

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: 09/16/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Kayleen Murray | Date of Signature: 09/16/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Murray, Kayleen |
| Email: | kmurray.prea@yahoo.com |
| Start Date of On-Site Audit: | 08/08/2022 |
| End Date of On-Site Audit: | 08/09/2022 |

| 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: | Rich Metzger |
| Email Address: | rmetzger@tomorrowshopepa.org |
| Telephone Number: | 814-672-5485 |

| Facility Director | |
|--------------------------|------------------------------|
| Name: | Rich Metzger |
| Email Address: | rmetzger@tomorrowshopepa.org |
| Telephone Number: | 8146725485 |

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

| Facility Characteristics | |
|--|--------|
| Designed facility capacity: | 110 |
| Current population of facility: | 81 |
| Average daily population for the past 12 months: | 73 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-80 |
| Facility security levels/resident custody levels: | Medium |
| Number of staff currently employed at the facility who may have contact with residents: | 29 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| 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: | Kelly Murray | Email Address: | kmurray@tomorrowshopepa.org |
|--------------|--------------|-----------------------|-----------------------------|

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-08-08 |
| 2. End date of the onsite portion of the audit: | 2022-08-09 |

Outreach

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| 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: | Executive Director of Passages (rape crisis) outside administrative investigator |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 110 |
| 15. Average daily population for the past 12 months: | 73 |
| 16. Number of inmate/resident/detainee housing units: | 3 |
| 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 81 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 2 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 2 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 1 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 1 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | 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. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 12 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | The facility has a total of twelve (12) staff members, including the Executive Director. The auditor was able to interview facility staff along with agency leadership during the onsite visit. The auditor interviewed security staff from all shifts, program, and management staff. The auditor was unable to interview the required twelve random staff due to the size of the facility. |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 11 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <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 |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The residents were selected based on the requirements of the PREA Resource Center's Auditor Handbook. The residents were selected based on their housing unit, targeted interview status, risk assessment screening, intake date, and general demographics- age, race, and ethnicity. The facility provided the auditor with a list of current residents and the auditor was allowed to select residents to interview. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The facility did not have a resident in every targeted category; therefore more random interviews were conducted. Some target interview categories had more than one resident. All targeted residents were interviewed; however, only one counted towards the target number. |

Targeted Inmate/Resident/Detainee Interviews

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| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 7 |
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

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| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |
| 61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |
| 62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
| 63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| 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). | The facility reported that they do not currently have a resident that is deaf/hard of hearing. During interviews with facility staff, the auditor questioned staff on their experienced working with deaf/hard of hearing individuals. If the staff member had experience, the auditor questioned how the facility provided this resident with PREA education and ensured the resident benefited from the facility's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment. No staff member stated that the facility is currently housing a resident in this targeted category. |
| 64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
| 65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 1 |
| 66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |

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| <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 facility reported that they do not currently have a resident that identifies as transgender or intersex. During interviews with facility staff, the auditor questioned staff on their experienced working with transgender or intersex individuals. No staff member stated that the facility is currently housing a resident in this targeted category. All staff reported that they have never in their history of employment at Tomorrow's Hope housed a transgender or intersex resident.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</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 facility reported that they do not currently have a resident that reported sexual abuse. During interviews with facility staff, the auditor questioned staff on their experienced working with residents who reported abuse. If the staff member had experience, the auditor questioned how the facility ensured the resident benefited from the facility's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment. No staff member stated that the facility is currently housing a resident in this targeted category.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</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> |

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| <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 facility reported that they do not currently have a resident that reported victimization during risk screening. During interviews with case managers, the auditor questioned staff on their experienced conducting risk assessments and what is the protocol when a resident alleges previous victimization. If the staff member had experience, the auditor questioned how the facility ensured the resident benefited from the facility's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment. No staff member stated that the facility is currently housing a resident in this targeted category.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</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 facility does not have segregated housing or isolation areas.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>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>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>5</p> |
| <p>72. 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 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>73. 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> |

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| <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 checked="" 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 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>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The facility has a total of twelve staff members, including the Executive Director. The auditor was able to interview facility staff along with agency leadership during the onsite visit.</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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>4</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. 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> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p> |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>Due to the low number of employees, many employees held several specialized roles. Those employees were interviewed on each interview protocol.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | <p>The auditor was given full access to the facility during the onsite visit. The facility set aside a private room so that the auditor could conduct private interviews with staff and clients. The auditor received documentation of the agency prior to the audit in the Online Auditing System and through email. During the onsite visit, the auditor was able to obtain requested documentation and after the onsite visit, the auditor was able to obtain information through email. All requested documentation was received. Appropriate audit notices were posted in conspicuous areas throughout the facility. The notices contained the auditors mailing and email addresses. The auditor was sent photographic evidence four (4) weeks prior to the audit that the notices were posted.</p> |
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

| | |
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| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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|---|--|
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | The auditor was able to see electronic documentation (camera views) during the onsite visit. The auditor reviewed resident files and employee files during the onsite visit. |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

93. 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.

94. 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 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 1 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 1 |

Sexual Harassment Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|---|---------|--------------------------|---------------------------|-----------------------|-----------|
| 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 |

97. 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

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

1

| | |
|---|---|
| <p>99. 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>104. Did your sample of STAFF-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 staff-on-inmate sexual abuse investigation files)</p> |
| <p>105. Did your sample of STAFF-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 staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. 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 did not receive an allegation of sexual harassment. The facility does not conduct administrative or criminal investigations. The auditor was able to confirm the number and type of allegations by the Pennsylvania DOC administrative investigator in charge of conducting investigations for Tomorrow's Hope.</p> |

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| <p>107. 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 <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p> |
|---|---|

Inmate-on-inmate sexual harassment investigation files

| | |
|---|----------|
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
|---|----------|

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|---|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
|---|--|

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|---|--|
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
|---|--|

Staff-on-inmate sexual harassment investigation files

| | |
|--|----------|
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
|--|----------|

| | |
|--|---|
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
|--|---|

| | |
|--|---|
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
|--|---|

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| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The facility had only one allegation of sexual abuse during the audit cycle.</p> |
|---|---|

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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|--|---|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

Non-certified Support Staff

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|--|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|---|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|---|---|

