produced by Just Detention, followed by a PowerPoint presentation that provides facility-specific information. She reports that the presentation covers:

- How to report sexual abuse and harassment
 - verbal reports
 - written reports
 - hotline options
 - third-party
- Rights under PREA
- Investigation protocols
- How to identify and respond to inappropriate behavior or red flags

When questioned about providing services to residents with disabilities, including cognitive, mental, and physical; deaf/hard of hearing; blind/low vision; or residents with limited English proficiency, she would work with residents to accommodate at the level of need whether it is the use of the language line, translated paperwork, or reading materials aloud to ensure comprehension. The case manager states that the facility does not currently have residents that are limited English proficient. She reports that the facility has a resident where English is their second language, but he is able to read, understand, and write in English.

The auditor interviewed all residents that were identified as having a physical, reading, cognitive, and/or sensory impairment, as well as any resident identified as being limited English proficient. Residents generally recalled receiving PREA education within a few days of arrival. Many were able to clearly describe the content of the video and orientation, including identifying their rights and how to report issues of sexual abuse and sexual harassment. No resident was identified as needing auxiliary aids in order to participate and benefit from the facility's efforts to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment.

Review:

Policy and procedure

Resident PREA education materials

Language Line instructions

Interview with Case Manager

Targeted resident interviews

Interview with Intake staff

Interview with PREA Coordinator

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1453 416">Tomorrow's Hope complies with policy 8.3.1 which prohibits the agency from hiring or contracting with anyone who has:</p> <ul data-bbox="352 488 1461 768" style="list-style-type: none"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution • Has been convicted for 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 • Has been civilly or administratively adjudicated to have engaged in the previously described activities <p data-bbox="280 813 1461 1137">To ensure that the facility does not hire a prohibited applicant, the Officer Manager will screen all internal and external applicants to ensure they meet the requirements. The facility requires the applicant during the interview process to confirm that they have not participated in the above described activities. The answers are documented and signed by the applicant and will become a part of the applicant's employee file is hired. If the applicant is selected, before they can begin to work with residents, they must receive clearance from the Pennsylvania Department of Corrections background check.</p> <p data-bbox="280 1182 1366 1252">The investigator with the PA DOC will begin the clearance process within five business days of receipt. The process includes:</p> <ul data-bbox="352 1323 847 1518" style="list-style-type: none"> • PA state police criminal history • FBOP criminal history • PA DOC criminal history • Child abuse history • PA department of transportation <p data-bbox="280 1563 1334 1635">All available information will be used to determine whether to approve the candidate's clearances.</p> <p data-bbox="280 1680 1461 1960">The policy requires an annual clearance update on every individual who received clearances and continues to provide services to residents. After the completion of the Annual Clearance Review, the form will be sent to the facility to keep in the employee's file. The Office Manager interviewed during the onsite visit reports that all annual background checks are conducted on the anniversary of the employee's hire month. She states that a report will be sent out monthly of employees who are due for an update within two months of the due date.</p> <p data-bbox="280 2004 1461 2076">Selected applicants who have previously worked in an institution (as defined by 42 U.S.C. 1997) will also have to sign a consent to release information so that the</p>

facility can ensure that the candidate has not received any substantiated allegations of sexual abuse or resigned during an investigation into an allegation of sexual abuse.

The policy states that the facility director/designee will send the candidate's signed consent to release PREA information form and PREA response letter, through certified mail, to all employers identified as an institution. If the facility does not receive a response within 15 business days, the facility can continue with the clearance check process and provide a copy of the documented effort with the packet. If the employer is no longer operational, the facility will document the information used for verification purposes and include it with the packet.

The Office Manager is also responsible for completing reference checks on all new employees. During the employee file review, the auditor made note that any employee that was hired after August 2014 had a reference check that included notification of any PREA allegations or documentation that shows effort to collect such information.

Annually, employees are required to sign acknowledgement of the agency's zero tolerance policies. Employees sign an acknowledgement of their understanding that any misrepresentation, falsification, or material omission of information may result in dismissal from employment.

The policy holds potential contractors and volunteers to the same hiring standards as potential employees. Contractors and volunteers, who have met qualification for service, are required to complete a self-reporting questionnaire concerning any allegations of sexual misconduct. Contractors and volunteers are prohibited from service if they do not meet any part of the hiring policy. Some contractors/volunteers may be allowed access to the facility as long as they are supervised by staff at all times. Due to the location of the facility, the facility does not have any contractors or volunteers who have direct contact with residents.

The facility handbook states that Tomorrow's Hope encourages internal promotion when staff demonstrate good performance, dependability, and the ability to handle more responsibility. Staff are reviewed at the 30, 90 day, and annually. These evaluations factor into promotions. The CEO explained that Tomorrow's Hope is a small facility with long-term staff, so promotions are infrequent but possible when opening arise. The Office Manager described that when promotions or vacancies occur, positions are posted internally first, and staff who have shown reliability and skill are considered before external candidates. Promotions are performance-based, and disciplinary action is always considered.

The Office Manager reports that all request for employment verification for previous employees are referred to her for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Review:

	<p>Policy and procedure</p> <p>Employee files</p> <p>Employee background checks</p> <p>Applications</p> <p>Reference checks</p> <p>Disciplinary action</p> <p>Interview with Office Manager</p> <p>Interview with CEO</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Section 6 of agency policy DC-ADM 008 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the facility will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse.</p> <p>The PREA Coordinator and CEO report that the facility has not undergone nor plan to undergo any substantial expansion or modification or acquiring a new facility. The auditor confirmed this during the tour portion of the onsite visit.</p> <p>The policy also states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility will consider who such technology may enhance the facility's ability to protect inmates from sexual abuse.</p> <p>Due to the facility now housing residents in the second building, the facility has increased the number of cameras to include this building. The CEO reports that in addition to the cameras placed in appropriate areas for this building, cameras were added and repositioned to improve coverage in problem areas. The changes improved the agency's ability to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p>The CEO reports that anytime the facility plans upgrades to the building or technology, the PREA Coordinator will be a part of the decision-making process to ensure the facility considers how these changes can enhance the facility ability to protect, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p>Review:</p>

	<p>Policy and procedure</p> <p>Facility tour</p> <p>Interview with PREA Coordinator</p> <p>Interview with CEO</p>
--	-------------------------------------------------------------------------------------------------------------------

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency/facility is not responsible for conducting criminal or administrative investigations into allegations of sexual abuse or sexual harassment. All allegations of sexual abuse and sexual harassment are administratively investigated by the Pennsylvania Bureau of Community Corrections and criminally investigated by the Pennsylvania State Police Department. The policy and assurances given to victims of sexual abuse state that all allegations of sexual abuse and sexual harassment will be investigated by the Pennsylvania Department of Corrections investigator who has received specialized training in sexual abuse investigation pursuant to PREA standards or referred to an agency with the legal authority to conduct a criminal investigation, and victims will be notified of the investigative outcome.</p> <p>Section 18 of policy DC-ADM 008 states that PA DOC investigators will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol established for evidentiary purposes will be developmentally appropriate for youth, where applicable, in accordance with PREA standard 115.21.</p> <p>Tomorrow's Hope policy 3.17 states all victims of sexual abuse will have access to forensic medical examinations without financial cost. The examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners. The agency will document its efforts to provide SAFE's or SANE's.</p> <p>All UPMC hospitals throughout the state of Pennsylvania provide standardized forensic care and sexual assault education to victims of sexual violence. Nurses receive a bi-annual SANE course that provides education, clinical training, understanding the judicial process. These nurses are more prepared to treat the victim's wounds, acknowledgement of their emotional state, and planning for the future. The facility provided the auditor with an MOU for SANE services from UPMC Hospital Altoona. The services provided are free of charge to the residents.</p> <p>Policy 3.17 states that a victim advocate from a rape crisis center will be made</p>

available to all victims. If a rape crisis center is not available to provide victim advocate services, the facility will make available a qualified staff member from a community based organization or a qualified agency staff member. The agency may use a rape crisis center that is part of a government unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. As requested by the victim, the victim advocate, qualified staff member, or qualified community based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals.

The facility has an MOU with Passages, who provides free and confidential 24-hour services to victims/survivors of sexual violence. Passages agrees to provide the following services to any resident victim:

- Provide advocacy for and accompany the victim to the hospital or other location where a forensic examination is to be conducted
- Provide confidential supportive services to the victim either by telephone, mail, or in person Accompany the victim to court proceedings concerning the alleged sexual assault
- Maintain a trained pool of advocates to respond to sexual assault survivors
- Maintain confidentiality as required by state standards for certified crisis counselors and Passage's policy and procedures

The auditor contacted the center to confirm the MOU and the services the center agrees to provide to victims of sexual abuse. The director reports to the auditor that the agency is a nonprofit organization dedicated to assisting sexual assault victims and their families. She states that the services the center offers includes:

- 24-hour hotline
- Individual or group counseling Crisis intervention
- Community referrals
- Hospital and legal accompaniment

The facility does not have any onsite emotional support staff members. The PREA Coordinator reports that all victims of sexual abuse will receive emotional support services from the rape crisis agency. The PREA Coordinator confirmed the validity of the agreement between Tomorrow's Hope and Passage in May 2025. Passages has an advocate available to meet with residents from Tomorrow's Hope 24-hours a day, 7 days a week.

Review:

Policy and procedure

UPMC MOU

<p>Passages MOU (rape crisis)</p> <p>Interview with Passages Director</p> <p>Interview with PREA Coordinator</p>

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy 3.17 states that an administrative or criminal investigation is completed from allegations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct investigations. This policy will be published on the agency's website. All such referrals will be documented.</p> <p>The allegations will be referred to the Pennsylvania Department of Corrections for an administrative investigation and/or to the Pennsylvania State Police for a criminal investigation. Agency policy requires these agencies to have in place a policy governing the conduct of such investigations.</p> <p>DOC policy DC-ADM 008 Section 18 requires administrative and/or criminal investigations are completed for all allegations of sexual assault, abuse, and harassment in Community Treatment Centers. Pennsylvania DOC post its investigation policy on its website at https://www.cor.pa.gov/Facilities/Prison_Rape-Elimination_Act/Pages/Frequently-Asked-Questions.aspx#:~:text=PREA%20standards%20are%20designed%20to,compliance%20with%20the%20PREA%20standards.</p> <p>The facility post information related to both administrative and criminal investigations on its website at http://www.tomorrowshopepa.org/policies.html.</p> <p>The facility has one current allegation that is still pending. The auditor reviewed the last completed investigation.</p> <p>Investigation #1: The facility received notification that a resident's home plan residences was to a contract staff member's house. The investigation was conducted by the PA DOC. The investigation determined the allegation to be substantiated. The allegation was referred to the Pennsylvania State Police for a criminal investigation. The investigation determined that there was not enough evidence to recommend prosecution.</p> <p>For the last audit cycle, the facility received the following allegations:</p>

Sexual Abuse and Sexual Harassment Allegations			
Report Type	Allegation Date	Allegation/SART Completed	Investigation Findings
Staff on inmate abuse	11/2024	22/2024	Unfounded
Inmate on inmate abuse	09/02/2024	11/2024	Unfounded
Staff on inmate abuse	2/21/2023	11/20/2024	Substantiated
Inmate on inmate abuse	5/1/2024	1/16/2025	Unsubstantiated
Staff on inmate abuse	9/23/2022	9/26/2024	Substantiated
Staff on inmate abuse	12/15/2020	6/24/2024	Unsubstantiated
Staff on inmate abuse	3/24/2025		PENDING

Review:

Policy and procedure

Agency website

DOC website

Investigation report

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy 3.17 requires staff to receive training on the agency's zero tolerance policy and how to fulfill their responsibilities under the company's sexual abuse and sexual harassment prevention, detection, reporting, and response procedures. This

training includes DOC basic training and refresher training that addresses or exceeds the PREA standard requirements. The topics include:

- Agency zero tolerance policy against sexual abuse and sexual harassment
- How staff are to fulfill their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- Inmate's rights to be free from sexual abuse and sexual harassment
- Inmate and employee rights to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in a confinement setting
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with inmates, including LGBTI or gender non-conforming inmates
- How to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities

This training is provided to every employee. In addition to the basic training, staff will receive PREA education in the form of an update of the procedure manual and to ensure knowledge of the agency's current sexual abuse and sexual harassment policies and procedures during staff meetings. PREA training is required for all staff members annually.

In addition to the training topics listed above, the facility provides the following training topics which improves the facility's ability to prevent, detect, respond, and report incident of sexual abuse and sexual harassment. This training includes:

- Code of conduct/code of ethics
- Ethics and professionalism
- Communication skills
- Employee conduct and responsible
- Intervention
- Security procedures
- Cultural diversity
- Confidentiality
- DOC policy on inmate contact and relationship reporting
- Professional boundaries
- PA Crimes Code- Ch. 18, Sec. 3124.2 (prohibition of employee/inmate relationships)

The CEO and the PREA Coordinator report that during the onboarding process, employees receive a new hire packet. The packet includes DOC code of ethics, employee conduct standards, and confidentiality policies, as well as PREA compliance materials. New employees receive a review of the PREA policy and

zero-tolerance statement. The PREA Coordinator provides the staff with instruction on how to report sexual abuse, sexual harassment, and retaliation. Staff are informed they have a duty to report immediately, regardless of who the alleged abuser is or how the allegation is reported.

Staff from every department was interviewed and questioned about their PREA training. Several staff confirmed that a yearly refresher course is mandatory and covers:

- PREA definitions (sexual abuse, harassment, and consent)
- Reporting obligations
- Search procedures and cross-gender restrictions
- Maintaining professional boundaries with residents

In addition to the onboarding and annual training that all staff are required to have, within six months of their hire date, employees will attend the PA DOC online training academy. Multiple employees reported that the DOC training also covers the following PREA topics:

- Zero tolerance toward sexual abuse and harassment
- Staff's duty to report immediately and protect confidentiality
- How to recognize warning signs and support victims
- Boundaries and professionalism in staff-resident relationships
- Proper pat search and cross-gender search techniques
- First responder duties

The staff states that they must report all allegations immediately to the PREA Coordinator or the Security Monitor Supervisor. They described their duty to maintain confidentiality and professionalism when someone does report, and that retaliation is prohibited. There were also staff who reported that not reporting allegations is also a violation.

The auditor received training acknowledgements through the OAS, and was able to review additional training acknowledgements during the onsite visit through the file review. The training curriculum was also provided. The training is sufficient to meet the requirements of this standard.

Review:

Policy and procedure

Training Curriculum

Training sign-in sheets

Policy acknowledgements

Employee files

	<p>Interview with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with CEO</p>
--	----------------------------------------------------------------------------------------------

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy DC-ADM 008 requires contractors and volunteers who have contact with residents will receive training on their responsibilities under the department’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They will be trained during orientation sessions and annual training, reflective of the level of contact that they have with residents.</p> <p>Level 1 Contractors/Volunteers: Contractors and volunteers who have a high level of contact (five or more hours per week on average) with residents will receive training that is the same as regular staff members receiving both pre-service and annual training.</p> <p>Level 2 Contractors/Volunteers: Contractors and volunteers who have sporadic level of contact (less than 5 hours per week on average) with residents will receive a brief orientation to include information on the department’s zero tolerance policy, how to make a report, and to whom to make a report.</p> <p>The agency provided the auditor with a copy of the training curriculum used to train all contractors, volunteers, and interns. The training focused on defining PREA, understanding zero tolerance, and knowing how to recognize and report abuse and harassment. The core objectives include:</p> <ul style="list-style-type: none"> • Understand the purpose of PREA in confinement settings • Recognize the importance of zero tolerance toward sexual abuse and harassment • Maintain professional boundaries with residents • Recognize victim responses to abuse • Follow proper reporting protocols • Agency zero tolerance policy • Recognizing red flags • Avoiding inappropriate relationships • Cross-gender announcements • Reporting responsibilities <p>The CEO and Office Manager report that any contractor or volunteer who spends more than five hours a week with residents must undergo the same background</p>

	<p>check and training process as facility staff. The PREA Coordinator provides their training and ensures contractors and volunteers attend training, and in some cases will also participate in refresher training.</p> <p>All contractors and volunteers will be required to sign and acknowledgement to the PREA Training and Understanding Verification Form, and the signed form will be placed in the contractor/volunteer file.</p> <p>Review:</p> <p>DOC policy and procedure</p> <p>Training acknowledgements</p> <p>Interview with PREA Coordinator</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Tomorrow's Hope policy 3.17 states that during the intake process, residents will receive information explaining the facility's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse and sexual harassment; their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents; and regarding agency's policies and procedures for responding to such incidents. Refresher information will be provided to residents who are transferred to a different facility. The education provided will be in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Documentation of residents participating in education sessions will be maintained by the facility. Policy requires that in addition to the information provided during these education sessions, the facility will have key information continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>The intake packet contains a brochure that contains information on how a resident can keep themselves safe, national, state, and local advocate agencies contact information (address and phone numbers), reporting options, and available services. The security monitors report reviewing the pamphlet with every new intake or transfer resident.</p> <p>During orientation group, the residents watch a PREA education video that covers the zero-tolerance policy, reporting options, and confidentiality. The case manager that teaches orientation group states she provides specific facility reporting</p>

information and the resident handbook. The resident PREA education curriculum states the facility will:

- Provide residents with information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment, retaliation at intake
- Show residents a video regarding their rights to be free from sexual abuse sexual harassment, and retaliation (Spanish and English versions of the “PREA: What You Need to Know” video)
- Provide information regarding the facility’s policies and procedures for responding to such incidents
- A staff member must facilitate the discussion, in conjunction with the Resident Education Facilitator’s Guide, and answer questions
- The facilitator will ask questions at the end of the video/discussion to determine comprehension of the materials The facilitator will meet privately with any resident to discuss issues related to the video or other materials
- Provide key information continuously and readily available or visible to residents through posters, handbooks, or other written formats. The facility will post this information in each housing unit and common area.
- Make an audio announcement of the agency’s zero tolerance policy over the public address system twice daily
- Provide the resident an opportunity to discuss issues related to sexual abuse and provide the resident with a copy of the PREA Inmate Intake Handout annually during the anniversary month of the resident’s commitment month

The handbook states:

- “PREA policies and procedures will be followed. Sexual assault, harassment, or abuse will not be tolerated, is grounds for immediate removal, and State Police reporting for criminal charges.”