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

| | |
|---------|--|
| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 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.</p> <p>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:</p> <ul style="list-style-type: none"> · 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 <p>According to the Organizational Chart provided to the auditor, the PREA Coordinator is the facility's Case Manager Supervisor, who reports directly to the facility's Chief Executive Officer. During an interview with the PREA Coordinator, she states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the Community Confinement PREA Standards. She is responsible for ensuring all staff are trained in the specifics of the facility concerning PREA policies and practices, ensuring separation and protection for at risk residents, retaliation monitoring and status checks, and assist in conducting assessments to see where the facility could improve in the areas of prevention, detection, responding, and reporting incidents of sexual harassment and sexual abuse.</p> <p>The auditor was able to interview the Chief Executive Officer during the onsite visit. He confirms that the PREA Coordinator has sufficient time and authority to ensure the facility is complying with the PREA standards. He reports that he supports her role and ensures that barriers to compliance are removed.</p> <p>Review:</p> <p>Policy and procedure</p> <p>DOC policy and procedure</p> <p>Organizational chart</p> <p>Interview with PREA Coordinator</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 |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 Secretary, PREA Coordinator, and PA Board of Probation and Parole Regional Director.</p> <p>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:</p> <ul style="list-style-type: none"> · 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 <p>The facility provided the auditor with a copy of the facility's most recent staffing plan. The plan included:</p> <p>Layout of facility- Tomorrow's Hope facility is regularly reviewed for blind spots and potential dead areas from camera view. Regular building reviews with regard to safety and security are completed by designated staff. Additional facility reviews as a result of any PREA incidents will be reviewed at Administration meetings throughout the year. Note: There are no cameras in the dorm areas, as they are designated sleeping and dressing areas.</p> <p>Composition of residents- Tomorrow's Hope serves all male offenders. Average daily population is anywhere between 50-96 males. The current level of security staff is adequate to secure the facilities. Case Managers complete PREA Assessments within 72 hours of resident arrival. Assessment results are printed, signed and stored in the resident file. If accommodations are necessary based on the assessment, it would be forwarded to the CEO.</p> <p>Incidents of sexual abuse- Tomorrows Hope did not have any PREA incidents in 2021.</p> <p>Deviations from staffing plan- The facility has not had any deviations to the staffing plan</p> <p>The prevailing staffing pattern is as follows:</p> <ul style="list-style-type: none"> ● 1st Shift - 2 Monitors, 1 Supervisor ● 2nd Shift - 2 Monitors ● 3rd Shift - 2 Monitors <p>Tomorrow's Hope is required to have at least 2 staff persons in the facility 24 hours a day that are available and responsible for resident needs. Generally this refers to Security Monitor staff, though program staff help may be used to meet this ratio and provide coverage during their normal working hours. Emergency assistance is available from the State Police departments. Security monitor call offs are covered by another security monitor member whenever possible, with the Security Supervisor providing coverage as needed on either shift and program staff filling in on 1st shift during normal business hours. Case Managers work 1st shift M-F, with one chosen late day per week (noon – 8 pm); CEO, Security Supervisor, Business Manager work 1st shift M-F. Transportation is provided and there are 1 FTE's currently and 3 part time/ casual employees (1 casual vacant). 1 FT (40) hours a week Transportation Coordinator over sees the transportation department. The CEO responds to all off hour needs. If the CEO is unavailable then, Security Supervisor, Case Manager Supervisor, and Business Manager would respond to off hour needs on a rotating basis.</p> <p>The facility has a total of twenty-nine (29) cameras. These cameras are strategically located in common areas throughout</p> |

the interior (lounges, recreation areas, dining and kitchen, hallways, and entrance/exit) and perimeter of the facility. The cameras can be viewed at a control station that is occupied 24/7. Playback and recording modes are available on each system and monitor a variety of positions around the facility.

The facility has a 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. Within the secure perimeter, the facility has three buildings. The first building is the dorm area for all resident offenders. The middle building houses the agency's administrative areas, dining hall/kitchen, control station, staff offices, and a parole office. The third building houses a veteran's transitional housing program that residents do not access, and a resident lounge in the basement area. Security Monitors will conduct a round at least once per hour on an irregular schedule.

On 01/11/2022 the CEO met with his Administration team to review the staffing needs of Tomorrow's Hope. The team reviewed the budget to determine program/facility needs that might impact the fiscal year 2022 budget. It was determined that the Tomorrow's 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.

Review:

DOC policy and procedure

Staffing plan

Camera views

Tour of facility

Interview of PREA Coordinator

Interview of CEO

Interview of Security Monitors

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

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 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.

The auditor conducted interviews of Security Monitors from all three shifts, including the Monitor Supervisor. All staff interviewed indicated that they received annual training on how to conduct proper pat searches, cross gender searches, and transgender/intersex searches. The staff report that it is the practice of the facility to not conduct strip and body cavity searches. The female monitor reports being trained on how to conduct a cross gender and transgender pat search, but has never conducted a search. They report having residents go through the metal detector and use the wand if necessary. If a pat search becomes necessary, they will call a member of the same gender as the resident. The staff report the facility has never housed a transgender resident.

Pat search, cross gender search, and transgender search training is conducted by the Security Monitor Supervisor. He states that in addition to reviewing the video *Guidance in Cross-Gender and Transgender Pat Searches* developed by the Moss Group, he will provide instruction and practice on the proper techniques. All staff must show proficiency in conducted professional, respectful searches.

During the onsite visit, the auditor interviewed sixteen residents. The auditor inquired about searches they received while at the facility. The residents report that every time they return to the facility, they receive a pat search. They state that the searches are always conducted by a male Security Monitor, with many of them mentioning that there is only one female Security Monitor. All searches were described as professional and respectful, with no resident indicating they received a search that was sexual in any way. The residents report to the auditor that at no time have they ever received a strip or body cavity search.

Policy DC-ADM 008 continues by stating 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. This limitation also applies to remote

viewing. 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 with appropriate levels of privacy. Residents that have been classified as being vulnerable to abuse are placed on the ground level housing unit.

All the residents interviewed report hearing all female staff make an announcement of "female" when entering the housing unit, every time they enter the housing unit. The residents report that female staff do not enter into the bathroom and will yell from the outside of the entrance to determine if someone is inside. The residents report that there is only one female Security Monitor and that other female staff such as case managers do not come to the housing unit. They will use the PA system to have a resident report to the admin building. No resident reported any incidents of incidental viewing by staff. The auditor was able to view the knock and announce practice during the onsite visit.

The PREA Coordinator reports that the facility has never housed a transgender/intersex resident. She states that due to the Veteran's Program has little to no census (during the onsite visit, there were no participants in the Veteran's program), the facility would be able to provide safe housing for transgender/intersex residents in this unit. The transgender/intersex resident will still have regular interaction with other residents and the same level of programming and community access. The PREA Coordinator states that all staff are trained annually on the safe management of transgender/intersex residents.