The case manager reports that she ensures all residents understand PREA, and will accommodate residents with limited English proficiency, low literacy, or cognitive limitations by reading the material aloud, using plain language, or providing one-on-one explanation. For a detail review of how the agency ensures residents that are limited English proficient, deaf, blind, or have cognitive limitations, see standard 115.216.

The facility has a required daily PREA announcement. The announcement is conducted twice a day as a reminder of the resident and agency's rights and responsibilities under the PREA standards. The announcement includes:

- The facility’s zero tolerance policy and the possible disciplinary action for residents who engage in sexual abuse and sexual harassment

- The facility’s response with regard to reports or suspicions of sexual abuse and sexual harassment, including free services available
- Ways residents can report sexual abuse, sexual harassment, and retaliation
- Reporting numbers

Every resident interviewed could describe how to report sexual abuse or sexual harassment, and confirmed that they were told the facility has zero tolerance for sexual abuse. No resident expressed confusion about reporting or retaliation procedures. Most residents referred to the daily PREA announcement as annoying, but a way to remember important PREA information should they have “that type of problem.” During interviews, residents confirmed they know:

- What PREA stands for
- How to report abuse- to staff, by phone, mail, or outside agencies
- That reports can be anonymous
- Retaliation is prohibited

The daily PREA announcement, resident handbook, and posters on resident bulletin boards reinforce key messages and contact information for reporting sexual abuse or harassment, including external contracts - Office of State Inspector General and local rape crisis center.

During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to local, state, and national reporting agencies.

Review:

Policy and procedure

Resident handbooks

PREA education video

PREA education PowerPoint

PREA posters

Resident PREA education acknowledgements

Interview with Case Manager

Interview with residents

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>While the facility does not conduct administrative or criminal investigations, the Pennsylvania Department of Corrections, who conducts administrative investigations on behalf of the facility, does have a policy that requires any staff designated to conduct sexual abuse investigations will complete specialized training that includes:</p> <ul style="list-style-type: none"> • Interviewing sexual abuse victims • Common reactions of sexual abuse and sexual harassment victims • Sexual abuse evidence collection in confinement settings • Proper use of Miranda warnings • Garrity rule • Criteria and evidence required to substantiate a case for administrative action or prosecutorial referral <p>Review:</p> <p>Policy and procedure</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility requires full and part-time medical and mental health staff to receive specialized training to include, but is not limited to:</p> <ul style="list-style-type: none"> • How to detect and assess signs of sexual misconduct • How to preserve physical evidence of sexual abuse • How to respond effectively and professionally to victims of sexual misconduct • How to and whom to report allegations or suspicions of sexual misconduct <p>The Medical department consists of one (20-hour/week) LPN and one (20-hour/week) Direct Care Support. Both employees are classified as part-time, but are regular members of the facility's core staff. They provide medication administration, coordinate medical appointments, and support residents with health concerns. Should a resident need SANE services, they will be transported to UPMC Altoona Hospital. Medical staff receive the same PREA training as all other employees. Specialized training for medical staff includes:</p> <ul style="list-style-type: none"> • Mandatory reporting of sexual abuse or harassment • Protecting patient confidentiality;

	<ul style="list-style-type: none"> • Recognizing and documenting physical or behavioral signs of possible sexual abuse; • Proper evidence preservation and chain of custody; and • How to coordinate emergency medical treatment and forensic exams with community hospitals <p>The medical staff operate under the CEO’s supervision and must comply with DOC and PREA standards for reporting, confidentiality, and professional conduct. Their training and certification records are included in the facility’s annual training and staffing review, overseen by the CEO and PREA Coordinator.</p> <p>Tomorrow's Hope partners with outside crisis and behavior health agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Specialized training curriculum</p> <p>Specialized training certificates</p> <p>Interview with PREA Coordinator</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 3.17 requires the facility to assess all residents for risk of sexual victimization and abusiveness during intake (within 72 hours) or upon transfer from another facility. The facility uses the PREA Risk Assessment Tool (PRAT) at intake, upon transfer to another facility, and again at 20-30 days after receipt into the facility. If the facility houses a resident longer than one year, the facility will conduct another assessment. The assessment tool is objective and consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:</p> <ul style="list-style-type: none"> • Whether the resident has a mental, physical, or developmental disability Age of the resident • Physical build of the resident • Whether the resident has previously been incarcerated Whether the resident's criminal history is exclusively nonviolent • Whether the resident has prior convictions for sex offenses against an adult or child • Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, transgender Whether the resident has previously

- experienced sexual victimization
- Residents own perception of vulnerability

The screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence and sexual abuse as known to the agency, in assessing a resident's risk of being abusive.

Policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions. Information provided in the assessment will not be disseminated unnecessarily, to guard against exploit to the resident's detriment by staff or other residents.

In addition to a reassessment that is to take place within a set time period, not to exceed 30 days, residents can be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The case managers report that an additional PRAT can occur if there is a new allegation, the resident displays significant behavior change, or the resident is transferred to or from another facility.

The resident's case manager is responsible for conducting the initial and 30 day PRAT. The facility has two case managers (one is the PREA Coordinator) and a case manager supervisor, who all conduct the PREA Risk Assessment Tool. The auditor interviewed all three during the onsite visit. They report the PRAT is completed within the first 72 hours of admission and then again within 30 days, or sooner if new relevant information arises. The assessment has a scoring system that identifies residents who may be vulnerable to sexual abuse or residents who may present a risk of being sexually abusive toward others. The PREA Coordinator explained that the PRAT results are used to help determine housing assignments, supervision levels, and follow-up care.

The PREA Coordinator reports that case managers are trained in administering the PRAT and interpreting the results. The facility has a spreadsheet that tracks assessments that allow for the case manager supervisor to verify that screenings are completed on time and properly documented.

During the onsite visit, the auditor interviewed ten residents. All residents interviewed were questioned on their experience with the PRAT and the number of times they completed the assessment. All the residents remember completing the PRAT assessment. Some had to be prodded by providing some questions on the assessment, while others could not remember how many times the assessment was completed. No resident had an issue with answering the questions, with a few reporting that they are used to answering the questions, as every facility does this process now.

One resident disclosed to the auditor that they were questioning their gender identity, and wanted to change it from what they self identified as during the initial and 30-day risk assessment. This information was reviewed with the PREA Coordinator, and the resident received another rescreening.

	<p>The auditor was given a copy of the risk assessment instrument. The instrument meets the requirement of being objective and including all required criteria per this standard. The screening instrument uses a scoring system to assess the resident a risk classification.</p> <p>The completed assessment is placed in the resident's file, which is limited to treatment staff. The PREA Coordinator reports that Security Monitors will be provided with classification information if necessary to keep the resident safe, but not with specific details from the assessment.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Risk assessment form Resident files Interview with case managers Interview with Case Manager Supervisor Interview with residents
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy 3.17 states that information from the risk screening will be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The PREA Coordinator reports that the PRAT assist the facilities in proactively separating individuals who may pose a risk from those who are vulnerable. Residents identified as vulnerable are placed in lower-risk dorms or closer to exit doors. Residents screened as potential aggressors may receive higher supervision. Staff hold team meetings to discuss PRAT findings and adjust placements as new information emerges.</p> <p>In addition to physical separation to ensure safety, the agency offers mental health services to residents that are more vulnerable to abuse. Residents are provided the option but can decline services. The PREA Coordinator explains that PRAT scores are used to determine housing assignments, supervision levels, and follow-up care.</p> <p>The PREA Coordinator assigns a designated color to residents that are identified as vulnerable or abusive. The colors are used on a bed placement chart to ensure</p>

opposite classifications are not housed together.

In deciding whether to assign a transgender or intersex resident to the facility, the agency will consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Policy prohibits the facility from placing a lesbian, gay, bisexual, transgender or intersex resident in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting such residents.

Any transgender resident placed at the facility will be allowed to express their own views with respect to their own safety and be given the opportunity to shower separately from other residents at designated times as coordinated and managed by security staff for the resident's privacy and safety.