Review:

Policy and procedure

DOC 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 PREA Coordinator reports that all staff have a language line app on their cell phone should the facility house an individual that is limited English proficient. The facility also has the ability to contract with an individual for translation or American Sign Language (ALS) services. PREA education material can be printed in a variety of languages with the use of Google Translate.

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.

During the onsite visit, the auditor interviewed Intake staff responsible for conducting resident PREA education. The staff responsible for conducting orientation group report using a curriculum and materials to ensure that all residents receive the appropriate information on how to report allegations, including anonymously, reporting phone numbers and addresses, and limits to confidentiality. The training includes watching the "just detention" PREA resident education video, where to find reporting posters, grievance forms, and explains retaliation. The facilitator states that she will work individually with any resident that needs extra assistance due to a medical, cognitive, or physical disability. She 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. The residents were able to confirm their education and identify ways the facility provides to prevent, report, and respond to 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

Targeted resident interviews

Interview with Intake staff

Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy 8.3.1 prohibits the facility from hiring or contracting with anyone who has:

- 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 treats 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

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 if 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.

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 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.

The investigator with the PA DOC will begin the clearance process within five business days of receipt. The process includes conducting a criminal history check using the National Law Enforcement Telecommunications System (NLETS), Department Visitor Tracking, and the Department Inmate Phone List System. All available information will be used to determine whether or not to approve the candidate's clearance.

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 auditor reviewed employee files during the onsite visit. The auditor was able to confirm initial and annual background checks. All background checks were completed by the PA DOC using NLETS. 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.

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.

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 auditor was able to verify acknowledgement during the employee file review.

The Human Resource representative reports that all request for employment verification for previous employees are referred to the Human Resource department 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.

Due to the size of the facility, and number of positions, there have not been any promotions during this audit cycle. The

Office Manager reports that should one become available, internal staff interested in the position, will have to meet minimum requirements and submit a resume. A review of the staff member's personnel file, including disciplinary action, would be completed. During the file review, the auditor reviewed any disciplinary action. No employee whose file was reviewed had any disciplinary action that would prohibit them from working with residents.

Review:

DOC Policy and procedure

Employee files

Employee background checks

Applications

Reference checks

Disciplinary action

Interview with Office Manager

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <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>The PREA Coordinator and CEO report that the facility has not installed or updated any parts of their electronic monitoring surveillance system or other monitoring technology.</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>DOC Policy and procedure</p> <p>Facility tour</p> <p>Interview with PREA Coordinator</p> <p>Interview with CEO</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

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.

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.

The auditor was able to interview the administrative investigator, Lt. Stephen Petersheim, from the PA DOC/BCC via telephone after the onsite visit. He states that all administrative investigators receive training from the Pennsylvania Department of Corrections and that the training meets the requirements from standard 115.234.

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.

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.

Policy 3.17 states that a victim advocate from a rape crisis center will be made 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 a trained support staff member who is able to provide emotional supportive services. 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

DOC policy and procedure

UPMC MOU

Passages MOU (rape crisis)

Interview with Passages Director

Interview with Lt. Petersheim

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| 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 had one allegation during this audit cycle.</p> <p>Investigation #1: The facility received a third-party report from a family member of a resident alleging resident to resident sexual abuse. The allegation was reported to the administrative investigator from PA-DOC. Due to the time frame in which the report was given and the alleged incident, DNA evidence collection was not possible, and there was no video evidence due to the location of the alleged incident. The allegation was investigated and determined to be substantiated. The allegation was referred to the Pennsylvania State Police, who came to the facility to interview both the alleged victim and abuser. The PA State Trooper states that due to lack of evidence and conflicting statements from both the alleged victim and abuser, no referral for criminal prosecution would be made. The abuser was returned to the State Correctional Institution.</p> <p>Review:</p> <p>Policy and procedure</p> <p>DOC policy and procedure</p> <p>Agency website</p> <p>DOC website</p> <p>Investigation report</p> |

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 every other year.

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 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.

The auditor was able to interview treatment, security, and management staff during the onsite visit. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. The staff discussed completing training by receiving in person training by the PREA Coordinator. Staff were able to communicate receiving training on the agency's zero tolerance policies, reporting obligations, first responder duties, searches, LGBTIQ residents, agency coordinated response plan, gender differences, recognizing and responding to signs of sexual abuse, red flags, rights of residents under the PREA standards, and conducting risk assessments. The staff felt training was adequate enough to inform staff on how to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment.

Review:

Policy and procedure

DOC policy and procedure

Training curriculum

Training acknowledgements

Employee files

Interview with staff

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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1457 396">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 data-bbox="240 427 1490 521">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 data-bbox="240 611 1474 705">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 data-bbox="240 734 1420 795">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 data-bbox="240 824 1399 853">The PREA Coordinator reports that due to the location of the facility, they do not have any volunteers or contractors.</p> <p data-bbox="240 882 327 911">Review:</p> <p data-bbox="240 940 512 969">DOC policy and procedure</p> <p data-bbox="240 999 574 1028">Interview with PREA Coordinator</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

TH 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.

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 facility provides PREA education to all residents during intake, including resident transfers. The auditor was able to interview the Resident Education facilitator during the onsite visit. The facilitator reports that she follows the PREA Education guide when conducting the group. She will play the video and then reinforce the key points. The facilitator tells residents about free medical, mental health and rape crisis, and explains each services and the limits to confidentiality. Residents leave the training understanding the zero tolerance policy; how to report privately and safely, including anonymously; facility and community help available; there is no such thing as consensual relationships between residents and staff; and they have the right to be protected from sexual abuse and sexual harassment.

The auditor was onsite for the required PREA announcement. The announcement is read twice daily by a staff member.

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

The auditor was given a copy of all education material, including the resident handbook, provided to residents. The material is in English and Spanish. During the onsite visit, the auditor was able to view educational posters throughout the facility, in all three buildings.

The auditor also interviewed sixteen residents during the onsite visit. The residents were questioned on the information they received concerning PREA at intake and orientation group. The residents reported receiving information on reporting, location of PREA posters, and watched the "PREA video." All the residents reported hearing the PREA announcement over the PA system and were annoyed by it. The residents' parent facility is the Pennsylvania Department of Corrections, and the residents report receiving the same information while incarcerated at DOC.

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 facilitator states that she will work individually with any resident that needs extra assistance due to a medical, cognitive, or physical disability. The PREA Coordinator will contact community resources for interpretation services or auxiliary aids and will work one-on-one with a resident to ensure that all aspects of the zero tolerance policy are understood when needed.