The Pennsylvania Department of Corrections has a PREA Accommodation Committee checklist that should be used when making determinations about transgender/intersex's residents privacy, housing, and programming to ensure the resident's safety. The checklist includes:

- Gender at birth
- Gender identification
- Social transition
- Gender identification before incarceration
- Gender expression
- How long living as identified gender
- Preferred name
- Preferred pronouns
- Medical considerations
- Mental health considerations (gender dysphoria)
- Legal steps toward change in name or on legal documents
- Residents safety concerns
- Resident accommodation preferences
- Does the resident present as gender non-conforming
- Privacy considerations

The form also documents the review of the resident's pre-sentence investigation report, sentencing order, personal data questionnaire, and any other information that would assist in proper placement. The agreed upon accommodations are documented, and the form is signed by the PREA Coordinator and the resident.

The facility is currently housing a resident that identifies as transgender but does not want to openly identify while at the facility. The resident states that the environment of the facility is laid-back and nonjudgmental. The resident reports that staff regularly make their rounds to check on all the residents, so the place is safe. The resident did report an issue with a resident stealing some of his clothing,

	<p>which were female underclothes. After the theft, the resident was afraid there would be harassment. The resident was moved to ensure safety, and encouraged to report any harassment. The resident states that staff and peers are aware and are respectful. He states that there has been no bullying or ridicule about it.</p> <p>The auditor interviewed a resident that was questioning his gender identity and is considering cross-dressing. The resident did not want any changes to his pronouns or accommodations. The resident preferred to maintain the status quo and not pursue any changes while at the facility. The resident is currently connected to mental health services and has discussed his desires with this professional. The resident reports that communication with facility staff will take place prior to any gender related changes. The resident feels safe in their current dorm area.</p> <p>The residents report that the facility staff are proactive and responsive to residents concerns over safety. They report that facility staff treat them equally and respectfully, and have no issues with how they are being housed. The staff report that residents that regardless of how a resident identifies, no resident will be segregated or treated differently. The staff will increase monitoring and ensure no teasing or harassment takes place.</p> <p>The auditor conducted a web search on Tomorrow's Hope. The auditor did not find any reports of the agency being involved in a lawsuit, consent decree, legal settlement, or legal judgment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Risk Assessment</p> <p>Facility tour</p> <p>PREA Accommodation Committee checklist</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p> <p>Web search</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 3.17 requires TH to accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. The resident will have at least one way to report abuse or harassment to a public or

private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to Tomorrow's Hope officials, allowing the resident to remain anonymous upon request. This may be through SERV, the office of Ombudsmen or if in immediate need of assistance, residents may dial 911. These procedures and corresponding phone numbers will be included in intake information and documented in the handbook, as well as posted at phones. Staff may privately report sexual abuse and sexual harassment of resident anonymous through Tomorrow's Hope website, or by directly contacting the corporate office of Human Resources.

Residents are encouraged to report allegations of sexual assault, abuse, or harassment through the following established methods:

- Verbally to any staff member
- In writing to any staff member
- In writing to 3rd party Sexual Abuse Reporting Address- OSIG: ATTN: PREA Coordinator, Office of State Inspector General, 555 Walnut Street, 8th Floor, Harrisburg, Pa 17101
- Third-party reports from friends and family Grievance boxes
- BCI PREA Coordinator- BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, Pa 17110 Online- www.tipsubmit.com

The auditor verified that the methods available to residents and staff were posted in various areas throughout the facility and listed in the PREA brochure given to residents at intake. Residents can use the grievance box or call 911 to make anonymous complaints. Residents can also speak directly to any staff member, including having a private meeting, or tell a friend or family member to report an allegation.

During the onsite visit, the auditor was able to see various posting in English and Spanish informing the residents of the website and mailing address to internal and external reporting entities. Residents also receive twice daily announcements that instruct residents on their options for reporting incidents of sexual abuse or sexual harassment. The facility allows for residents to carry a personal cell phone that they can make private reports to facility staff or to outside reporting agencies. For residents that do not have a personal phone, the facility has phones in an area that is not directly supervised by staff that will allow residents to make private, anonymous reports.

The auditor reviewed the tipsubmit website. The website is a crime tipping site that allows people to anonymously submit information to law enforcement agencies, including live chatting.

During resident interviews, the resident report understanding how to report allegation of sexual abuse, harassment, or retaliation, that multiple internal and external reporting methods are available, and that staff take all reports seriously. A few of the resident comments include:

	<ul style="list-style-type: none"> • “They covered PREA with me when I got here, so I know how to report if I need to.” • “You can tell any staff. You can write it down, or you can call outside if you want. They don't play about that.” • “They announce it over the load speaker every day. They tell you who to call if something happens.” <p>During staff interviews, they report that PREA education is given to every resident within hours of arrival. Residents sign acknowledgement forms verifying they received PREA information. Staff state that if they receive a report, they do not make judgment. “We take it seriously and report it up the chain,” one staff reported. The staff state that they can report to their direct supervisor, the PREA Coordinator, and/or the CEO directly, and privately.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>PREA pamphlet</p> <p>PREA poster</p> <p>Facility tour</p> <p>PREA daily announcement</p> <p>Interview with residents</p> <p>Interview with staff</p> <p>www.tipsubmit.com website</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy outlines the agency's grievance process. Residents have the right to file a grievance without fear of reprisal from staff or residents. The procedure states:</p> <ul style="list-style-type: none"> • No imposed time limit on when a resident may submit a grievance regarding an allegation of sexual abuse Residents are not required to use an informal grievance process or to otherwise attempt to resolve, with staff, an allegation of sexual abuse

- The facility will forward all grievances to the appropriate contractor and investigative agency if they do not conduct the administrative investigation
- The agency will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing
- Computation of the 90 days will not include time consumed by residents in preparing any administrative appeal The agency may claim an extension of time to respond for up to 70 days, if the normal time period for responses is insufficient to make an appropriate decision. The agency will notify the resident in writing of any such extension and provide a date by which a decision will be made
- At any level of the administrative process, including the final level, if the resident does not receive a response within the allotted firm for a reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level
- The agency can discipline residents for bad faith allegations of sexual abuse

The policy allows for third-party assistance for emergency grievances. Third parties include other residents, staff members, family members, attorneys, and outside advocates. These parties are permitted to assist residents in filing a request for administrative remedies related to allegations of sexual abuse, and will also be permitted to file such request on behalf of residents. If the third-party 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 behalf, and may also require that the alleged victim personally pursue any subsequent steps in the administrative process. If the resident declines to have the request processed on his behalf, the agency will document the resident's decision.

The policy requires the facility to take immediate corrective action to any emergency grievance. The initial response must be within 48 hours and a final agency decision within 5 calendar days. Both responses will document the agency's determination on whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The resident handbook outlines the resident grievance process. The handbook states:

- During your stay, residents have the opportunity to initiate grievance procedures on any condition or action within the program without being subject to any adverse action.
- The resident submits a formal written grievance to the Security Supervisor
- The Security Supervisor (or designee) reviews the grievance, investigates, and meets with the resident within five (5) working days
- A written decision is given to the resident within two (2) working days after the meeting
- If the resident is unsatisfied, they can appeal directly to the Chief Executive Officer (CEO) within five (5) days of receiving the written decision

	<ul style="list-style-type: none"> Residents can also submit grievances to the Office of State Inspector General. <p>The Case Manager who facilitates PREA education states, that during orientation group, she goes over the handbook and how to make complaints. She states that staff do not discourage residents from writing grievances, and that the process is supervised by the CEO to ensure fairness. She reports that she explains to the residents during group that residents are also informed that they do not have to use the grievance process to report sexual abuse. Allegations of sexual abuse or sexual harassment will be immediately elevated to a PREA report and referred to the PA Management Operations Center.</p> <p>The facility has not received an allegation of sexual abuse or sexual harassment through the grievance system. The facility did receive a third-party report of fear of harassment, related to a resident wearing female undergarments. The resident did not receive any harassment, and the report was preemptive in nature. The resident was immediately separated from the dorm where the possible harassment might occur, and staff members increased their monitoring of this resident.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Grievance reporting form</p> <p>Resident handbook</p> <p>Investigation report</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA education facilitator</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy 3.17 requires Tomorrow's Hope to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and</p>

these organizations, in as confidential a manner as possible. Prior to providing residents with access, the facility will inform residents of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility provided the auditor with brochures given to the residents during intake. The brochure provides the name and mailing address of the agency the residents can contact for emotional support:

- Pennsylvania Coalition Against Rape
- P.O. Box 400
- Enola, Pa 17025

The brochure also reminds the residents that communication between these organizations will be provided in the most confidential manner as possible; however, there are some limits to confidentiality for mandated reporters.

In addition to the emotional support listed in the brochure, posters around the facility provide the mailing address, phone number, and website address to Passages, Inc. rape crisis and UPMC Western Behavior Health Altoona Crisis.