Resident files were reviewed by the auditor. The auditor was able to verify residents' acknowledgement of receiving PREA information during intake and attending orientation group. The auditor also reviewed the education guide for the PREA orientation class.

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 reporting agencies.

Review:

Policy and procedure

Resident handbook

PREA posters

PREA education video

Interview with residents

Interview with Intake staff

Interview with PREA Coordinator

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| 115.234 | Specialized training: Investigations |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 365">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 data-bbox="240 394 1299 707" 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 data-bbox="240 739 1469 866">The auditor was able to interview the administrative investigator by phone after the onsite visit. The investigator report that he receives training at the PA DOC training academy annually. He states that the training he receives meets the standard, and he will immediately refer sexual abuse allegations to the Pennsylvania State Troopers for a criminal investigation. He will not conduct an administrative investigation until he has the ok from the criminal investigators.</p> <p data-bbox="240 898 325 927">Review:</p> <p data-bbox="240 956 456 985">Policy and procedure</p> <p data-bbox="240 1014 647 1043">Interview with administrative investigator</p> |

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1477 365">The facility does not employ or contract with medical or mental health practitioners. The PREA Coordinator reports that a community provider meets all residents' medical and mental health needs. During resident interviews, they confirm that any medical or mental health care is provided by outside practitioners.</p> <p data-bbox="244 396 325 423">Review:</p> <p data-bbox="244 454 572 481">Interview with PREA Coordinator</p> |

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

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. The assessment tool is objective and 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
- 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 auditor was able to interview the case manager who conducts the initial, 30-day, and special screening, and the Case Manager Supervisor who reviews assessments for timeliness and accuracy. The case manager reports that she reviews any collateral information before conducting the assessment. Prior to conducting the screen, she states that she tries to make the resident feel welcome and safe. She will review the purpose of the assessment, who has access to the information, and provide definitions/explanations to some terms including in the assessment. She reports that at the top of the assessment form is a statement that must be read before the assessment begins. The statement says:

- The Prison Rape Elimination Act, known as PREA, is a law designated to protect reentrants from sexual abuse. PREA requires prison staff to ask every reentrant the following series of assessment questions. You may share as much or as little information as you feel comfortable providing. The results of the assessment are used to help keep you and other reentrants safer, and the Department is committed to confidentiality regarding the information that you share. You will not be penalized in any way if you choose not to provide any information.

The case manager reports that if a resident reveals previous victimization in the community or in another confinement facility during the screening process, she will offer mental health/counseling services and inform the PREA Coordinator. When questioned on the perception of LGBTI assessment, the case manager reports she will ask the resident his perception and will document on the form if the resident's answer contradicts how she perceives the resident's LGBTI or gender non-conforming status.

The case manager reports that prior to initiation of the re-screening instrument, she will review the initial assessment and supplemental information. The case manager states that they discuss any concerns the resident may have since intake and will also document any new information or concerns the facility may have since intake. The case managers also discussed reminding residents that if at any time they have any concerns for their safety, that they could report those concerns to any staff member.

The case manager and the Case Manager Supervisor both report that 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.

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.

The auditor interviewed sixteen residents during the onsite visit. The residents have had an initial assessment, and some interviewed had both an initial and a reassessment. All residents report having the questions read to them and that they understood the purpose of the assessment. No resident reporting feeling uncomfortable with the questions or refusing to answer. Residents that had a special classification were able to discuss the reason for the classification and the safety precautions.

The auditor reviewed ten (10) resident files. The files contained the agency's risk assessment form for both the initial assessment and the 30-day recheck. The dates on the form indicate the screenings are being conducted on time.

Review:

Policy and procedure

Risk assessment form

Resident files

Interview with case manager

Interview with Case Manager Supervisor

Interview with residents

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| 115.242 | Use of screening information |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1490 365">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 data-bbox="240 394 1490 622">The PREA Coordinator states that residents that are at risk to be victimized will not be housed on the same floor as residents screened to be at risk to be abusive. Residents are normally housed on the main or upper level of the dormitory building. The housing unit on the ground level is usually reserved for residents with physical disabilities or residents that have work release. The PREA Coordinator reports that inmates that need additional separation or protection, can be housed on the ground floor. The facility does not have onsite education or programming. She states that the facility will work to ensure residents of opposing classifications do not ride the facility van at the same time or have community work assignments at the same place.</p> <p data-bbox="240 651 1490 846">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 judgement for the purposes of protecting such residents.</p> <p data-bbox="240 875 1490 969">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.</p> <p data-bbox="240 999 1461 1093">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:</p> <ul data-bbox="240 1122 871 1955" style="list-style-type: none"> · 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 <p data-bbox="240 1984 1437 2078">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.</p> <p data-bbox="240 2107 1453 2136">The facility has not housed a transgender or intersex resident. The PREA Coordinator reports that the ground level of the</p> |

dormitory building has four private bathrooms that can allow transgender or intersex resident to shower privately. The PREA Coordinator states that if necessary, the facility can place a transgender/intersex resident in the Veteran's Transitional Housing unit. This unit is rarely utilized and would provide a safe environment for these residents to shower and sleep. The residents would not be separate from other residents during meals, lounge or recreational activities, and work assignments.

The auditor interviewed any resident that identified as LGBTI during the onsite visit. The residents were questioned on any incidents of bullying, harassment, or discrimination. The residents report that at no time did they feel bullied, harassed, or discriminated against. All residents were complimentary of the staff and the efforts to provide a safe and secure environment. No resident reported being housed in a dorm or housing unit based on their sexual preference.

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 judgement.

Review:

Policy and procedure

Risk Assessment

Facility tour

PREA Accommodation Committee checklist

Interview with PREA Coordinator

Interview with residents

Web search

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 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.

During the onsite visit, the auditor interviewed sixteen residents. The auditor questioned the residents on ways they could report, including private and anonymous reporting, and how residents received this information on reporting methods. The residents were confident in facility staff. They report that this is the best "place" they have been. They praised the staff and stated that they felt confident that staff would ensure that sexual abuse and sexual harassment would not happen and if it did, staff would respond appropriately. The residents stated that they felt safe at the facility and some commented that they wanted the perimeter fence to be higher to keep outsiders from getting onto the grounds of the facility (the facility is in a secluded location). No resident felt as if they could not go to staff for any reason. When discussing outside and anonymous reporting, the residents state that at intake they were given a PREA pamphlet and that there are posters all over the facility with reporting options. The residents showed the auditor their personal cell phones as a way of reporting anonymously. When asked about residents who do not have cell phones or have cell phones that do not get reliable cell services due to the location of the facility, the residents talked about the phones in the IT room or being able to just borrow another resident's cell phone.

All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. The staff stated they felt comfortable privately reporting to the PREA Coordinator or the CEO. Staff also have the option of privately reporting to DOC MOC or using the tipsubmit website.

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.

Review:

Policy and procedure

Resident handbook

PREA pamphlet

PREA poster

Facility tour

PREA daily announcement

Interview with residents

Interview with staff

www.tipsubmit.com website

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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Policy 3.17 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:

- 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
- TH will forward all grievances to the appropriate contractor and investigative agency
- 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 time 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 residents, interviewed during the onsite visit, report being educated on the facility's grievance policy during orientation. The procedure is also listed in the resident handbook. When asked if the resident has ever submitted a grievance, only one resident reported filing a grievance that was unrelated to sexual abuse and sexual harassment. He stated that his grievance was responded to in a timely manner and was resolved appropriately. None of the other residents interviewed reported filing a grievance of any kind. The residents report that discussing issues with staff is the easiest way to resolve issues or problems. The residents state that staff will listen to them and address issues timely.

The auditor received a copy of the handbook and reviewed the grievance procedure. The handbook states that residents have the opportunity to initiate grievance procedures on any condition or action within the program without being subject to any adverse action. A staff member will have investigated and acted upon the grievance within five working days, and set up a meeting with the resident. Residents can appeal any decision to the CEO. Residents can also submit grievances to the Office of State Inspector General.

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 imminent sexual abuse. The resident was immediately separated from the abuser and the information was reported to the DOC PREA administrative investigator.

Review:

Policy and procedure

Grievance reporting form

Resident handbook

Investigation report

Interview with residents

Interview with PREA Coordinator

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| 115.253 | Resident access to outside confidential support services |
| | <p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 465">Policy 3.17 requires TH 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 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.</p> <p data-bbox="240 495 1477 591">The facility will maintain or attempt to enter into a MOU with community services providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency will maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p data-bbox="240 620 1457 680">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:</p> <p data-bbox="240 710 616 739">Pennsylvania Coalition Against Rape</p> <p data-bbox="240 768 379 797">P.O. Box 400</p> <p data-bbox="240 826 411 855">Enola, Pa 17025</p> <p data-bbox="240 884 1422 945">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.</p> <p data-bbox="240 974 1465 1099">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:</p> <ul data-bbox="240 1128 1078 1561" style="list-style-type: none"> · 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 <p data-bbox="240 1590 1477 1650">The Executive Director reports that up through this present time, the agency has not been contacted to provide any resident with any of the agency's services.</p> <p data-bbox="240 1680 1450 1776">In addition to the information listed in the PREA brochure provided to the residents, the facility also has advocacy posters throughout the facility in conspicuous places. The posters are in English and Spanish and contain information residents would need to contact local, state, or national rape crisis agencies.</p> <p data-bbox="240 1805 1465 1901">The residents that were interviewed during the onsite visit, all report receiving PREA reporting information, a brochure with the phone numbers, website, and mailing address of local and state advocacy centers. No resident reporting using these services.</p> <p data-bbox="240 1930 1485 2092">Residents are permitted to have writing material and stamps in their possession in reasonable amounts. Residents without funds may be supplied, upon request, with stamps, paper, and envelopes. Residents may send out mail through the facility or in the community during community access. Incoming mail will be opened in the presence of the resident and inspected for contraband, but not read for content. Residents are permitted personal cell phones during their confinement to the facility. Resident who do not have phones can access the IT room in the admin building.</p> <p data-bbox="240 2121 1382 2150">*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are</p> |

anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy and procedure

MOU with Passages

Interview with Passages Executive Director

PREA pamphlet

Resident handbook

Facility tour

PREA posters

Pennsylvania Coalition Against Rape brochure

Interview with residents

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| 115.254 | Third party reporting |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 398">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 data-bbox="242 430 1441 490">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 data-bbox="242 517 1366 719" 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 data-bbox="242 748 1321 777">The auditor noted the various locations of reporting posters, including public locations during the facility tour.</p> <p data-bbox="242 806 1489 934">During resident interviews, they were asked about third-party reporting, and reporting on behalf of another resident. The residents report that "EVERYDAY" they here the reporting announcement that include the availability of third party reporting. This information is also in the PREA pamphlet given to the residents at intake. No resident reporting asking a family member or friend to make a report or reporting on behalf of another resident.</p> <p data-bbox="242 963 1460 1059">The facility's only allegation was reported through a third-party family member calling the facility and making a report. The resident was immediately separated from the alleged abuser, and the information was reported to DOC- MC in order to initiate an administrative investigation.</p> <p data-bbox="242 1088 325 1117">Review:</p> <ul data-bbox="242 1146 480 1400" style="list-style-type: none"> Policy and procedure Agency website PREA pamphlet Investigation report Interview with residents |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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 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

The facility does not have onsite medical or mental health practitioners. Any staff that has licensure has the responsibility of providing residents with informed consent and the limits of confidentiality at the beginning of services. The facility does not currently have an employee with licensure that would require mandatory reporting obligations.

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.

The facility had one allegation reported to the facility via a third party. The staff member immediately documented the report and informed the Management Operations Center. The allegation was administratively investigated and declined to be investigated criminally by the Pennsylvania State Police.

Review:

Policy and procedure

Employee handbook

Employee files

Investigation report

Interviews with staff

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 365">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 data-bbox="242 394 1481 521">The PREA Coordinator reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation. The facility has the ability to move housing units, move to the veteran's unit (special circumstances), and with permission from DOC, transfer a resident to another transitional housing program.</p> <p data-bbox="242 553 1476 680">The facility received a third party report that a resident was at risk for imminent abuse. The facility responded quickly to this allegation and ensured the resident and alleged abuser were separated. The allegation was forwarded to DOC who conducted an administrative investigation. The victim in the allegation requested to be moved to another facility. DOC granted the request, and the resident was transferred to another facility.</p> <p data-bbox="242 710 327 736">Review:</p> <ul data-bbox="242 768 574 965" style="list-style-type: none"> <li data-bbox="242 768 456 795">Policy and procedure <li data-bbox="242 826 437 853">Investigation report <li data-bbox="242 884 360 911">Facility tour <li data-bbox="242 943 574 969">Interview with PREA Coordinator |