The facility has an MOU with Passages for confidential emotional supportive or rape crisis services. The auditor contacted the Executive Director of Passages after the onsite visit to confirm services that are provided to the residents free of cost. The Executive Director confirmed the agreement with Tomorrow's House and listed the following services available to residents free of charge:

- 24-hour hotline (800-793-3620)
- Crisis intervention
- Counseling
- Court advocacy
- Hospital accompaniment
- Mandated reporter training
- Referrals for additional services
- Provide confidential supportive services either by telephone, mail, or in person

The Passages Executive Director reports that she is unable to disclose if a resident has used the services, but states that advocates at the agency are available to Tomorrow's Hope residents.

Residents can privately and confidentially access emotional services by mail or telephone. Mail is collected and processed by staff at the main monitoring station. Residents may send and receive personal mail, and while incoming mail is subject to inspection for contraband, mail is opened by the resident in front of staff. Residents report to the auditor that because they have community access fairly quickly and access to cell phones, they do not generally use the mail system within the facility. Residents that have received mail at the facility report being required to open their

	<p>mail in front of staff, and that the only time staff search mail is if it is a package.</p> <p>Residents have access to personal cell phones, free facility phones, and computers at the facility. They are able to make unassisted, confidential calls or send mail to emotional supportive agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with Passages</p> <p>Interview with Passages Executive Director</p> <p>PREA pamphlet</p> <p>Resident handbook Facility tour</p> <p>PREA posters</p> <p>Pennsylvania Coalition Against Rape brochure</p> <p>Interview with residents</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Tomorrow's Hope post third-party reporting options on its agency website. Policy DC-ADM 008 section 12 states that friends, family, and the general public are provided with the Sexual Abuse Reporting Address with the Office of State Inspector General in order to report allegations of sexual abuse and sexual harassment. Friends, family, and the public can also report allegations of sexual abuse or sexual harassment directly to the agency PREA Coordinator.</p> <p>The auditor reviewed the agency website, and was able to see the posted information on how a third party can report an allegation.</p> <ul style="list-style-type: none"> • Office of State Inspector General, Attn: PREA Coordinator, 555 Walnut Street, 8th Fl, Harrisburg, Pa 17101 • 814-672-5485 • www.tipsubmit.com • Website contact us form <p>The auditor noted the various locations of reporting posters, including public locations during the facility tour.</p>

	<p>The auditor noted the various locations of reporting posters, including public locations during the facility tour. During resident interviews, they were asked about third-party reporting, and reporting on behalf of another resident. The residents report receiving information about third-party reporting, including the residents being able to report on behalf of another resident, during orientation group. No resident reported, asking a family member or friend to make a report. Most residents reported that they are more likely to make a third-party report on behalf of another resident before making an allegation for themselves.</p> <p>The facility receive an allegation that was reported by a Parole agent. The information was documented and conveyed to the PA MOC. The department initiated an administrative investigation, which was later referred for a criminal investigation.</p> <p>The facility also received a third party report for suspected harassment that could occur. The facility took the information seriously and made moves to protect the resident.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Agency website PREA pamphlet Investigation report Interview with residents
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy 3.17 states that Tomorrow's Hope requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in or outside a facility whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners will be required to report sexual abuse pursuant to this policy and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. If the alleged</p>

victim is under the age of 18 or considered a vulnerable adult, Tomorrow's Hope will report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Staff are to accept, and document reports made verbally, in writing, anonymously, and from uninvolved parties. All reports will be forwarded to the Management Operation Center to initiate an administrative investigation. Employees interviewed all stated that they understood the reporting process, who they are to make reports to, and that all allegations must be investigated by a trained investigator. The staff report that they feel the facility had created a culture where staff and residents can feel comfortable reporting allegations and that all reports will be taken seriously. The interviewed staff also discussed having a duty to report all information or suspicions regardless of who is the alleged abuser (including staff) and that there is whistleblower protection for reporting staff sexual misconduct. Staff reported understanding limiting who has knowledge of PREA incident details and would only report information to their supervisor, management staff, or the PREA Coordinator.

The employees are trained during onboarding and receive this information during refresher training. Any suspected violation or attempted violation of the PREA standards must be reported immediately to the appropriate supervisory personnel.

The auditor reviewed employee files during the onsite visit. The files contained signed acknowledgments of receiving the following information:

- Client confidentiality
- Code of ethics
- Employee handbook
- PREA training, including reporting requirements
- PREA zero tolerance policies

All staff that were interviewed were questioned on their responsibilities to protect residents from sexual abuse, sexual harassment, and retaliation for reporting incidents of sexual abuse and sexual harassment. The staff report that:

- Staff and residents have multiple reporting options available, including privately for staff
- Retaliation against anyone who reports abuse or cooperates with in investigation is prohibited

Staff also report that they are trained to identify "red flags" to enable them to report suspicious behavior/interactions between staff and residents. All staff reported that they were comfortable either addressing suspicious behavior with the staff member and/or reporting the behavior to a supervisor, depending upon the severity of the situation. Some staff members noted that they feel empowered to report even borderline or suspicious behavior, emphasizing a "better safe than sorry" approach. A few staff members also report that disciplinary action can occur for failure to report allegations.

	<p>The Case Manager Supervisor reports that residents are informed of the staff's obligation to report allegations of sexual abuse and sexual harassment, and other limits of confidentiality during the initial case manager meeting.</p> <p>The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that all allegations involving a victim under the age of 18 be reported to the designated state or local services agency as outlined by the Pennsylvania Department of Human Services. The PREA Coordinator will report the allegation to the designated State or local service agency under applicable mandatory reporting laws.</p> <p>No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult. The facility had one allegation that was reported to the facility via a third party. The allegation was reported to the PA Management Operations Center (MOC), who initiated an administrative investigation.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Employee handbook Employee files Investigation report Interviews with staff
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 1 states that the agency will take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of residents. The facility will ensure that when staff learn that a resident is at risk of imminent sexual abuse, appropriate and immediate action will be taken to protect that resident.</p> <p>All staff interviewed, security, program, management, and agency administration were all asked about the facility practice to protect residents who report fear of abuse. All staff report that immediate safety measures will be put into place. Every staff member stated that residents who report are immediately separated from the alleged perpetrator. This may include relocation to a different housing unit or building to ensure physical and emotional safety.</p>

	<p>The facility currently is housing a resident that was moved in a proactive attempt to prevent harassment. The resident did not report any harassment; however, it was discovered by another resident that he likes to wear female undergarments. Another resident reported this issue to staff, and staff immediately separated the residents. During the onsite visit, the auditor spoke to the resident who reports that he feels safe at the facility, and he has not experienced any teasing or harassment.</p> <p>The PREA Coordinator reports the type of protection will depend upon the circumstances of the allegation and the individuals involved.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Facility tour</p> <p>Interview with PREA Coordinator</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility follows DOC policy DC-ADM 088 Section 12 which states:</p> <ul style="list-style-type: none"> • Upon receiving an allegation that a resident was sexually abused while confined at another facility, the CEO will document the receipt of such allegation and verbally notify the Bureau of Community Corrections Management Operations Center • The affected facility will receive a copy of the confidential report and contact information in an electronic format for any follow-up questions • The CEO will make initial contact with the affected facility’s Director or appropriate office of the agency where the alleged abuse occurred to coordinate any immediate actions that may need to be taken • The CEO will make formal notification to the affected facility within 72- hours of report • A copy of the notification and any electronic correspondence associated with its distribution will be maintained <p>The PREA Coordinator reports to the auditor that the facility has not received an allegation from a resident that would require the facility make a report to another confinement facility.</p> <p>The policy also states:</p>

	<ul style="list-style-type: none"> • Upon receipt of an allegation from another facility that a resident was sexual abused while confined at the facility, the CEO, or designee, shall document the receipt of the allegation • The CEO will immediately notify the Bureau of Community Correction’s Management Operations Center to report allegation • An Administrative investigator will be assigned to investigate the allegation • The CEO, or designee, will document the notification <p>The PREA Coordinator reports that they have received an allegation from another confinement facility that was immediately reported to the PA Management Operations Center (MOC). The allegation is still under investigation, and no details will be available until the investigation is complete.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Section 5 of agency policy states that staff first responders shall complete the following upon learning of an allegation that a resident was sexually abuse:</p> <ul style="list-style-type: none"> • Separating the alleged victim and abuser • Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence • Contact the parent jurisdiction as applicable, and follow all direction provided to include preserving and protecting any possible crime scene until appropriate steps can be taken to collect evidence • If the abuse occurred within a time period that still allows for the collection of physical evidence (96 hours), staff request/ensure that the victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating • Notify the PREA Compliance Manager or designee • *Call 911 if a physical or sexual assault is currently in progress • Complete the First Responder Checklist for any PA DOC resident • In the event the first staff member to respond to an incident or allegation of sexual abuse is not a security staff member, the responder should request that the alleged victim not take any action that could destroy physical