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <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 to the auditor to that the facility has not received an allegation from another confinement facility that would warrant a PREA investigation. She reports that should she receive such notification, the report would be documented and forwarded to the Management Operations Center, who will assign an administrative investigator.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Interview with PREA Coordinator</p> |

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| 115.264 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The facility has a policy that requires training staff on first responder duties. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report will be required to:</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 · 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 <p>All facility staff are trained on first responder duties (security and non-security staff). The duties are reviewed during onboarding training and reviewed during refresher training. The auditor was provided training curriculum and training sign in sheets.</p> <p>During interviews of targeted and random staff members. The staff members mentioned the first responder steps first when ever asked about PREA training they received from the agency. All were able to list the steps to take to protect the alleged victim and evidence.</p> <p>The allegation of sexual abuse the facility received was not reported in a timely manner; therefore, collection of DNA evidence was not possible. The victim was offered medical services, to which he denied.</p> <p>Review:</p> <ul style="list-style-type: none"> Policy and procedure Training curriculum Training acknowledgements Investigation report Interview with staff (security and non-security) Interview with PREA Coordinator |

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 398">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 data-bbox="240 427 778 456">The PREA Coordinator reports that the plan includes:</p> <ul data-bbox="240 486 1437 902" style="list-style-type: none"> <li data-bbox="240 486 1075 515">· Staff will immediately implement first responder duties (see standard 115.264) <li data-bbox="240 544 1409 607">· Report the incident to the local police department and state or local service agencies as appropriate to refer the incident for investigation (see standard 115.221) <li data-bbox="240 636 1437 698">· Provide the victim timely, unimpeded access to emergency medical treatment and crisis intervention services (see standard 115.282) <li data-bbox="240 728 1286 757">· Transport resident to local hospital that provide access to a SAFE or SANE (see standard 115.221) <li data-bbox="240 786 1007 815">· Rape Crisis will be called for advocate services (see standard 115.221) <li data-bbox="240 844 1422 907">· Ongoing medical and mental health treatment will be available, and when necessary, referrals for continued care following their release from custody or transfer to another facility (see standard 115.283) <p data-bbox="240 931 325 960">Review:</p> <p data-bbox="240 990 456 1019">Policy and procedure</p> <p data-bbox="240 1048 572 1077">Interview with PREA Coordinator</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 190 1509 250">Auditor Discussion</p> <p data-bbox="229 250 1509 369">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> <ul data-bbox="271 369 1509 459" style="list-style-type: none"> • Employment at Tomorrow's Hope LLC is at-will for an indefinite period of time, until terminated by either Tommorw's Hope LLC or the employee, with or without cause. <p data-bbox="229 459 1509 504">Review:</p> <p data-bbox="229 504 1509 548">Interview with CEO</p> <p data-bbox="229 548 1509 629">Employee handbook</p> |

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| 115.267 | Agency protection against retaliation |
| | <p>Auditor Overall Determination: Meets Standard</p> <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 <p>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.</p> <p>The facility had one allegation. There was a third party report of resident-to-resident sexual abuse. The allegation was investigated and determined to be substantiated. The Pennsylvania State Police declined to conduct a criminal investigation based on conflicted statements from the alleged victim and no evidence (video or witnesses) to the alleged incident. The resident victim requested a transfer to another facility and the request was granted, no monitoring was necessary.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation report</p> <p>Retaliation monitoring form</p> <p>Interview with PREA Coordinator</p> |

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.

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

The facility does not conduct administrative or criminal investigations. The Pennsylvania Department of Corrections' Bureau of Community Sanctions will provide a trained investigator to conduct all administrative investigations. The auditor conducted a telephone interview with Security Lieutenant, Stephen Petersheim, after the onsite visit. Lt. Petersheim is responsible for conducting administrative investigations for Tomorrow's Hope.

When asked about investigation techniques, the Lieutenant reports collecting as much collateral information as possible which can corroborate allegations or assist in credibility assessments. The facility is prohibited by agency policy to use polygraph examinations or other truth telling devices. He states that he will not conduct compelled interviews until he has consulted with state police as to not interfere with possible criminal prosecution. He states that it is the practice of the agency to immediately referral all allegations of sexual abuse to the PA State Police and will only conduct an administrative investigation into those allegations after the okay from the criminal investigators or prosecutors.

When asked how the facility assist in criminal investigations, the Lieutenant reports that should a sexual abuse or assault incident occur, 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. He reports that the staff will be of assistance in whatever way the police direct, and that he will maintain communication with the police department in order to remain informed on the progress of the investigation.

When questioned about document retention, the Lieutenant states that 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.

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.

Review:

Policy and procedure

DOC policy and procedure

Investigation report

Interview with administrative investigator

Interview with PREA Coordinator

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <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 auditor interviewed the facility's administrative investigator on the standard of proof used when making allegation determinations. The investigator report using 51% as the measure to substantiate an allegation.</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 administrative investigator</p> |

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| 115.273 | Reporting to residents |
| | <p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1484 360">Policy requires Tomorrow's Hope to inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PREA Coordinator will request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="242 394 694 423">Policy states that the notification will include:</p> <ul data-bbox="242 450 1460 891" style="list-style-type: none"> · 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 <p data-bbox="242 920 1492 981">The administrative investigator reports that he is responsible for completing the form and will direct the form to where ever the alleged victim is now being housed, if within the PA Department of Corrections.</p> <p data-bbox="242 1010 1428 1070">The PREA Coordinator reports she would be the person that will have the resident sign the notification and discuss the outcome.</p> <p data-bbox="242 1099 327 1128">Review:</p> <p data-bbox="242 1158 454 1187">Policy and procedure</p> <p data-bbox="242 1216 454 1245">Investigation reports</p> <p data-bbox="242 1274 518 1303">Resident Notification Form</p> <p data-bbox="242 1332 646 1361">Interview with administrative investigator</p> <p data-bbox="242 1391 582 1420">Interview with PREA Coordinator</p> |

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| 115.276 | Disciplinary sanctions for staff |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 331">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 data-bbox="242 360 1477 656">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 data-bbox="242 685 1493 745">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 data-bbox="284 797 635 992" style="list-style-type: none"> • Informal performance discussion • Verbal warning • Written warning • Suspension (with or without pay) • Demotion • Termination of employment <p data-bbox="242 1021 1485 1149">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 knowing 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 data-bbox="242 1178 1493 1305">During staff interviews, staff acknowledged they received a copy of the employee handbook and agency zero tolerance policy during staff orientation. They understood that termination would likely result for substantiated allegations of sexual abuse and/or sexual harassment. When questioned, staff reported that they would report any knowledge or suspicions of sexual abuse or sexual harassment to their immediate supervisor.</p> <p data-bbox="242 1335 1477 1395">When interviewing supervisors, they report enforcing professional boundaries with staff and providing examples of "red flag" behavior that should be avoided and/or reported immediately.</p> <p data-bbox="242 1424 1461 1552">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 data-bbox="242 1581 1390 1610">The facility did not have an allegation of staff-to-resident sexual abuse or sexual harassment during this audit cycle.</p> <p data-bbox="242 1639 328 1668">Review:</p> <p data-bbox="242 1697 456 1727">Policy and procedure</p> <p data-bbox="242 1756 512 1785">DOC policy and procedure</p> <p data-bbox="242 1814 451 1843">Employee handbook</p> <p data-bbox="242 1872 392 1901">Employee files</p> <p data-bbox="242 1930 437 1960">Investigation report</p> <p data-bbox="242 1989 443 2018">Interviews with staff</p> <p data-bbox="242 2047 572 2076">Interview with PREA Coordinator</p> <p data-bbox="242 2105 437 2134">Interview with CEO</p> |

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 398">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 data-bbox="244 427 1331 456">The facility has not had an allegation of sexual abuse or sexual harassment against a contractor or volunteer.</p> <p data-bbox="244 486 1452 546">The PREA Coordinator reports that the facility has not had a contractor or volunteer since the pandemic. She reports the facility's location makes it difficult to recruit contractors or volunteers.</p> <p data-bbox="244 575 328 604">Review:</p> <p data-bbox="244 633 456 663">Policy and procedure</p> <p data-bbox="244 692 437 721">Investigation report</p> <p data-bbox="244 750 572 779">Interview with PREA Coordinator</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | <p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1485 365">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.</p> <p data-bbox="240 394 1461 555">As a part of the facility's universal rules, all residents will sign at intake an affirmation that they will not sexually harass or sexually assault/abuse another person. They will also affirm that they will not engage in any sexual acts with others or sodomy inside the center. Universal Set of Rules (USOR) #5 states that PREA policies and procedures will be followed. Sexual assault, harassment, or abuse will not be tolerated, is ground for immediate removal, and State Police reporting for criminal charges. USOR #9 states all sexual acts are prohibited at the facility and premises.</p> <p data-bbox="240 584 1246 616">All residents sign an acknowledgement of receiving the resident handbook and universal set of rules.</p> <p data-bbox="240 645 1466 705">The auditor interviewed sixteen residents during the onsite visit. The interviewed residents stated that upon intake they received a resident handbook and the resident rules and responsibilities were reviewed with them during orientation group.</p> <p data-bbox="240 710 1469 871">The residents also state that the Universal Rules and Matrix are posted in each of the housing units. The residents understood that a violation of the zero tolerance policies would result in termination from the program. During intake, the residents state that the zero tolerance policy is read to them, and they sign an acknowledgement of receiving and understanding the policy. The residents report to the auditor that parole has an office in the administrative building and can remove them from the program at any time.</p> <p data-bbox="240 900 1485 994">The auditor was able to interview Security Monitors during the onsite visit. They provide PREA information along with a resident handbook. The staff ensure that the residents understand that no type of relationship between another resident or a staff member is allowed and that violations of the agency PREA policy can result in discipline including termination.</p> <p data-bbox="240 1023 1485 1084">The auditor also reviewed resident files and reviewed signed acknowledgements from residents concerning the facility's zero tolerance policies and receiving a copy of the resident handbook.</p> <p data-bbox="240 1113 1481 1173">The facility had one allegation of resident-to-resident sexual abuse. The allegation was determined to be substantiated, and the abuser was removed from the program by the Parole Authority.</p> <p data-bbox="240 1202 325 1234">Review:</p> <ul data-bbox="240 1263 571 1579" style="list-style-type: none"> <li data-bbox="240 1263 456 1294">Policy and procedure <li data-bbox="240 1323 440 1355">Resident handbook <li data-bbox="240 1384 456 1415">Universal set of rules <li data-bbox="240 1444 437 1476">Investigation report <li data-bbox="240 1505 491 1536">Interviews with residents <li data-bbox="240 1565 571 1597">Interviews with security monitors |

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| 115.282 | Access to emergency medical and mental health services |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 1481 398">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 judgement. 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 data-bbox="240 430 1485 521">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 data-bbox="240 553 1485 712">The PREA Coordinator reports that residents needing mental health services will be directed to community partners, including UPMC Behavioral Health Access Center and CenClear Mental Health and Drug and Alcohol. Medical services, including SANE services, will be provided by UPMC Altoona, while rape crisis services will be provided by Passages. The facility had one resident accept rape crisis services after a substantiated sexual abuse allegation; however, the resident later requested a transfer to a different program and did not receive services from Passages.</p> <p data-bbox="240 743 1469 835">Any resident that is a victim of sexual abuse will be informed of the available medical, mental health, and crisis intervention services available free of charge; administrative and/or criminal investigation that will occur; notification of the investigation outcome; 90-day retaliation monitoring; and how to access outside services.</p> <p data-bbox="240 866 1465 994">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.</p> <p data-bbox="240 1025 1477 1086">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.</p> <p data-bbox="240 1117 327 1146">Review:</p> <p data-bbox="240 1178 456 1207">Policy and procedure</p> <p data-bbox="240 1238 587 1267">MOU with UPMC Altoona Hospital</p> <p data-bbox="240 1299 572 1328">MOU with Passages (rape crisis)</p> <p data-bbox="240 1359 363 1388">SAIR report</p> <p data-bbox="240 1420 572 1449">Interview with PREA Coordinator</p> <p data-bbox="240 1480 480 1509">Interview with residents</p> |

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <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-resident abuser.</p> <p>The facility has had one substantiated allegation of sexual abuse. The report was not made in a timely manner, and DNA evidence could not be collected. The resident was offered medical, mental health, and rape crisis services. The resident declined medical and mental health services, but did request an appointment to meet with an advocate from the rape crisis center. Before the resident could meet with the advocate, he requested a transfer to another facility, which was granted. The transfer facility was alerted to the circumstances which prompted the services and would provide the same services with the local rape crisis center.</p> <p>The facility provided documentation to the auditor that included notification to the transfer facility.</p> <p>During resident interviews, no resident reported receiving or requesting medical, mental health, or rape crisis services based on previous victimization.</p> <p>Review:</p> <p>Policy and procedure</p> <p>SAIR report</p> <p>Interview with PREA Coordinator</p> <p>Interview with residents</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Tomorrow's Hope policy 3.17 states that the 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 review will occur within 30 days of the conclusion of the investigation and include upper-level management officials, with input from line supervisors, investigators, PREA manager, medical or mental health practitioners when needed, and when staff is potentially involved the director of human resources