	<p>evidence and make immediate notification to a security staff member</p> <p>All staff are trained on the agency's first responder policies and procedures during onboarding and regularly through annual training. The facility provided the auditor a copy of the training curriculum and sign-in sheets.</p> <p>During the onsite visit, the auditor spoke to both security and non-security staff. All staff report PREA training includes specific instruction on first responder duties, such as securing the scene, preserving evidence, and notifying the appropriate supervisors or PREA personnel. Staff are taught not to investigate, but instead to focus on immediate safety and support for the alleged victim. Several staff confirmed they receive annual refreshers on PREA first responder duties.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p> <p>Training acknowledgements</p> <p>Investigation report</p> <p>Interview with staff (security and non-security)</p> <p>Interview with PREA Coordinator</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 3.17 requires the facility to have a plan that coordinates the actions taken in response to an incident of sexual abuse that includes the facility's PREA Coordinator, the investigative agency, medical and mental health treatment, and victim advocacy. Once the victim's immediate needs are met and evidence secured, the PREA Coordinator will ensure that retaliation is monitored.</p> <p>The facility provided the auditor with a copy of the Coordinated Response Plan. The plan includes:</p> <ul style="list-style-type: none"> • Call 911 if a physical and/or sexual assault is currently in progress • Escort the victim to a safe location away from others and separate from the abuser • If within 96 hours of the incident, instruct the victim to report the current information

	<ul style="list-style-type: none"> • Do not interview the victim or anyone else, simply report the current information • Notify the Facility Director (CEO), The PREA Coordinator, and/or Designee • Contact the BCC Management Operations Center • Preserve/protect possible crime scene(s) • Do not take any photographs/video of the alleged victim or alleged abuser • Every allegation of sexual abuse must be reported to law enforcement. The victim may choose not to cooperate, but the notification must occur. Document response. • Every victim must be offered medical evaluation and treatment at an outside hospital, at no cost to the victim. Staff should encourage treatment, but the victim has the final decision. • A staff member must accompany the victim to the hospital for support. Staff may not enter the examining room during the SAFE/SANE examination, even if requested by the victim. • Every victim must be offered the opportunity to talk to an outside victim advocate and receive continued care. • Victims, reports of abuse, and those who cooperate with abuse investigations must be monitored and protected from retaliation for at least 90 days. • Follow procedures and submit all required written reports. <p>Staff are all trained on the location of the Coordinated Response Plan.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A: The facility does not have a collective bargaining agreement. All employees are at will and sign an at will statement during onboarding. The handbook also has a statement regarding the agency's "At Will" employment status. It states:</p> <p>Employment at Tomorrow's Hope LLC is at-will for an indefinite period of time, until terminated by either Tomorrow's Hope LLC or the employee, with or without cause.</p> <p>Review:</p>

	<p>Interview with CEO</p> <p>Employee handbook</p>
--	----------------------------------------------------

115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy 3,17 requires the facility to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other residents or staff. The facility does this by:</p> <ul style="list-style-type: none"> • Use multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations • For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and 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 shall act promptly to remedy any such retaliation <p>The policy states that should the person being monitored be a resident, then the monitoring visits will also include status checks. Status checks include monitoring:</p> <ul style="list-style-type: none"> • Disciplinary reports • Housing or program changes • Negative performance reviews • Staff reassignments <p>Monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need. Monitoring can be terminated if the allegation is determined to be unfounded.</p> <p>The PREA Coordinator reports that she is responsible for retaliation monitoring and will use the form created by PA DOC. The form was provided to the auditor. The form has set time periods that the monitor should meet with the staff or resident. These time periods include:</p> <ul style="list-style-type: none"> • within 96 hours • within 15 days • within 30 days

- within 60 days
- within 90 days

The form also documents status checks, if required, at those same check in dates; extended monitoring; reported or observed negative interactions with staff or residents; and dates monitoring begins and ends. The staff member conducting the monitoring must date and initial each monitoring check in and is required to conduct monitoring even if the resident does not want to meet with staff for the required status checks. All efforts must be documented.

The facility had one allegation during this past audit cycle. The victim was no longer housed at the facility when the allegation was reported.

During staff interviews, they report a clear understanding that retaliation is prohibited and that monitoring begins immediately after a report is made, whether the report involves a resident or an employee. The staff explain that while the PREA Coordinator, is the assigned retaliation monitor, all staff will have frequent check-in with the resident through observations of interactions. Housing or job reassignments can be made if safety concerns arise.

The PREA Coordinator states that she ensure that no resident is targeted, moved, or disciplined unfairly for reporting abuse or cooperating in an investigation. She also states that the resident's assigned case manager will check on them during meetings. "They will make sure the resident is still comfortable, and that no one is bothering them or trying to intimidate them."

The auditor interviewed a resident who reported possible harassment on behalf of another resident. He stated that he felt comfortable reporting his concerns and was certain staff would take action. He stated, "If you tell staff something, they take care of it. Nobody messes with you after that." He felt sure staff would not allow others to retaliate against him for reporting.

Review:

Policy and procedure

Investigation report

Retaliation monitoring form

Interview with PREA Coordinator

Interview with resident

115.271	Criminal and administrative agency investigations
----------------	----------------------------------------------------------

	Auditor Overall Determination: Meets Standard
--	------------------------------------------------------

Auditor Discussion

Policy DC-ADM 008 section 18 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports will be investigated promptly, thoroughly, and objectively. Investigations will be conducted in accordance with related department policies and PREA standards. All allegations of potentially identified criminal behavior will be referred to the Pennsylvania State Police, who have the legal authority to conduct criminal investigations. If the allegation is being investigated for criminal charges, the administrative investigators will suspend their investigation and allow the criminal investigation to take precedence. The administrative investigator will coordinate with the criminal investigator to determine when to resume the administrative investigation to avoid interference with the criminal investigation. All administrative investigations will be use investigators that have received specialized training in sexual abuse investigations pursuant to PREA standards.

Trained administrative investigators will:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator
- Determine whether staff actions or failures to act contributed to abuse
- Document the investigation in a written report

The policy states that to the extent the department is responsible for investigating allegations of sexual abuse, the department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Interviews will be conducted in a thorough, professional, non-abusive, and non-threatening manner consistent with acceptable practices for potentially traumatized victims of sex crimes. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will be determined by the person's status as a resident or staff. The facility will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such allegation. When the quality of evidence appears to support criminal prosecution, the administrative investigators will cooperate with criminal investigators and remain informed of the progress of the investigation.

Should there also be a criminal investigation, the policy requires the facility to:

- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated

- Be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in PREA Tracking system, a web-based application designed to track all incidents of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes.

The auditor was able to review the process for how the facility reports allegations to administrative investigators, administrative investigation, and referral for criminal investigation. Once the facility receives a report, has information, or has suspicions of sexual abuse or sexual harassment, they will immediately make a report to the Pennsylvania Bureau of Community Correction's Management Operations Center. The MOC will document receipt of the allegation and assign an administrative investigator. During the administrative investigation, if the allegation appears to be criminal, it will be referred to the PA State Police before being administratively investigated.

Tomorrow's Hope policy 3.17 requires the facility to cooperate with outside agencies who investigate claims of sexual harassment and sexual abuse, and remain informed about the progress of the investigation. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.

The PREA Coordinator states that she remains in contact with the DOC investigator during the course of the investigation. She states that she will retain documentation of all reports received for as long as the alleged abuser continues to participate in the program or is employed by the facility, plus five years.

The facility's responsibility is to protect the evidence while the State Police will collect the physical evidence. DNA collection from any alleged victim will be collected at UPMC Altoona by a trained Sexual Assault Nurse Examiner. The staff will be of assistance in whatever way the police direct, and that DOC investigator will maintain communication with the police department in order to remain informed on the progress of the investigation.

At the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be uploaded into the PREA Tracking System which will retain the information for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All information on the system is limited to those assigned access.

The auditor reviewed investigation reports from the allegations during the past twelve months. The facility received one allegation of contractor-to-resident sexual abuse. Please see standard 115.222 for a summary of the investigation.

Review:

Policy and procedure

Investigation report

	<p>Interview with CEO</p> <p>Interview with PREA Coordinator</p>
--	------------------------------------------------------------------

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy DC-ADM 008 section 18 states that in administrative investigations, no standard higher than a preponderance of the evidence shall be imposed when determining whether allegations of sexual abuse and sexual harassment are substantiated.</p> <p>The facility does not conduct administrative or criminal investigations. The PA DOC is responsible for conducting administrative investigations, and has a policy to impose no standard higher than a preponderance of the evidence.</p> <p>The auditor reviewed the one allegation investigated during the past twelve months. The allegation determination was made with the preponderance of the evidence standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Section 8 of Tomorrow's Hope policy states that following the investigation into a resident's allegation of sexual abuse or sexual harassment in a facility operated by Renewal, Inc., the PREA Compliance Manager at the facility where the resident is housed will inform the resident, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If another agency conducts the investigation, the PREA Compliance Manager will request relevant information from the investigative agency and inform the resident.</p> <p>Policy states that the notification will include:</p>

- Allegation is made under PREA; however, does not meet the definition of sexual abuse or sexual harassment
- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The auditor was able to review notification provided to residents at the conclusion of an investigation. The PREA Investigation Inmate Notification form includes:

- Resident jurisdiction
- Resident name
- Date of incident
- Alleged abuser status
- Investigation status
- Staff status update
- Abuser status update
- Additional comments
- Staff member's signature
- Resident's signature

The administrative investigator from the DOC is responsible for completing the notification form and directing the form to where ever the victim is being housed, if within the PA Department of Corrections. The form for the only allegation during this audit period documents that investigation outcome and that the notification was mailed to the resident's current location.