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 of 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 provided the auditor with a copy of the SAIR for the only report the facility has had for the past twelve months. The report included:

- Report summary
- Investigation determination
- Sexual abuse/victimization history of the residents involved
- Misconduct history of the abuser and victim
- Medical information
- Outside supportive services
- Retaliation
- PA State Police information
- PRAT information
- First responder duties
- Appropriate levels of security and in accordance with staffing plan
- Physical barriers
- Video surveillance
- Incident motivation
- Compliance with required security rounds
- Interpreter/translator needed
- Any staff failures or neglect
- Recommendations

The SAIR did not make any recommendations for changes to policy, procedure, practices, or training based on the review. The review did not make any recommendations concerning staffing levels or electronic monitoring. 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.

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.

Review:

Policy and procedure

SAIR report

Interview with PREA Coordinator

Interview with CEO

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| 115.287 | Data collection |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1455 432">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 data-bbox="242 465 1430 524">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 number of :</p> <ul style="list-style-type: none"> <li data-bbox="284 575 743 602">• Resident to resident sexual abuse incidents <ul style="list-style-type: none"> <li data-bbox="242 629 416 656">o Substantiated <li data-bbox="242 689 440 716">o Unsubstantiated <li data-bbox="242 748 387 775">o Unfounded <li data-bbox="284 826 799 853">• Resident to resident sexual harassment incidents <ul style="list-style-type: none"> <li data-bbox="242 882 416 909">o Substantiated <li data-bbox="242 940 440 967">o Unsubstantiated <li data-bbox="242 999 387 1025">o Unfounded <li data-bbox="284 1077 700 1104">• Staff to resident sexual abuse incidents <ul style="list-style-type: none"> <li data-bbox="242 1133 416 1160">o Substantiated <li data-bbox="242 1191 440 1218">o Unsubstantiated <li data-bbox="242 1249 387 1276">o Unfounded <li data-bbox="284 1328 756 1355">• Staff to resident sexual harassment incidents <ul style="list-style-type: none"> <li data-bbox="242 1384 416 1411">o Substantiated <li data-bbox="242 1442 440 1469">o Unsubstantiated <li data-bbox="242 1500 387 1527">o Unfounded <p data-bbox="242 1556 1466 1648">The information on the form is aggregated and listed in the agency's annual PREA report. 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.</p> <p data-bbox="242 1680 327 1706">Review:</p> <p data-bbox="242 1738 456 1765">Policy and procedure</p> <p data-bbox="242 1796 459 1823">Data collection report</p> <p data-bbox="242 1854 384 1881">Annual report</p> |

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| 115.288 | Data review for corrective action |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 331">Policy 3.17 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:</p> <ul data-bbox="240 360 1422 506" style="list-style-type: none"> <li data-bbox="240 360 549 389">· Identifying problem areas <li data-bbox="240 418 643 448">· Tacking action on an ongoing basis <li data-bbox="240 477 1422 506">· Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole <p data-bbox="240 535 1485 663">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.</p> <p data-bbox="240 692 647 721">The report includes the following review:</p> <ul data-bbox="284 770 1490 1066" style="list-style-type: none"> <li data-bbox="284 770 1490 965">• In our continuing effort to prevent sexual abuse and sexual harassment, Tomorrow's Hope provides a variety of ways residents can report allegations of sexual harassment or sexual abuse 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. <li data-bbox="284 972 1469 1066">• 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. <p data-bbox="240 1095 1490 1155">The report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p data-bbox="240 1184 328 1214">Review:</p> <p data-bbox="240 1243 456 1272">Policy and procedure</p> <p data-bbox="240 1301 381 1330">Annual report</p> <p data-bbox="240 1359 403 1388">Agency website</p> <p data-bbox="240 1417 572 1447">Interview with PREA Coordinator</p> |

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| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1485 427">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="244 461 1442 521">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.</p> <p data-bbox="244 555 328 577">Review:</p> <p data-bbox="244 611 384 633">Annual report</p> <p data-bbox="244 667 403 689">Agency website</p> <p data-bbox="244 723 576 745">Interview with PREA Coordinator</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1469 398">The agency post the final audit report of its facility o the agency website,https://tomorrowshopepa.com/prea-audit-report-07%2F19. The auditor reviewed the agency website to confirm that the audit is conducted on the required timeline. This is year three 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 data-bbox="244 432 1493 622">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 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 data-bbox="244 656 1442 712">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 data-bbox="244 745 1449 869">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> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1458 331">The agency has published on its agency website, https://tomorrowshopepa.com/prea-audit-report-07%2F19, its final audit report from 2019. The auditor reviewed the website and verified that the final report was posted.</p> <p data-bbox="244 360 1490 421">This is year three 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 data-bbox="244 450 1463 510">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 data-bbox="244 539 325 566">Review:</p> <p data-bbox="244 595 403 622">Agency website</p> <p data-bbox="244 651 472 678">2019 Final audit report</p> <p data-bbox="244 707 572 734">Interview with PREA Coordinator</p> |

| Appendix: Provision Findings | | |
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| 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 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.) | na |
| | 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 |

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| 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 staffing patterns? | yes |
| | 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, 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 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 |

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| 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 | |
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| | 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 |

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| 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 force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of 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 |

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| 115.217 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | 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 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.) | na |
| 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 |

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| 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? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (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.) | yes |
| 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 |

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| 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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in 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 |

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| 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, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 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 |

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| 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 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)). | na |
| 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 |

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| 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 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.) | na |
| 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 |

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| 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: Whether the resident's criminal history is exclusively nonviolent? | yes |
| | 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 |

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| 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 |

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| 115.242 (f) | Use of screening information | |
| | 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 |

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| 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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |

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| 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 alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.253 (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 |

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| 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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | 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 |

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| 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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (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 |

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| 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 |

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| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 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 (h) | Criminal and administrative agency investigations | |
| | 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 |

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| 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 request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.273 (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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (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 |

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| 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 condition of access to programming and other benefits? | yes |
| 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 |

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| 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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 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 |

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| 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 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.) | na |
| 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 |

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| 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 (c) | Data collection | |
| | 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 |

| | | |
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| 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.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 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 same manner as if they were communicating with legal counsel? | yes |
| 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 |