The PREA Coordinator reports that if a resident victim is still at the facility, she would be the person responsible for ensuring the resident received notification and signed acknowledgement of the outcome.

Review:

Policy and procedure

Investigation report

Resident Notification Form

Interview with PREA Coordinator

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Tomorrow's Hope policy states that staff will be subject to disciplinary sanctions up to and including termination for violating the agency's zero tolerance policy.</p> <p>TH is also required to adhere to Policy DC-ADM 008 section 17 that states that staff who violate the agency policies against sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including termination, and that termination is the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The agency outlines the disciplinary procedure in the employee handbook. The auditor was given a copy of the handbook for review. Depending upon the severity and circumstances, any or all of the following action can be taken:</p> <ul style="list-style-type: none"> • Informal performance discussion • Verbal warning • Written warning • Suspension (with or without pay) • Demotion • Termination of employment <p>Staff are given handbooks during orientation and must sign and date receipt of such. Staff are also required to sign a PREA Zero Tolerance Policy acknowledgment. The form states that anyone who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse of an inmate will be subject to disciplinary action and may be subject to criminal prosecution. The auditor was able to verify the acknowledgments during employee file reviews.</p> <p>The facility provided the auditor with an employee handbook. The handbook states:</p> <ul style="list-style-type: none"> • As an employee of Tomorrows Hope LLC, you are placed in a sensitive and influential position which brings with it great responsibility and the expectation that we will conform to a very high standard of ethical behavior and fair play... We must learn and follow all regulations and rules issued by governmental agencies • Fraternalization or private relationships between staff and residents or

	<p>members of residents' families are prohibited</p> <ul style="list-style-type: none"> • Any sexual harassment or abuse of a resident, coworker, or contractor can result in immediate dismissal and referral for further action • Serious breaches of policies or procedures, loss to the company, or severely unacceptable behavior may result in immediate dismissal <p>Nearly every staff member interviewed mentions the importance of maintaining professional boundaries with residents. Staff consistently describe boundaries as:</p> <ul style="list-style-type: none"> • No personal relationships or fraternization • No social media contact, giving rides, or exchanging personal information • Keeping communication appropriate and related to program or safety <p>The staff report that during initial and annual PREA training, the PREA Coordinator reinforces the importance of professional boundaries, such as personal favors, relationships, or overfamiliarity, and clear explanations of disciplinary consequences for crossing lines.</p> <p>The auditor was able to discuss the disciplinary process with the CEO and PREA Coordinator during the onsite visit, they report that depending upon the circumstances of the report, the facility can place a staff member on administrative leave during the investigation. They report that all employees have to have DOC clearance to work with residents, and DOC nor the agency will allow resident abusers to work at the facility.</p> <p>The facility did not have an allegation of staff-to-resident sexual abuse or sexual harassment during this audit cycle.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Employee files</p> <p>Investigation report</p> <p>Interviews with staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with CEO</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Tomorrow's hope policy states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility will take appropriate measures, and consider whether to prohibit further contact with the resident, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>During this audit cycle, the facility had one substantiated allegation against a contract medical staff member. The allegation was investigated by the PA DOC and referred for a criminal investigation. The contractor's employment with the facility was terminated.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 3,17 states that any resident found to have committed substantiated sexual harassment or sexual abuse will no longer meet Tomorrow's Hope community correction criteria and will be discharged from the program and remanded to Parole or DOC. Further formal disciplinary action will be sanctioned by the custodial law enforcement entity. DOC policy section 17 states:</p> <ul style="list-style-type: none"> • Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories • The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits • The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact

	<ul style="list-style-type: none"> • For the purpose of disciplinary action, a report of sexual abuse or harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate an allegation • Consensual sexual activity between residents, while prohibited by agency rules, does not constitute sexual abuse, unless coercion was used <p>All residents sign an acknowledgement of receiving the resident handbook and universal set of rules.</p> <p>The residents report</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 3.17 requires the facility to provide resident victims of sexual abuse, 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. Treatment services will be 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.</p> <p>The PREA Coordinator states that all medical and mental health services will be provided for by community providers. She states the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider and is at no cost to the resident.</p> <p>The Medical department consists of one (20-hour/week) LPN and one (20-hour/week) Direct Care Support. Both employees are classified as part-time, but are regular members of the facility's core staff. They provide medication administration, coordinate medical appointments, and support residents with health concerns. Any resident that requires medical services related to sexual abuse, will receive those services at UPMC Altoona Hospital.</p> <p>The hospital has SANE nurses that are more prepared to treat the victim's wounds, acknowledgement of their emotional state, and planning for the future. The facility provided the auditor with an MOU for SANE services from UPMC Altoona Hospital. The services provided are free of charge to the residents.</p> <p>Tomorrow's Hope partners with outside crisis and behavioral health agencies. The agency has a Letter of Agreement with UPMC WBH Altoona Crisis for mental health/</p>

crisis services for resident victims of sexual abuse. The agreement states that:

- Complete an assessment of the resident to determine need for and level of treatment
- make necessary referrals to provide for the appropriate level of care required by the resident
- Assure resident is provided the level of care determined by the assessment

The facility has a MOU with Passages to provide resident victims of sexual abuse rape crisis services. These services include:

- Provide advocacy for and accompany the victim to the hospital or other location where a forensic examination is to be conducted
- Provide confidential supportive services to the victims either by telephone, mail, or in person
- Accompany the victim to court proceedings concerning the alleged sexual assault
- Maintain a trained pool of advocates to respond to sexual assault survivors
- Maintain confidentiality as required by state standards for certified crisis counselors
- Provide Tomorrow's Hope employees assistance and training on issues surrounding sexual violence and victimization

These agencies allow for continuity of care and link residents to long-term outpatient support upon release.

The Case Manager Supervisor reports that case managers are trained to use a trauma informed, motivational interviewing style when interacting with residents.

During the onsite visit, the auditor discussed available medical, mental health, and rape crisis services with residents. The residents report that during orientation group they are informed of the available services and specifically services that are available in conjunction with a PREA allegation. They are informed that the services are provided free of charge. A few of the residents reported currently attending mental health counseling, but not due to sexual abuse issues.

The auditor reviewed the services provided by the hospital (see standard 115. 221) and the rape crisis center (see standard 115.221 and 115. 253) to ensure the services meet the requirements stated in policy.

Review:

Policy and procedure

MOU with UPMC Altoona Hospital

MOU with UPMC WBH Altoona Crisis

	<p>MOU with Passages (rape crisis)</p> <p>SAIR report</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p>
--	----------------------------------------------------------------------------------------------------------------------------------

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
----------------	------------------------------------------------------------------------------------

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Agency policy 3.17 requires the facility to offer medical and mental health evaluations, and, as appropriate, treatment to all residents who have been victimized by sexual abuse. The evaluation and treatment of such victims will 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. All services will be consistent with the community level of care.</p> <p>Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered tests for sexual transmitted infections as medically appropriate. The facility only houses male offenders; however, should the facility houses a transgender male, who may have female genitalia, and is sexually abused, the transgender resident will receive a pregnancy test and timely comprehensive and access to all lawful pregnancy related medical services.</p> <p>A medical forensic exam will be provided to all alleged victims of sexual abuse occurring within 96-hours at an outside facility, without financial cost to the resident. If a SAFE or SANE cannot be made available for the examination, the examination can be performed by other qualified medical practitioners and documented appropriately. If the alleged victim refuses medical treatment, it will be documented.</p> <p>The policy also requires the facility to obtain a mental health evaluation for all known resident-on-resident abusers as soon as possible upon learning of such abuse history. Should treatment be recommended, the case manager ensures the abuser is referred to an appropriate community provider.</p> <p>The PREA Coordinator reports that the facility has not housed a known resident-on-</p>

resident abuser.

During PREA risk assessments, residents are asked about prior sexual abuse or victimization and are offered counseling services if they disclose trauma.

Residents who allege sexual abuse or sexual harassment are offered a medical examination, mental health evaluation, and rape crisis services. The resident will document the acceptance or decline of each service on a Responding to Reports of Sexual Abuse. The form expresses to residents they are entitled to:

- Timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment
- Medical treatment and crisis services without financial cost
- The extent of which communication with outside confidential support services is monitored

The auditor was provided with a Responding to Sexual Abuse form that is completed by residents after reports of sexual abuse or sexual harassment. The forms documented the resident's request or denial for services.

The facility had one allegation of sexual abuse. The resident victim was not being housed at the facility during the time of the allegation.

Residents that reported previous victimization during the PREA risk assessment, report to the auditor that they were offered counseling services by the facility. Two residents report receiving mental health services, and using these services to discuss their victimization history.

Review:

Policy and procedure

MOU with Passages

MOU with UPMC Altoona Hospital

MOU with UPMC WBH Altoona Crisis

SAIR report

PRAT assessments

Interview with PREA Coordinator

Interview with residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy section 7 states that each facility will conduct a Sexual Abuse Incident Review (SAIR) at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. No review will be conducted if the allegation has been determined to be unfounded. The SAIR will occur within 30 working days of the completion of the investigation, and include upper-level management officials, with input from line supervisors, PREA Compliance Managers, medical or mental health practitioners when needed, and other staff as necessary.

The committee will review the documentation surrounding the incident, and:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility
- Examine the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy to staffing levels in that area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervisor by staff
- Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the victim

The facility had one substantiated allegation of sexual abuse during this audit cycle. The review committee consisted of:

- PA DOC Contract Coordinator
- PA DOC Regional Director
- PA DOC Facility Contract Coordinator
- PA DOC Administrative Investigator
- Tomorrow's Hope CEO
- Tomorrow's Hope PREA Coordinator

The facility provided the auditor with the SAIR review completed for this audit cycle. The auditor reviewed the report and the documentation contains all required assessments. The team did not recommend any necessary changes or improvements.

The PREA Coordinator reports that she is responsible for insuring recommendations would be implemented at the facility. The CEO reports that he would be responsible for removing any barriers to implementation. All recommendations that are not implemented will be documented along with the reason for not doing so.

	<p>The auditor interviewed the PREA Coordinator and the CEO, who are a part of the SAIR. They state that after an investigation into sexual abuse that was determined substantiated or unsubstantiated, the team will meet within 30 days of the completion of the investigation. The team reviews whether a failure to act on the part of staff; a change to policy or practice to better prevent, detect, or respond to sexual abuse; motivation for the incident or allegation; any physical barriers; adequacy of staffing levels; and monitoring technology would have prevented the incident or better protect in the future. Any recommendations will be documented.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SAIR report</p> <p>Interview with PREA Coordinator</p> <p>Interview with CEO</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.287	Data collection															
	<p>Auditor Overall Determination: Meets Standard</p>															
	<p>Auditor Discussion</p> <p>Policy 3.17 requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The information, including reports, investigation files, and sexual abuse incident reviews, will be collected annually and aggregated. The incident-based data will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>The facility provided the auditor with the agency’s data collection information. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The information includes definitions of sexual abuse, sexual harassment, and voyeurism.</p> <p>The collected data is available in the facility's annual report.</p>															
	<table border="1" style="width: 100%;"> <tr> <td colspan="5" style="text-align: center;">Tomorrow's Hope PREA Investigations 2024</td> </tr> <tr> <th style="width: 25%;">Investigation Type</th> <th style="width: 25%;">Substantiated</th> <th style="width: 25%;">Unsubstantiated</th> <th style="width: 25%;">Unfounded</th> <th style="width: 20%;">Total</th> </tr> <tr> <td>Resident-Resident</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>	Tomorrow's Hope PREA Investigations 2024					Investigation Type	Substantiated	Unsubstantiated	Unfounded	Total	Resident-Resident	0	0	0	0
Tomorrow's Hope PREA Investigations 2024																
Investigation Type	Substantiated	Unsubstantiated	Unfounded	Total												
Resident-Resident	0	0	0	0												

Sexual Harassment				
Resident-Resident Sexual Abuse	0	0	1	1
Staff-Resident Sexual Harassment	0	0	0	0
Staff-Resident Sexual Abuse	0	0	0	0
Volunteer/Contractor Sexual Harassment	0	0	0	0
Volunteer/Contractor Sexual Abuse	0	0	0	0

The report is posted on the agency's website. The PREA Coordinator reports that the agency has not had a request from the Department of Justice to provide this information.

Review:

Policy and procedure

Data collection report

Annual report

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The policy requires an annual review of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:

- Identifying problem areas
- Tacking action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole

The policy also requires the report to include an assessment of the agency's progress in addressing sexual abuse. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The annual report is not allowed to include personal identifiers of anyone involved in a PREA related incident.

The auditor accessed the website and reviewed the agency's annual report. The report contains aggregated data on the number of reported allegations, identifying problem areas, and corrective actions, and the agency's progress in addressing sexual abuse.

The report includes the following review:

- The facility continues to educate staff, residents, and volunteers/contractors on how to prevent, detect, and respond to sexual abuse and sexual harassment. Resident education is given upon intake and during case management assessment. Staff and volunteers/contractors are given PREA training before having contact with residents. Training is then completed annually, with refresher training/information given throughout the year.
- The facility provides a variety of ways residents can report allegations of sexual abuse or sexual harassment anonymously. There are posters throughout the facility providing information on ways to report allegations of sexual harassment and/or sexual abuse. The goal is to create an environment where residents and staff can feel safe reporting allegations. Tomorrow's Hope continues to maintain a PREA page on its website where the public can report allegations or receive information on Tomorrow's Hope prevention efforts.

Tomorrow's Hope has a zero tolerance policy for all forms of sexual abuse and sexual harassment. Its efforts in preventing, detecting, and reporting abuse has been enhanced with the introduction of the PREA standards, and the facility maintains a commitment to reduce sexual abuse and sexual harassment incidents.

Review:

Policy and procedure

Annual report

Agency website

Interview with PREA Coordinator

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1474 542">Policy states that the facility will collect accurate, uniform data for every allegation of sexual abuse using a standardize instrument and set of definitions. The facility will aggregate the information for all facilities and make the information available to the public through the agency website, at least annually. The report will not contain any personal identifying information.</p> <p data-bbox="280 577 1481 864">The PREA Coordinator states she collects and retains control of the aggregated information. She states that she is required to keep the information for ten years. The Coordinator states that secures the information and access is limited to administrative staff. She develops an annual report based on the information and make the information available to the public through the agency website. The report contains aggregated information on allegations of sexual abuse and sexual harassment.</p> <p data-bbox="280 900 1449 1102">The agency provided the auditor the annual report for 2022, 2023, and 2024. The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report. The report can be found at https://tomorrowshopepa.com/prea-reports.</p> <p data-bbox="280 1137 389 1173">Review:</p> <p data-bbox="280 1209 475 1245">Annual report</p> <p data-bbox="280 1281 504 1317">Agency website</p> <p data-bbox="280 1352 740 1388">Interview with PREA Coordinator</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 1599 983 1635">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1675 564 1711">Auditor Discussion</p> <p data-bbox="280 1751 1474 1908">The agency post the final audit report of its facility o the agency website, https://tomorrowshopepa.com/prea-reports. The auditor reviewed the agency website to confirm that the audit is conducted on the required timeline. This is year one of the current audit cycle.</p> <p data-bbox="280 1944 1474 2069">The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, dining hall, kitchen, staff</p>

	<p>offices, control center, administrative areas, bathrooms, recreation area, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with agency and facility documentation prior to the onsite visit through the OAS. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor review resident files and staff files for additional information and confirmation of reported information.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No resident or staff member requested to speak to the auditor prior to or during the onsite visit.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency has published on its agency website, https://tomorrowshopepa.com/pr-ea-reports, its final audit report from 2022. The auditor reviewed the website and verified that the final report was posted.</p> <p>This is year one of the current audit cycle. The facility is conducting audits based on the 1/3 requirement in conjunction with Pennsylvania Department of Corrections audit cycle.</p> <p>The PREA Coordinator states she understands the requirement to have the final audit report posted to the agency website within 90 days of receipt</p> <p>Review:</p> <p>Agency website</p> <p>2022 Final audit report</p> <p>Interview with PREA Coordinator</p>

Appendix: Provision Findings		
115.211 (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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (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.)	na
115.212 (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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	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 the 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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 §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (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?	yes
115.217 (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?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	no
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	no
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	no

	Has the agency documented its efforts to provide SAFEs or SANEs?	no
115.221 (d)	Evidence protocol and forensic medical examinations	
	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
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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
115.231 (b)	Employee training	
	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
115.231 (c)	Employee training	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	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: 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
115.251 (b)	Resident reporting	

	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (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
115.252 (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 is 70 days per 115.252(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
115.252 (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 files such a request on behalf	yes

	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.)	
	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
115.252 (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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain 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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (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	yes

	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.)	
115.273 (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
115.273 (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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (d)	Disciplinary sanctions for staff	
	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
115.277 (a)	Corrective action for contractors and volunteers	

	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are 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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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 require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes