

# PREA Facility Audit Report: Final

**Name of Facility:** Diakon Youth Services Weekend Alternative Program

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 09/15/2024

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

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Matthew A. Burns	<b>Date of Signature:</b> 11/11/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Burns, Matthew
<b>Email:</b>	preaauditor2015@gmail.com
<b>Start Date of On-Site Audit:</b>	08/17/2024
<b>End Date of On-Site Audit:</b>	08/18/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Diakon Youth Services Weekend Alternative Program
<b>Facility physical address:</b>	571 Mountain Road, Boiling Springs, Pennsylvania - 17007
<b>Facility mailing address:</b>	PO Box 10, Boiling Springs , Pennsylvania - 17007

Primary Contact
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<b>Name:</b>	Jason Brode
<b>Email Address:</b>	brodej@diakon.org
<b>Telephone Number:</b>	717-960-6724

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Jason Brode
<b>Email Address:</b>	brodej@diakon.org
<b>Telephone Number:</b>	717-960-6724

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	86
<b>Current population of facility:</b>	22
<b>Average daily population for the past 12 months:</b>	16
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12 -19
<b>Facility security levels/resident custody levels:</b>	non-secure
<b>Number of staff currently employed at the facility who may have contact with</b>	12

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	Diakon Child, Family, and Community Ministries
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1 Home Avenue, Tipton, Pennsylvania - 19562
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Jason Brode	<b>Email Address:</b>	brodej@diakon.org
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<b>Facility AUDIT FINDINGS</b>
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<b>Summary of Audit Findings</b>
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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:**

43

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-17
2. End date of the onsite portion of the audit:	2024-08-18

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This auditor was able to interview a representative from the YWCA Carlisle. The YWCA Carlisle provides advocacy services to residents at this facility. DWAP has a signed Letter of Agreement with the YWCA Carlisle to provide advocacy services and emotional support to residents at this facility.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	32
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	10
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>There were 10 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, and staff during the on-site portion of this audit to determine there were 2 residents who had a cognitive disability. There were no residents residing at this facility who had a physical disability, were hard-of-hearing or Deaf, had low-vision or were Blind, were limited English proficient, identified as lesbian, gay, or bisexual, identified as transgender or intersex, or reported sexual abuse during the past 12 months.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>11</p>

<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	There were 11 staff (10 direct care staff) who have contact with the residents on the first day of the on-site portion of this audit (8/17/2024). There are currently no contracted staff or volunteers approved to enter this facility.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None



<p><b>If "None," explain:</b></p>	<p>There were only 10 residents residing at this facility during the on-site portion of this audit. Therefore, this auditor was unable to randomly select residents to be interviewed.</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>All 10 residents residing at this facility were interviewed by this auditor. Therefore, this auditor was unable to randomly select residents to be interview.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All 10 residents residing at this facility were interviewed by this auditor. Therefore, this auditor was unable to randomly select residents to be interview.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>2</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who has a physical disability.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Blind or had low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Deaf or hard-of-hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Limited English Proficient.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who identified as lesbian, gay, or bisexual.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who identified as transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who reported sexual abuse at this facility during the past 12 months.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who disclosed prior sexual victimization during the risk screening.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents residing at this facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations in residential programs. During the tour of this facility, this auditor did not view any areas a resident can be isolated.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>This auditor was able to interview two targeted residents (2 residents who were cognitively disabled). There were no residents residing at this facility who met any other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster to confirm these statistics.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>5</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input checked="" type="checkbox"/> None </p>
<p><b>If "None," explain:</b></p>	<p>There were only 6 staff working at this facility during the on-site portion of this audit. All 6 of the staff working at this facility were interviewed by this auditor. It was noted that some of staff employed at this facility are per diem staff and only work on an as needed basis.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></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 checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>There were only 6 staff working at this facility during the on-site portion of this audit. All 6 of the staff working at this facility were interviewed by this auditor. It was noted that some of staff employed at this facility are per diem staff and only work on an as needed basis. All staff interviewed were knowledgeable of PREA and the agency zero-tolerance policy. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at this facility and they were able to discuss the PREA trainings that they have received. Staff reported that they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were also aware of their roles as mandated reporters and how to contact the Pennsylvania Department of Human Services Childline hotline and agency investigators to report allegations of sexual harassment and sexual abuse at this facility.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

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.



<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	17
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Director, 2 investigative staff responsible for conducting administrative investigations, 2 staff who conduct risk assessments, 2 intake staff, an upper-level staff who completes Unannounced Rounds, 2 staff who monitor retaliation, 2 first responders, 2 members of the Sexual Abuse Incident Review Team, and a Human Resources staff. There are no medical or mental health staff employed at this facility. All medical and mental health appointments are scheduled through outpatient medical and mental health practitioners in the community. This auditor also interviewed 2 contracted staff during the on-site portion of this audit.</p>

**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>During the first day of the on-site portion of the audit (8/17/2024), this auditor completed a detailed tour of this facility which took approximately 1 1/2 hours. This auditor was accompanied by the Agency PREA Coordinator during the tour. All areas of this facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout this facility. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.</p>

## 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.

**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?**

Yes

No

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

This auditor reviewed 10 randomly selected resident files from the past 12 months for documentation verifying PREA education and risk assessments were completed as noted in the Zero Tolerance Policy. This auditor also reviewed 10 direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in the Zero Tolerance Policy.

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

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

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of sexual abuse at this facility during the past 12 months. Therefore, there were no investigative files for this auditor to review.



<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no allegations of sexual harassment at this facility during the past 12 months. Therefore, there were no investigative files for this auditor to review.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no allegations of sexual harassment or sexual abuse at this facility during the past 12 months. Therefore, there were no investigative files for this auditor to review.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

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

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>(a) The Diakon Weekend Alternative Program (DWAP) has a zero-tolerance policy (Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy) concerning sexual harassment and sexual abuse of DWAP residents and is committed to the prevention, detection, and elimination of sexual harassment and sexual abuse through compliance with the Prison Rape Elimination Act of 2003.</p> <p>DWAP is committed to giving all residents the equal opportunity to participate in and benefit from all aspects of the program's efforts to prevent, detect and respond to sexual harassment and sexual abuse. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the program's strategies and responses to sexual harassment and sexual abuse and forms the foundation for the program’s training efforts with residents, staff, contracted staff, and volunteers.</p> <p>(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states,</p>

	<p>“The Executive Director is the PREA-Coordinator with the responsibility to develop, implement and oversee efforts to comply with the PREA standards.”</p> <p>DWAP has a designated Agency PREA Coordinator who reports directly to the Agency Head (Executive Vice President/COO). His official title is Executive Director and Agency PREA Coordinator. The Agency Organizational Chart was reviewed by this auditor and confirmed the Agency PREA Coordinator’s position and noted he reports directly to and has direct access to the Executive Vice President/COO. He is knowledgeable of the PREA standards, and he stated that he is committed to PREA and to implementing PREA at DWAP. The Agency PREA Coordinator reported that he has the support needed and sufficient time to develop, implement, and oversee the agency’s efforts towards PREA compliance in this program and to fulfill his PREA responsibilities. He was interviewed by this auditor on August 18, 2024, to confirm the above-mentioned statements.</p> <p>(c) DWAP does not have a Facility PREA Compliance Manager as DWAP is a stand-alone facility. All PREA related issues are handled by the Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. Diakon Youth Services (DYS) Organizational Chart</li> <li>3. DWAP PREA Pre-Audit Questionnaire</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a - b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states “Diakon does not contract with any other entities for confinement of residents.”</p> <p>DWAP does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head during the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> </ol>

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> </ol>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “The Executive Director will develop, implement and document a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. In calculating the staffing levels and determining the need for video monitoring, the following shall be taken into consideration:</p> <ol style="list-style-type: none"> <li>1. Generally accepted juvenile detention and correctional/secure residential practices;</li> <li>2. Any judicial findings of inadequacy;</li> <li>3. Any findings of inadequacy from Federal investigative agencies;</li> <li>4. Any findings of inadequacy from internal or external oversight bodies;</li> <li>5. All components of the facility’s physical plant, including blind spots or areas where staff or residents may be isolated;</li> <li>6. The composition of the resident population;</li> <li>7. The number and placement of supervisory staff;</li> <li>8. Institution programs occurring on a particular shift;</li> <li>9. Any applicable Commonwealth or local laws, regulations, or standards;</li> <li>10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>11. Any other relevant factors.</li> </ol> <p>The staffing plan shall maintain staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours, except during limited, discrete exigent circumstances.”</p> <p>There were 10 residents residing at DWAP during the on-site portion of this audit. The average daily population at the program during the past 12 months has been 16 residents.</p> <p>The Staffing Plan at DWAP addresses the facility staffing plan and requirements. This plan is reviewed annually and was reviewed by the Agency PREA Coordinator and Program Supervisor on June 28, 2024. DWAP is currently budgeted for a population of 32 residents and the Staffing Plan reflects that number. In addition, the Staffing Plan notes the program follows the ratios of 1:8 during waking hours and 1:16 during sleeping hours. This auditor was able to review the 2024 Staffing</p>

Plan to confirm compliance. The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations also state all non-secure residential facilities in Pennsylvania must maintain staff to resident ratios of 1:8 during waking hours and 1:16 during sleeping hours.

The program is equipped with 8 video surveillance cameras (all these video surveillance cameras are indoor video surveillance cameras). Five indoor video surveillance cameras were added to George Hall since the program's last PREA audit in 2021. Recordings from these devices remain on a secure server for approximately 45 days. The Agency PREA Coordinator and Program Supervisor can monitor and review the video surveillance system from their desktop computers. Video from all major incidents is reviewed by the Agency PREA Coordinator and Program Supervisor and is retained on a flash drive.

(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "The staffing plan shall be complied with except during limited and discrete exigent circumstances. All justifications for deviations shall be documented."

The Agency PREA Coordinator reported that there have been no deviations from the staffing plan during the past 12 months. He stated that the program limits the number of residents attending the program each weekend to ensure staff to resident ratios are met. Interviews with the Agency PREA Coordinator and Program Supervisor confirmed that staffing is reviewed each Thursday prior to the resident roster being finalized by the Agency PREA Coordinator for the upcoming weekend. If multiple staff are sick or has scheduled time off, the program would reduce the number of residents permitted to attend the program that weekend to ensure the ratios are met.

This auditor was able to review staffing schedules and resident rosters from random periods during the past 12 months to confirm resident-to-staff ratios are being met on a regular basis at DWAP. All the staff schedules and resident rosters reviewed confirmed that the program is meeting the ratios noted in the Staffing Plan (1:8 staff to resident ratio during waking hours and 1:16 staff to resident ratio during sleeping hours).

(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "The staffing plan shall maintain staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours."

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

The Staffing Plan notes that the program runs at a minimum 1:8 staff to resident ratio during waking hours and 1:16 staff to resident ratio during sleeping hours. This was confirmed by this auditor by reviewing randomly selected resident rosters and staff schedules from the past 12 months, and observations made during the tour of the program. During the on-site portion of this audit, there were a total of 10



residents residing at the program and a total of 5 staff scheduled (including the Program Supervisor).

(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "The PREA Coordinator, working with Diakon management, will assess the staffing plan once each year or more often, if necessary, to determine and document whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. Deployment of video monitoring systems and other monitoring technologies; and
4. Resources available to commit to ensure adherence to the staffing plan."

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed that the Staffing Plan is reviewed annually or more frequently if necessary. A review of the DWAP Staffing Plan confirmed that this plan is reviewed annually and was reviewed and revised by the Agency PREA Coordinator and Program Supervisor on June 28, 2024.

(e) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "A DWAP management level employee shall conduct and document unannounced rounds, at a minimum of twice each month, (one during a waking shift and one during a sleeping shift) to identify and deter staff sexual abuse and/or sexual harassment. All rounds shall be documented using the Weekend Observation Log and maintained by the DWAP director. Staff is prohibited from alerting other staff members or residents that the rounds are, or will be, occurring unless an announcement is necessary for the legitimate operational functions of the Wilderness Center."

This auditor was able to review Unannounced Rounds Logs from the past 12 months (August 2023 to July 2024) and it was noted these rounds were not being conducted consistently during sleeping hours. Unannounced Rounds were not completed during sleeping hours during 5 of the past 12 months (October 2023, December 2023, January 2024, May 2024, and July 2024).

The Agency PREA Coordinator completes Unannounced Rounds at DWAP. He was interviewed and was able to discuss how he completes the rounds, ensures minimum ratios are being met, and his inspections of the program are completed. The Agency PREA Coordinator also discussed how he makes sure the rounds are random by selecting different times of the day/night to complete his rounds. Due to DWAP being a Weekend Alternative Program, residents are only at the program during weekends. Therefore, all rounds were completed on either Friday, Saturday, or Sunday.

**Corrective Action:**

DWAP will implement the practice of having intermediate-level or higher-level

supervisors conducting Unannounced Rounds to identify and deter staff sexual harassment and sexual abuse a minimum of twice each month (during waking hours and sleeping hours). The Unannounced Rounds will be documented. This practice will be monitored for a period of four months (August 2024 through November 2024). The Agency PREA Coordinator will forward all documentation confirming that Unannounced Rounds are completed to this auditor for review monthly to confirm compliance with this standard.

**Resolution:**

During the Corrective Action period, DWAP implemented the practice of having intermediate-level or higher-level supervisors conduct Unannounced Rounds a minimum of twice each month. The Agency PREA Coordinator, who also serves as the Executive Director of the facility, conducted Unannounced Rounds two times per month (once during waking hours and once during sleeping hours). This auditor requested and received the completed Unannounced Rounds Logs from a four-month period since the issue was identified during the on-site portion of this audit to confirm Unannounced Rounds were being completed by an intermediate-level or higher-level supervisor. Unannounced Rounds from the following months were forwarded to this auditor:

- August 2024
- September 2024
- October 2024
- November 2024

**DWAP is now in compliance with this standard.**

Reviewed documentation to determine compliance:

1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy
2. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
3. DWAP 2024 Staffing Plan
4. DWAP Staffing Schedules
5. DWAP Resident Rosters
6. Unannounced Rounds Logs
7. Locations of Video Surveillance Cameras
8. Tour of Program

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Interview with Staff who completes Unannounced Rounds

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1449 456">(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances.</p> <p data-bbox="280 501 1469 781">Staff and resident interviews supported the claim that cross-gender strip searches and cross-gender visual body cavity searches are prohibited and do not occur at DWAP. During interviews, staff could describe what an exigent circumstance would be and understood that this would be the only time these searches would be permitted. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by any staff at DWAP.</p> <p data-bbox="280 826 1469 1016">During an interview with the Agency PREA Coordinator, it was reported that in the event an exigent circumstance would arise where a resident needed a cross-gender strip search or cross-gender body visual body cavity search, the resident would be transported to UPMC Carlisle so this search could be completed by a medical practitioner.</p> <p data-bbox="280 1061 1417 1173">(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Staff will not conduct cross-gender pat-down searches except in exigent circumstances.”</p> <p data-bbox="280 1218 1449 1420">Interviews with the Agency PREA Coordinator, Program Supervisor, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at DWAP. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.</p> <p data-bbox="280 1464 1461 1576">(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “If a cross-gender pat-down search occurs in exigent circumstances, it will be fully documented.”</p> <p data-bbox="280 1621 1453 1778">Staff interviewed reported in the event they would have to conduct a cross-gender pat-down search, they would immediately notify the Agency PREA Coordinator or Program Supervisor and document the incident on an Incident Report detailing the search performed on the resident.</p> <p data-bbox="280 1823 1417 1890">Staff and residents interviewed confirmed there have been no cross-gender pat-down searches conducted at DWAP during the past 12 months.</p> <p data-bbox="280 1935 1442 2092">(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Staff of the opposite gender of the residents shall announce their presence when entering a resident housing unit or any areas where residents are likely to be showering, performing bodily functions, or changing clothing.”</p>

Interviews with staff and residents noted all opposite gender staff announce themselves while they are walking up to a shelter or the bathroom area in George Hall that is the designated area for residents to change clothes. Staff and residents both stated that opposite gender staff announce themselves by yelling their name and that they are entering the hallway where the bathrooms are located or approaching the shelters.

Interviews with the Agency PREA Coordinator and Program Supervisor also confirmed staff are reminded of this expectation during the annual PREA training and regular staff meetings that are held prior to the residents arriving at the program for the weekend.

During the on-site portion of this audit, this auditor met with the Agency PREA Coordinator and recommended that signage reminding opposite gender staff to announce themselves be placed at eye-level on the wall leading up to the area in George Hall where the bathrooms are located.

(e) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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."

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

There were no transgender or intersex residents admitted into the program during the past 12 months.

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

(f) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "All direct supervision staff shall be trained to conduct resident pat-down searches, if necessary, in an exigent circumstance, in a professional and respectful manner."

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

	<p>Documentation of the training and staff participation was provided to this auditor to review, and it was confirmed 100% of the staff employed at the program involved in the supervision of the residents received this training. Staff interviewed were able to describe and discuss key concepts of this training to this auditor during interviews.</p> <p>Reviewed documentation to confirm compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. DWAP Search and Seizure Policy and Procedure</li> <li>3. Guidance on Cross-Gender and Transgender Pat Searches Training Curriculum</li> <li>4. Staff Training Logs</li> <li>5. Tour of Program</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Staff Interviews</li> <li>4. Resident Interviews</li> </ol>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states “When necessary to ensure effective communication to provide the resident 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 staff will use any appropriate, specialized vocabulary and written materials that ensure effective understanding of the material when presenting the resident education material.”</p> <p>There were two cognitively disabled residents residing at DWAP during the on-site portion of this audit. Both residents were interviewed and confirmed that all of their needs are met and anytime they do not comprehend something, they know they can seek assistance from a staff, and they will take the time to review the material they do not understand to ensure they are able to comprehend the material.</p> <p>Interviews with the Agency PREA Coordinator and Program Supervisor confirmed any disabled resident residing at DWAP, receives an equal opportunity to participate in and benefit from all aspects of the program’s efforts to prevent, detect, and</p>

respond to sexual abuse. It was noted that all residents can meet one-on-one with a staff to ensure they comprehend the material presented to them. In addition, it was noted that all PREA education material is reviewed one-on-one with all residents during a follow up meeting with the Agency PREA Coordinator. Each resident is given an opportunity to ask any questions they may have to ensure they comprehend the material that was reviewed with them.

(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states "Residents, who are limited in English proficiency, shall have equal opportunity to participate in all aspects of DWAP's efforts to prevent, detect, and respond to sexual abuse and sexual harassment through:

1. Posters containing information regarding confidential reporting of sexual abuse/harassment are posted in Spanish as well as English.
2. Resident written training material is also in Spanish.
3. DWAP bilingual counselors are available to discuss materials presented."

The DWAP PREA Pamphlet "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" is available to residents in both English and Spanish. Both versions of this pamphlet were reviewed by this auditor prior to the on-site portion of this audit. It was noted during the tour of the program that PREA posters are posted in all common areas of the program. These posters are in both English and Spanish.

In addition, interpreters are available to limited English proficient residents through Certified Languages International. This auditor was provided a copy of an informational brochure from this interpretation agency.

There were no limited English proficient residents residing at DWAP during the on-site portion of this audit.

(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states "DWAP will rely on a resident interpreter, reader, or assistance only in limited circumstances where an extended delay in obtaining a bilingual staff member could compromise the resident's safety, the performance of first-responder duties or in the investigation of the resident's allegations."

Staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with the Agency PREA Coordinator and staff that there have been no circumstances during the past 12 months at DWAP where resident interpreters, readers, or other types of resident assistants have been used. The staff interviewed all understood there are interpreters available for the residents through Certified Languages International and were able to explain how they would contact an interpreter through this agency to provide services to the any resident who is limited English proficient.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. Informational Brochure from Certified Languages International</li> <li>3. Tour of Program</li> <li>4. PREA Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” English)</li> <li>5. PREA Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” (Spanish)</li> <li>6. Posters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Staff Interviews</li> <li>4. Interviews with Cognitively Disabled Residents</li> </ol>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a - b) DWAP Background Checks Policy states, “Diakon will not hire or promote anyone who may have contact with residents, and will not enlist the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in any institution;</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described above.”</li> </ol> <p>This practice was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources as well as a review of ten randomly selected staff files of staff employed at the program during the past 12 months. In addition, it was noted that any staff who are hired at DWAP is not permitted to work with the residents until all background checks are completed and reviewed by the Human Resources Office.</p> <p>(c) DWAP Background Checks Policy states, “Prior to being hired or prior to being alone with residents, or prior to being contracted for services with residents, and consistent with applicable laws, Diakon or the contracting agency performs the</p>

following background checks:

1. Pennsylvania Child Abuse Registry
2. FBI
3. Pennsylvania State Police”

During interviews with the Agency PREA Coordinator and a representative from Human Resources, they were able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to a staff being offered employment and being able to have contact with any residents in the program. In addition, all prospective staff go through three different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Upon receiving these three clearances, they are reviewed by the Human Resources Office and copies are placed in the staff's file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.

During the past 12 months, there were two staff hired at DWAP who may have contact with residents. All staff files reviewed contained the above-mentioned background information. This hiring process was also confirmed during an interview with the Agency PREA Coordinator.

(d) DWAP Background Checks Policy states, “Prior to being contracted for services with residents, and consistent with applicable laws, Diakon or the contracting agency performs the following background checks on all contractors and volunteers:

1. Pennsylvania Child Abuse Registry
2. FBI
3. Pennsylvania State Police”

During the past 12 months, there have been no contracted staff approved to enter DWAP and have contact with the residents. This is due to the short length of the program (weekend program) and the staff providing all the activities for the residents during their stay. The Agency PREA Coordinator reported that if the program would contract with a contracted staff to provide services, all required background checks would be completed prior to approving the contracted staff to have contact with the residents.

(e) DWAP Background Checks Policy states, “No less than every 60 months, criminal background checks will be conducted of current employees and contractors.”

This practice was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources. Both were able to describe the process of completing background clearances on current staff no less than every 60 months to ensure the program is meeting the requirements of this standard as well as Pennsylvania Child Protective Services Law, which also require current staff and



contracted staff to complete background clearances a minimum of every 60 months. In addition, this auditor was able to review background checks for ten randomly selected staff employed at the program during the past 12 months to confirm compliance with this standard.

(f) DWAP Background Checks Policy states, "Diakon shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency will impose upon employees a continuing affirmative duty to disclose any such misconduct."

DWAP requires all applicants and staff seeking a promotion to disclose any misconduct during the application process. Failure to disclose information about previous misconducts shall exclude the applicant from hire and/or promotion. This was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources. In addition, the Agency PREA Coordinator reported that all applicants are asked about previous misconduct during the interview process.

(g) DWAP Background Checks Policy states, "If a background check reveals that a current employee or contractor failed to notify Diakon of misconduct prohibited by PREA, such omission will be grounds for termination of employment or contracted services."

This screening process noted above was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources as well as reviewing background checks for ten randomly selected staff employed at this program during the past 12 months. The Agency PREA Coordinator reported that any applicant that fails to disclose previous misconduct will not be considered for the position they have applied for. In addition, failure to disclose misconduct can also result in termination (depending on the nature of the misconduct that was withheld).

(h) DWAP Background Checks Policy states, "When considering persons for employment or contracted services for residents, Diakon will make its best effort to contact all known prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse."

When requested, DWAP does provide information on substantiated allegations of sexual harassment or sexual abuse involving a former staff upon receiving a request from an institutional employer for whom such staff has applied to work. This was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> <li>1. DWAP Background Checks Policy</li> <li>2. Pennsylvania Child Protective Services Law</li> <li>3. Review of Staff Files</li> <li>4. DWAP Employment Application</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Human Resources Representative</li> </ol>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, DWAP shall consider the effect of the design, acquisition, expansion, or modification upon the ability to protect residents from sexual abuse.”</p> <p>There has not been any expansion or redesign of the program since the last PREA audit in 2021. During an interview with the Agency Head, it was confirmed that if there are any plans for expansion or modifications, the agency will take into consideration the effect of the design, acquisition, expansion, or modification upon the ability to protect residents from sexual abuse.</p> <p>(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, DWAP shall consider how such technology may enhance the ability to protect residents from sexual abuse.”</p> <p>There have been five video surveillance cameras added at DWAP since the last PREA audit in 2021. These cameras were added to George Hall which houses the dining area, group rooms, and the Program Supervisor’s office. There are now eight video surveillance cameras at this program. All of the video surveillance cameras are indoor video surveillance cameras. There are currently no outdoor video surveillance cameras at DWAP.</p> <p>The Agency PREA Coordinator confirmed the video surveillance cameras were added to prevent sexual abuse and ensure the safety of the residents. He also stated that the video surveillance system is inspected on an annual basis.</p> <p>Reviewed documentation to determine compliance:</p>

	<ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. Tour of Facility</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) The Pennsylvania State Police conducts sexual abuse investigations which are criminal in nature at DWAP. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards in a letter dated June 14, 2024. A representative from the Pennsylvania State Police was interviewed by this auditor and stated that any investigator who would handle a sexual abuse investigation at DWAP has been trained in a uniform evidence protocol. In addition, this auditor interviewed two agency investigators who are responsible for conducting administrative investigations at the facility. Both agency investigators interviewed noted they have completed an investigator training through the National Institute of Corrections. Training certificates noting both agency investigators at this facility were requested and received by this auditor to confirm compliance.</p> <p>There were no allegations of sexual abuse at DWAP during the past 12 months. Therefore, there was no documentation for this auditor to review regarding investigations.</p> <p>(b) DWAP is not responsible for completing any form of criminal sexual abuse investigations. All sexual abuse investigations for allegations which are criminal in nature are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. This was confirmed during interviews with agency investigators and a representative from the Pennsylvania State Police.</p> <p>(c) The Agency PREA Coordinator stated during his interview that UPMC Carlisle is where a resident victim of sexual abuse would be transported for a forensic examination by a SAFE/SANE. DWAP has signed Memorandums of Agreement with UPMC Carlisle.</p>

The Memorandums of Agreements states that DWAP agrees to:

1. Contact the UPMC Carlisle Emergency Room to inform them of the pending arrival of a youth who has reporting being the victim of sexual assault.
2. Provide continuous supervision of the youth while at UPMC Carlisle.
3. Contact the Carlisle YWCA who will provide an advocate to the hospital who will offer rape crisis counseling and advocacy services.

The Memorandum of Agreement states that UPMC Carlisle agrees to:

1. Provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or an Emergency Medicine Physician.
2. Collect evidence during the examination for law enforcement, as appropriate, and maintain the integrity of the evidence collected.

There were no incidents of sexual abuse involving penetration at DWAP during the past 12 months that required a resident to be transported to UPMC Carlisle.

Therefore, there were no forensic examinations completed

(d) It was noted that all residents at DWAP are entitled to emotional support and advocacy services from the Carlisle YWCA. DWAP has a Letter of Agreement with the Carlisle YWCA to provide emotional support and advocacy services to all residents at this program. This auditor was provided with a copy of the signed Letter of Agreement to confirm compliance.

A representative from the Carlisle YWCA was interviewed by this auditor and confirmed an advocate from their agency would respond to UPMC Carlisle to provide emotional support and rape crisis counseling to any resident victim of sexual abuse.

(e) DWAP has a Letter of Agreement with the Carlisle YWCA which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals to the victim. This was confirmed during an interview with a representative from the Carlisle YWCA.

(f) The Pennsylvania State Police conducts sexual abuse investigations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services at DWAP. All alleged incidents of sexual abuse at the facility are also reported to other appropriate authorities as required (including the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators). DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards in a letter dated June 14, 2024. This auditor was provided with a copy of the letter to the Pennsylvania State Police to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Pennsylvania State Police and two agency investigators to discuss the investigation process for allegations of sexual abuse at DWAP.

	<p>(g) All criminal investigations of sexual abuse at DWAP are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards in a letter dated June 14, 2024. This auditor was provided with a copy of this formal letter and interviewed a representative from the Pennsylvania State Police to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Formal Letter to Pennsylvania State Police</li> <li>2. Memorandum of Agreement with UPMC Carlisle</li> <li>3. Letter of Agreement with the Carlisle YWCA</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Agency Investigators</li> <li>3. Interview with Representative from Pennsylvania State Police</li> <li>4. Interview with Representative from UPMC Carlisle</li> <li>5. Interview with Representative from the Carlisle YWCA</li> </ol>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy notes an investigation must be conducted and documented for any incident of sexual harassment or sexual abuse. All allegations must be reported to agency investigators and/or to the Pennsylvania State Police for investigation.</p> <p>In the past 12 months, there has been no allegations of sexual harassment or sexual abuse at DWAP. Interviews with the Agency PREA Coordinator and two agency investigators confirmed the referral process for any allegations of sexual harassment or sexual abuse to ensure all allegations of sexual harassment and sexual abuse are investigated by agency investigators (administrative investigations) and the Pennsylvania State Police (criminal investigations).</p> <p>(b) As noted in the DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy, all allegations of sexual harassment and sexual abuse are referred to agency investigators and/or the Pennsylvania State Police for investigation. The Agency PREA Coordinator stated that during an open criminal investigation, communication would be maintained between DWAP and the Pennsylvania State Police through telephone calls, emails, and on-site visits. There</p>

were no criminal investigations conducted by the Pennsylvania State Police during the past 12 months at this program.

Information regarding the referral of allegations of sexual harassment and sexual abuse for investigation and other PREA related information is posted on the agency website. In addition, this information is also sent to the families of the residents and contracting agencies when the resident arrives at the facility. PREA-related information is also posted in all common areas of the facility and was observed by this auditor during the tour of the facility.

All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations which are criminal in nature are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services and administrative investigations are conducted by agency investigators.

(c) DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards in a letter dated June 14, 2024. This auditor was provided with a copy of the formal letter that was sent to the Pennsylvania State Police to confirm compliance with this standard.

A representative from the Pennsylvania State Police was interviewed by this auditor, and stated his agency completes thorough investigations and contacts the program at the completion of any investigation. An agency investigator would then conduct an administrative investigation following any criminal investigation. Interviews with two agency investigators confirmed that they investigate all allegations of sexual abuse and prepare a detailed investigative report at the completion of all investigations.

The Agency PREA Coordinator noted that following the receipt of an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a Sexual Abuse Incident Review is conducted by the Incident Review Team. There were no allegations of sexual abuse at DWAP during the past 12 months.

(d - e) All criminal investigations of sexual abuse at DWAP are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor reviewed a copy of the formal letter that was sent to the Pennsylvania State Police on June 14, 2024, to review and confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. Formal Letter to Pennsylvania State Police

Interviews:

	<ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Agency Investigators</li> <li>3. Interview with Representative from Pennsylvania State Police</li> <li>4. Staff Interviews</li> </ol>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP shall train all employees, volunteers and contractors who may have contact with residents during Weekly Staff meetings and using YWCA informal training and resources. Staff training will include at a minimum:</p> <ol style="list-style-type: none"> <li>1. The DWAP Zero Tolerance for Sexual Abuse and Sexual Harassment policy;</li> <li>2. How to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;</li> <li>3. Residents’ right to be free from sexual abuse and sexual harassment;</li> <li>4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>5. The dynamics of sexual abuse and sexual harassment in juvenile facilities and specific gender related issues;</li> <li>6. The common reactions of juvenile victims of sexual abuse and sexual harassment;</li> <li>7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between sexual contact and sexual abuse between residents;</li> <li>8. How to avoid inappropriate relationships with residents;</li> <li>9. How to communicate effectively and professionally with all residents, to include lesbian, gay, bi-sexual, transgender, intersex, or gender nonconforming residents;</li> <li>10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and</li> <li>11. Relevant laws regarding the applicable age of consent.”</li> </ol> <p>All staff receive an initial training titled “Dynamics of Sexual Abuse in Correctional Systems” through the Relias Learning System. They receive this training upon hire. Current staff who received this training receive this training on an annual basis. In addition, the Agency PREA Coordinator stated PREA topics are reviewed during staff meetings at the program on a regular basis.</p>

All staff interviewed confirmed receiving the above-mentioned training regarding PREA on an annual basis through the Relias Learning System. Staff interviewed were able to discuss the training they received and were able to discuss key points of the training. In addition, staff interviewed discussed reviewing PREA topics during staff meetings at the program. Training logs from the past year were reviewed by this auditor and confirmed all staff who may have contact with residents at DWAP completed the training on an annual basis.

(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "Training is tailored to the needs and attributes of juvenile residents and to whether the resident is male or female."

PREA training is provided specific to this program annually. DWAP is a facility that currently houses male residents; however, the program did house female residents until May 2024. Therefore, the training is tailored to a coed population. This auditor reviewed the training specific to those staff working with the residents at DWAP. After reviewing this training, it was confirmed the training is tailored to a coed population.

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

(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "All staff for the Weekend Alternative Program will receive the PREA training when first hired and every two years there-after. Refresher information will be provided annually on current sexual abuse and sexual harassment."

This auditor reviewed training records from the past year for all staff at DWAP and confirmed all staff completed the PREA training on an annual basis. Interviews with staff also confirmed they received the training and understood the material that was covered in the training they received. All staff interviewed were able to describe key points covered in the training when prompted by this auditor during interviews.

(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "Training is provided electronically through the Relias system which requires the trainee's signature. Some additional training is provided in person, using a sign-in sheet for signatures. Each system contains the affirmation that the trainee has understood the training received."

All staff who successfully complete the annual PREA training must electronically verify they received and understood the annual PREA training in the Relias Learning System. This electronic verification notes each staff has received the training, understands the training, and will adhere to information and requirements covered in the training. This auditor was able to review training logs from the past year and confirmed each staff member electronically verified they understood the training they received.

Interviews with staff confirmed they are knowledgeable of PREA. Staff demonstrated



	<p>their knowledge of PREA, agency policies, and the residents and staff’s right to be free from retaliation for reporting allegations of sexual harassment and sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. DWAP Process and Continuing Education Requirements for Staff Policy</li> <li>3. PREA Training Curriculum</li> <li>4. Training Logs</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Staff Interviews</li> </ol>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Diakon will ensure that all volunteers and contractors that have contact with residents be notified of its zero-tolerance policy, be trained on their responsibilities to prevent, detect, and respond to sexual harassment and sexual abuse, and on how to report such incidents.”</p> <p>DWAP reported that there are no contracted staff or volunteers currently approved to enter the program. It was noted during an interview with the Agency PREA Coordinator that any contracted staff or volunteer approved to enter the program would be trained on agency policies and procedures regarding sexual harassment and sexual abuse prevention, detection, and response. Upon entering the program, any approved contracted staff or volunteer would be given a Volunteer/Contractor Training Brochure titled “Zero-Tolerance – Sexual Assault/Abuse and/or Harassment for Contracted Employees and Volunteers” and Acknowledgement Form to review and sign indicating they have received the training and understood it. This auditor was able to review the brochure and PREA Training Acknowledgement Form that has been created to educate any contracted staff or volunteers approved to enter the program to confirm compliance.</p> <p>Due to there being no contracted staff or volunteers approved to enter this program, there were no contracted staff or volunteers for this auditor to interview.</p> <p>(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states,</p>

“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, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”

Prior to having contact with any of the residents at the program, all contracted staff and volunteers receive and review the PREA pamphlet titled “Zero-Tolerance - Sexual Assault/Abuse and/or Harassment for Contracted Employees and Volunteers.” This pamphlet is reviewed with the contracted staff and volunteers prior to them entering the program for the first time.

There are no contracted staff or volunteers currently approved to enter this program and have contact with the residents.

(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “All volunteers and contractors shall sign and document that they have received training on PREA and that they understand said training. Additionally, The Zero Tolerance for Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers pamphlet shall be provided and sign-off obtained and maintained on file with the Program Supervisor.”

During an interview with the Agency PREA Coordinator, he stated that all contracted staff and volunteer training records would be kept in a file that he maintains. The Agency PREA Coordinator was able to explain the process of educating a contracted staff or volunteer that would take place prior to them entering the program to ensure they are aware of the DWAP zero-tolerance policy, their duty to report, and the importance of maintaining appropriate interactions with the residents.

There are no contracted staff or volunteers currently approved to enter this program and have contact with the residents. Therefore, there were no acknowledgement forms for this auditor to review.

Reviewed documentation to determine compliance:

1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy
2. Volunteer/Contractor Training Brochure titled “Zero-Tolerance - Sexual Assault/Abuse and/or Harassment for Contracted Employees and Volunteers”
3. Volunteer/Contractor Training and Acknowledgement Form

Interviews:

1. Interview with Agency PREA Coordinator

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DWAP Intake and Resident Education Policy states, "During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."

All residents admitted to DWAP receive the PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" during the intake process during their first weekend. In addition to receiving the above-mentioned PREA pamphlet, residents also receive a pamphlet from the YWCA Carlisle that outlines the services through that agency that are available to all residents in the program.

Residents interviewed were knowledgeable of PREA and were able to discuss ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received the PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" and the pamphlet from the YWCA Carlisle.

(b) DWAP Intake and Resident Education Policy states, "Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents."

Comprehensive PREA education includes meeting with the Agency PREA Coordinator during the resident's first weekend at the program to review the PREA material they received at intake. In addition, the Agency PREA Coordinator reviews the definitions of sexual harassment and sexual abuse, the agency's Zero Tolerance policy, ways to report sexual harassment and sexual abuse, and services that are available to each resident in the program.

Interviews with residents at DWAP confirmed they received this comprehensive education within 10 days of intake. In addition, interviews with intake staff also confirmed each resident met with the Agency PREA Coordinator and had a chance to ask questions when they finished the education session with him.

DWAP reports there were 131 residents admitted into the program during the past 12 months. All residents admitted into the program received comprehensive PREA education during their first weekend at the program

(c) DWAP Intake and Resident Education Policy states, "During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."

The Agency PREA Coordinator and Program Supervisor serve as intake staff at

DWAP. Both reported that each resident admitted into the program receives the PREA pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” during the intake process. The Agency PREA Coordinator conducts a comprehensive education session with each resident during their first weekend at the program. He was able to confirm that he reviews the definitions of sexual harassment and sexual abuse, the agency’s Zero Tolerance policy, ways to report sexual harassment and sexual abuse, and services that are available to each resident at the program during his comprehensive education session with each resident.

All residents interviewed confirmed they received both the intake education at intake (including receiving a PREA education pamphlet) and a comprehensive PREA education session with the Agency PREA Coordinator during their first weekend at the program. All residents interviewed acknowledged reviewing ways to report sexual harassment and sexual abuse and reviewing the Zero Tolerance policy with the Agency PREA Coordinator.

(d) DWAP Intake and Resident Education Policy states, “DWAP provides resident education 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.”

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed that all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through Certified Languages International. The program also ensures that key information about PREA is continuously and readily available or visible through posters and the PREA pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the program and by reviewing the PREA pamphlet that all residents receive at intake. This auditor was also able to review a brochure from Certified Languages International that explained the services available to residents admitted into the program who are limited-English proficient.

There were no limited English proficient residents at the program to interview during the on-site portion of this audit.

(e) DWAP Intake and Resident Education Policy states, “Each resident will have an opportunity to sign and date a form that states they understand the DWAP policies on sexual abuse and sexual harassment and that they have been offered and understand the information in the student handbook. DWAP maintains documentation of resident participation in all education sessions.”

All resident education is documented on an electronic acknowledgement form. This acknowledgement form is electronically signed by the resident upon receiving the comprehensive PREA education during their first weekend in the program. This acknowledgement form is printed out and kept in the resident’s file. This auditor was able to review ten resident files, and each file contained the above-mentioned

documentation confirming the resident received the PREA pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” and a more comprehensive education session with the Agency PREA Coordinator during their first weekend at the program.

(f) DWAP Intake and Resident Education Policy states, “In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.”

All residents at DWAP receive a PREA education pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” at intake and meet with the Agency PREA Coordinator for a more comprehensive PREA education session during their first weekend at the program. The Agency PREA Coordinator also reviews the definitions of sexual harassment and sexual abuse, the agency’s Zero Tolerance policy, ways to report sexual harassment and sexual abuse, and services that are available to each resident in the program during his comprehensive PREA education session. In addition, there were visible posters (in both English and Spanish) in the hallways and all common areas that were viewed by this auditor during the tour of the program.

Reviewed documentation to determine compliance:

1. DWAP Intake and Resident Education Policy
2. PREA Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” (English)
3. PREA Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” (Spanish)
4. Signed Resident Intake PREA Education Acknowledgement Forms
5. Informational Brochure from Certified Languages International
6. PREA Posters
7. Tour of Program

Interviews:

1. Intake Staff Interviews
2. Resident Interviews

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(a) The Pennsylvania State Police is the entity responsible for the investigation of all

allegations of sexual abuse at DWAP which are criminal in nature. DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards in a letter dated June 14, 2024. This auditor was provided with a copy of the formal letter that was sent to the Pennsylvania State Police to review to confirm compliance with this standard.

All administrative investigations of sexual abuse at DWAP are conducted by agency investigators. This auditor was provided with documentation noting all agency investigators completed the National Institute of Corrections PREA investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting" to confirm compliance with this standard. Interviews with two agency investigators who complete investigations at DWAP revealed each investigator completed this training.

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

There are two agency investigators assigned to complete administrative investigations of all allegations of sexual abuse at DWAP. Both agency investigators who complete administrative investigations at the program were interviewed by this auditor and were able to describe the training they received and discussed evidence collection, and the criteria and evidence required to substantiate an allegation.

(c) The Pennsylvania State Police is responsible for the investigation of all allegations of sexual abuse at DWAP that are criminal in nature. Administrative investigations are conducted by agency investigators. DWAP formally asked the Pennsylvania State Police to comply with all PREA investigative standards in a letter dated June 14, 2024. This auditor was provided with a copy of the formal letter that was sent to the Pennsylvania State Police to review to confirm compliance with this standard. Training records noting each agency investigator who completes sexual abuse investigations at DWAP completed the National Institute of Corrections investigator training were forwarded to this auditor to confirm compliance with this standard.

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

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

	<p>There were no allegations of sexual harassment or sexual abuse at DWAP during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. Formal Letter to Pennsylvania State Police</li> <li>3. Investigator Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Agency Investigators</li> <li>3. Interview with Representative from Pennsylvania State Police</li> </ol>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states “DWAP does not provide medical or mental health services. If deemed necessary, residents will be referred to outside providers for medical and mental health services.”</p> <p>There is currently one mental health staff employed at DWAP. The Program Supervisor of the program is a master’s level therapist and can evaluate residents in need of a mental health evaluation upon admission into the program.</p> <p>The Program Supervisor's training records were reviewed by this auditor, and it was confirmed she completed the National Institute of Corrections specialized training titled “Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting”. She received a certificate of completion from the National Institution of Corrections upon completing this course. During an interview with the Program Supervisor, she was able to describe the specialized training that she completed and the importance of detecting signs of sexual abuse, preserving evidence, how to respond to victims of sexual abuse, and how to report allegations of sexual abuse and sexual harassment.</p> <p>(b) There are no medical staff at DWAP. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at UPMC Carlisle by a SANE. DWAP has a signed Memorandum of Agreement with UPMC Carlisle that notes forensic examinations would be completed by a SANE.</p>

	<p>(c) There is currently one mental health staff (Program Supervisor is a master’s level therapist) and no medical staff employed at DWAP. All medical care is scheduled in the resident’s home community. This auditor received and reviewed the mental health staff's training records to confirm compliance with this standard. In addition, an interview with the Program Supervisor at the program confirmed she has received and understood the specialized training specific to her job title.</p> <p>(d) There is currently one mental health staff (Program Supervisor) and no medical staff employed at DWAP. All medical care is scheduled in the resident’s home community. This auditor was able to review the mental health staff's training records to confirm she received and successfully completed the annual PREA training that all staff at DWAP are required to complete.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. Mental Health Staff Specialized Training Certificate</li> <li>3. Memorandum of Agreement with UPMC Carlisle</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Mental Health Staff</li> <li>2. Interview with Representative from UPMC Carlisle</li> </ol>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Intake and Resident Education Policy addresses the use of the Vulnerability Assessment Instrument and states, “Resident intake for the Weekend Alternative Program occurs within 72 hours of the resident’s arrival at DWAP. The use of personal history and behavior information will reduce the risk of sexual abuse by or upon a resident.</p> <p>After the initial screening, residents are reassessed under the following circumstances:</p> <ol style="list-style-type: none"> <li>1. Every 90 days or 12 weekends</li> <li>2. Sexual abuse or harassment incident”</li> </ol> <p>This auditor discussed the Vulnerability Assessment Instrument with two staff who administer the assessment at DWAP. The assessment is completed by the Program Supervisor or the Agency PREA Coordinator at the program upon intake and</p>



residents are reassessed using the Vulnerability Assessment Instrument every 90 days after the initial assessment (after a resident completes their 12th weekend). All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at DWAP.

During the past 12 months, there were 131 residents admitted to DWAP whose length of stay in the program was 72 hours or more. All residents admitted into the program were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment is completed within 72 hours of intake by interviewing two staff who administer the assessment and by reviewing ten randomly selected resident files. In addition, all residents interviewed stated the Vulnerability Assessment Instrument is completed as noted in the DWAP Intake and Resident Education Policy. Each resident interviewed stated that they were administered the Vulnerability Assessment during their intake into the program.

(b) DWAP Intake and Resident Education Policy states, "The Vulnerability Assessment Instrument is used to conduct all assessments."

The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident upon admission to the program and every 90 days (after a resident completes their 12th weekend). Two staff who administer the Vulnerability Assessment Instrument were interviewed and understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. The staff interviewed were able to describe how this screening is administered within 72 hours of the resident being admitted into the program and periodically throughout the resident's stay at the facility (after a resident completes their 12th weekend).

(c) DWAP Intake and Resident Education Policy states, "At a minimum, DWAP staff will attempt to obtain information about:

1. Prior sexual victimization or abusiveness;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The residents' own perception of vulnerability; and
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or

separation from certain other residents.”

This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at DWAP and confirmed this screening is objective and captures the information required in this standard. A review of 10 randomly selected resident’s files confirmed the Vulnerability Assessment Instrument is being administered within 72 hours of intake and periodically throughout a resident’s stay at the program (residents are reassessed after completing their 12th weekend). These assessments are administered by the Program Supervisor and Agency PREA Coordinator at the program.

(d) DWAP Intake and Resident Education Policy states, “Staff will obtain the information while having a discussion with the resident, reviewing referral information, court records, case files, medical and/or mental health screenings and review of staff observation notes and reports from the resident’s first 48 hours of programming. This information will be used to complete the Vulnerability Assessment Instrument within 72 hours of resident’s intake. Based on a resident’s scoring and VV risk or SAB risk and consideration of any overriding criteria, student’s observation plan will be documented and discussed in DWAP’s Friday staff meeting and documented on a student’s safety plan.”

Interviews with two staff who administer the Vulnerability Assessment Instrument confirmed that they interview each resident within 72 hours of admission and periodically throughout a resident’s stay at the facility (residents are reassessed after completing their 12th weekend). They noted that prior to administering the Vulnerability Assessment Instrument, they also review the case history of each resident prior to administering the assessment.

(e) DWAP Intake and Resident Education Policy states, “All information entered into the ECR is kept under the security of password access with access granted only to staff involved with DWAP and appropriate management positions.”

All completed Vulnerability Assessment Instruments are electronically kept in the resident’s files. All pertinent necessary information is recorded and communicated to staff for group assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident’s detriment by staff or other residents. It was noted that only the Agency PREA Coordinator and Program Supervisor have access to a resident’s Vulnerability Assessment Instrument.

Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at the facility. There were no residents admitted into the program during the past 12 months who were reassessed because no residents were at the program for 12 weekends or longer. Ten resident’s files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All ten resident files reviewed had

	<p>the above-mentioned screening completed within 72 hours of intake.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Intake and Resident Education Policy</li> <li>2. Vulnerability Assessment Instrument Template</li> <li>3. Completed Vulnerability Assessment Instruments</li> <li>4. Review of Residents Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness</li> <li>2. Staff Interviews</li> <li>3. Resident Interviews</li> </ol>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Intake and Resident Education Policy states, “DWAP will use all information obtained from the Vulnerability Assessment Tool to make decisions on housing, and staff supervision needs of the resident. Supervision needs of VV risk or SAB risks residents will be discussed with staff at the all staff meeting on Fridays prior to the beginning of the Weekend Program within 72 hours of a new resident intake. Student’s safety/supervision plan will be documented in the staff meeting notes as well as on the individual resident’s safety plan.”</p> <p>Interviews with staff who administer the Vulnerability Assessment Instrument confirmed that the Vulnerability Assessment Instrument is completed by the Program Supervisor and Agency PREA Coordinator at DWAP within 72 hours of intake (usually during the resident’s first day at the facility) and group assignments are made accordingly to keep all residents at the program free from sexual harassment and sexual abuse. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate groups to ensure residents are kept safe while residing at the program.</p> <p>A review of ten completed Vulnerability Assessment Instruments at DWAP supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. Any residents who are identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, have a Safety Plan developed for them (noted on the Vulnerability Assessment Instrument) and communicated to all staff to keep them</p>

safe. In addition, any residents identified as sexually aggressive from the information noted on the Vulnerability Assessment Instrument also have a Safety Plan developed for them (noted on the Vulnerability Assessment Instrument) and communicated to all staff to keep all residents safe.

(b) DWAP Intake and Resident Education Policy states, "DWAP does not isolate a resident." The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations also prohibit the use of isolation in non-secure juvenile facilities in Pennsylvania.

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

(c) DWAP Intake and Resident Education Policy states, "Lesbian, gay, bisexual, transgender or intersex residents are not placed in particular housing, activities or educational programs."

There were no residents who identified as LGBTI residing at the program during the time of the on-site audit. Interviews with the Agency PREA Coordinator and Program Supervisor confirmed that under no circumstance would a resident be placed in a specific group or shelter based solely on their sexual identification. The Agency PREA Coordinator reported that residents are placed in appropriate groups by using the results from the Vulnerability Assessment Instrument to ensure their safety and the safety of all residents in the program.

(d) DWAP Intake and Resident Education Policy states, "In deciding whether to assign a transgender or intersex resident to a group for male or female residents, and in making other housing and programming assignments, DWAP will consider on a case-by-case basis whether a placement would ensure the residents' health and safety, and whether the placement would present management or security problems."

There have been no transgender or intersex residents admitted to DWAP during the past 12 months. An interview with the Agency PREA Coordinator confirmed that the program would make a decision on which group to place a transgender or intersex resident that is in the best interest of the resident and would ensure his/her safety.

(e) DWAP Intake and Resident Education Policy states, "Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident."

There have been no transgender or intersex residents admitted to DWAP during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. An interview with the Agency PREA Coordinator confirmed he

would follow policy and ensure placement and programming for any transgender or intersex resident would be reassessed at least twice a year while the resident is placed at DWAP.

(f) DWAP Intake and Resident Education Policy states, "A transgender or intersex resident's own views with respect to his or her own safety will be given serious consideration."

There were no transgender or intersex residents admitted to DWAP during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. An interview with the Agency PREA Coordinator confirmed the program would ensure the resident's views would be given serious consideration in the event a transgender or intersex resident would be admitted to DWAP.

(g) DWAP Intake and Resident Education Policy states, "Transgender and intersex residents will be given the opportunity to shower separately from other residents."

There were no transgender or intersex residents admitted to DWAP during the past 12 months. An interview with the Agency PREA Coordinator confirmed any transgender or intersex resident admitted into the program is given the opportunity to shower separately from the other residents in the program. He stated that since the program is designed to be an outdoor weekend program, residents rarely shower while they are at the program.

(h - i) DWAP Intake and Resident Education Policy states, "DWAP does not isolate a resident." The Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations also prohibit the use of isolation in non-secure juvenile facilities in Pennsylvania.

Reviewed documentation to determine compliance:

1. DWAP Intake and Resident Education Policy
2. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
3. Vulnerability Assessment Instrument Template
4. Completed Vulnerability Assessment Instruments
5. Review of Residents Files
6. Interviews:
7. Interview with Agency PREA Coordinator
8. Interview with Program Supervisor
9. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
10. Staff Interviews

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "DWAP shall provide multiple internal methods for residents to privately report sexual abuse and/or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and/or staff neglect or violation of responsibilities that may have contributed to such incidents."

Reporting information is delivered to the residents through the intake process, comprehensive PREA education, PREA pamphlet, and posters. Numerous posters (in both English and Spanish) were observed throughout the program by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual harassment and sexual abuse.

These methods include making a direct report to:

1. Staff member
2. Program Supervisor
3. Agency PREA Coordinator

Residents are also permitted to make anonymous reports of sexual harassment and sexual abuse by submitting a grievance form into a locked "PREA Box" that is located in a central location in the program (located near the dining area).

Interviews with residents confirmed they were educated on how to report allegations of sexual harassment, sexual abuse, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations internally.

(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Residents can make reports of abuse or harassment without having to go through DWAP officials by contacting:

1. Their caseworker or probation officer
2. Their attorney
3. Parents or legal guardian
4. Childline Hotline"

Reporting information is delivered to the residents through the intake process, comprehensive PREA education, PREA pamphlet, and posters. Numerous posters (in both English and Spanish) were observed throughout the program by this auditor during the tour. These posters noted the telephone number to the YWCA Carlisle Sexual Abuse Hotline.

The YWCA Carlisle offers a 24/7 Crisis Hotline for residents to report allegations of sexual harassment and sexual abuse. This hotline can be reached at 717-258-4324. This reporting mechanism is reviewed with residents during the intake process and

during the comprehensive PREA education. In addition, this hotline number is listed in the PREA pamphlet that all residents receive at intake and is posted on posters throughout the program.

All residents interviewed were aware of their right to contact the YWCA Carlisle Hotline. Residents interviewed also confirmed they received this information through PREA education received at intake and a more comprehensive PREA education received following the intake process.

There are no residents placed at DWAP solely for civil immigration purposes.

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports and report to the Executive Director of DWAP."

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

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Residents may make a written grievance report by requesting a grievance form from any staff member. Grievance forms are also readily available to all students to complete anonymously and place in the available secure grievance box. The forms and box are located in the dining hall/group room hallway of George Hall."

Interviews with residents confirmed they are educated on ways to report allegations of sexual harassment or sexual abuse upon intake. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the YWCA Carlisle by calling the 24/7 Hotline. Residents stated that they would be able to call this hotline while they are at the program or when they go home each week. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.

(e) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Staff members may also privately report sexual abuse and sexual harassment of residents through the Compliance Hotline (1-855-561-7821)."

Interviews with staff confirmed that they were aware that they are permitted to privately report allegations of sexual harassment and sexual abuse. All staff interviewed stated they would either contact the Childline Hotline, Agency PREA Coordinator, or the Diakon Compliance Hotline to make a private report. Staff

	<p>interviewed also reported that this information is reviewed during annual PREA trainings at the program.</p> <p>DWAP has a Compliance Hotline. (1-855-561-7821) that can be used to privately report allegations of sexual harassment or sexual abuse. In addition, reports can be made to the Compliance Department via the internet at <a href="http://www.MyComplianceReport.com">www.MyComplianceReport.com</a>.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy</li> <li>2. PREA Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment”</li> <li>3. Posters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Staff Interviews</li> <li>3. Resident Interviews</li> </ol>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “The following procedures are available for residents to submit grievances regarding sexual abuse:</p> <ol style="list-style-type: none"> <li>1. File a written or verbal grievance to a staff member</li> <li>2. If a resident feels grievance is unresolved, they can then speak with the Program Supervisor</li> <li>3. If resident feels grievance is still unresolved, they can speak with the Executive Director”</li> </ol> <p>The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all residents be advised of the grievance procedure upon intake into the program. Once residents are educated on the grievance procedure, they sign an acknowledgement form noting they have been educated on the grievance procedure. This signed acknowledgement form is kept in the resident’s files.</p> <p>All residents interviewed were aware of the grievance procedure. All the resident’s</p>



files reviewed contained notification (signed acknowledgement form) of the grievance process. The grievance process is also reviewed with each resident during the intake process.

(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states the following:

1. "DWAP will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
2. DWAP will not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
3. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired."

Interviews with staff and residents confirmed they are aware of the grievance policy. Both residents and staff understood there is no time limit to submit a grievance alleging sexual abuse at DWAP. Residents noted they are educated on the grievance procedure during intake (during their first weekend at the program). All resident files included an acknowledgement form noting the resident was educated on the grievance process and understood the process.

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states "DWAP policy will ensure that:

1. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
2. Such grievance is not referred to a staff member who is the subject of the complaint."

An interview with the Agency PREA Coordinator confirmed that any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Pennsylvania State Police and/or an agency investigator for investigation. It was noted that the grievance submitted would not be submitted to the staff who is the subject of the complaint and can be submitted directly to the Program Supervisor. In addition, DWAP has a locked "PREA Box" in the hallway near the dining area which allows residents to anonymously submit grievances without going through a staff member. The "PREA Box" is checked by the Agency PREA Coordinator daily.

There were no grievances alleging sexual abuse at DWAP during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the program.

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states the following:

1. "DWAP will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
2. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
3. DWAP may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.
4. DWAP will notify the resident in writing of any such extension and provide a date by which a decision will be made.
5. DWAP will notify resident of the final response indicating the type of resolution."

An interview with the Agency PREA Coordinator confirmed any decision on a grievance regarding sexual abuse would be made by agency administrative staff and that decision would be shared with the resident who submitted the grievance within 90 days.

There were no grievances alleging sexual abuse during the past 12 months at DWAP.

(e) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states the following:

1. "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such requests on behalf of residents.
2. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
3. If the resident declines to have the request processed on his or her behalf, DWAP staff will document the resident's decision.
4. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf."

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

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

There were no third-party grievances filed at DWAP during the past 12 months.

(f) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “Documentation of all reports of sexual abuse and sexual harassment, including filing an emergency grievance form alleging that a resident is subject to a substantial risk of imminent sexual abuse, will begin immediately by the first responder (Diakon staff member receiving the initial report). An Incident Report form will be completed by the first responder. The Executive Director or Program Director will be notified within 48 hours of a staff member receiving an allegation of sexual abuse or becoming aware that there may be an incident involving sexual abuse and issue a final decision within 5 days.”

An interview with the Agency PREA Coordinator revealed if anyone at DWAP would receive a grievance alleging sexual abuse, it would be treated as an Emergency Report. A Safety Plan would then be implemented, and a final decision would be made within 5 days of receiving the grievance.

There were no grievances alleging sexual abuse or sexual harassment during the past 12 months at DWAP.

(g) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “DWAP may discipline a resident for filing a grievance related to an alleged sexual abuse only when it is demonstrated that the resident filed the grievance in bad faith.”

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

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

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Grievance Form
4. Incident Report Form
5. Review of Residents Files
6. Review of Grievance Records

Interviews:

	<ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Staff Interviews</li> <li>4. Resident Interviews</li> </ol>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "DWAP shall provide the victim with access to external victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers including toll free hotline numbers of local, state, or national victim advocacy or rape crisis organizations."</p> <p>Upon intake, all residents at DWAP are made aware of the services that are available to them through the YWCA Carlisle. This includes notifying residents of the address and telephone number to the YWCA Carlisle. In addition, DWAP has a signed Letter of Agreement with the YWCA Carlisle. This Letter of Agreement states, the YWCA Carlisle will provide residents advocacy services and emotional support. In addition to residents receiving the above-mentioned information at intake, the telephone number to the YWCA Carlisle is listed in the PREA pamphlet that all residents receive at intake, in a pamphlet from the YWCA Carlisle that all residents receive at intake, and on posters posted around the program. This information was reviewed by this auditor and noted during the tour of the program.</p> <p>Interviews with residents confirmed they are educated and aware of the services that are available to them through the YWCA Carlisle. Residents interviewed noted the address and telephone number to the YWCA Carlisle is listed in the PREA pamphlet and pamphlet from the YWCA Carlisle that they receive at intake, and is noted on posters that are posted throughout the program</p> <p>(b) Residents interviewed were aware of the services available to them from the YWCA Carlisle. Residents interviewed also stated they were educated that any correspondence with the YWCA Carlisle is confidential and private. Residents noted during interviews that this information is provided to them during their intake, is listed in the PREA pamphlet that they receive at intake, is listed in the YWCA pamphlet that they receive at intake and is noted on posters that are posted through the program.</p> <p>(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response</p>

Policy states, "DWAP has a Memorandum of Understanding (MOU) with SA/RCS YWCA of Carlisle, PA."

An agreement is in place with the YWCA Carlisle in accordance with this standard. This agreement is documented on a Letter of Agreement which confirms each party's responsibilities regarding this standard. The Agency PREA Coordinator discussed this agreement and the services that are provided by the YWCA Carlisle and available to all residents at DWAP. This auditor contacted a representative from the YWCA Carlisle, and she confirmed the YWCA Carlisle would provide confidential emotional support services to all residents who request these services at DWAP.

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "DWAP provides residents with reasonable and confidential access to their attorneys or other legal representation, as well as to their parents or legal guardians."

DWAP provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Residents receive telephone calls to family members on an as needed basis while they are residing at the program.

An interview with the Agency PREA Coordinator confirmed all resident visits with their attorney and/or legal representation would be in a private setting. He also stated that due to the nature of the program (residents arrive on Friday evening and leave on Sunday afternoon), there are rarely requests from attorneys to meet with residents while they are attending the program. The Agency PREA Coordinator also reported that parents and legal guardians receive a telephone call upon the resident's arrival to the program and then telephone calls are on an as needed basis due to the short length of the program.

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. PREA Pamphlet "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment"
3. Letter of Agreement with YWCA Carlisle
4. Posters

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Representative from YWCA Carlisle
3. Staff Interviews
4. Resident Interviews

<b>115.354</b>	<b>Third-party reporting</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1430 539">(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “Third party reports of sexual abuse and sexual harassment may be received through the completion of a Grievance Report, calling the Compliance Hotline or verbally to a DWAP staff member. This information is distributed to the public on the Diakon Weekend Alternative Program website.”</p> <p data-bbox="280 580 1481 902">Multiple methods used to receive third party reports of sexual harassment or sexual abuse is posted on the agency’s website to inform the public about reporting resident sexual harassment and sexual abuse on behalf of residents. Third party reports can also be made to any staff, Agency PREA Coordinator, Diakon Compliance Hotline, Pennsylvania State Police, or the Pennsylvania Department of Human Services via the Childline Hotline. This auditor was able to review the agency’s website and confirmed multiple methods to file a third-party report are posted on the website.</p> <p data-bbox="280 943 1477 1265">Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual harassment or sexual abuse on their behalf. All staff interviewed acknowledged that they would accept a third-party report of sexual abuse and respond in the same manner as if they had witnessed the abuse themselves. They also noted any information from a third-party report of sexual abuse would be documented in an Incident Report and reported to the Agency PREA Coordinator or Program Supervisor and the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p data-bbox="280 1305 1461 1384">There were no allegations of sexual abuse filed by a third party at DWAP during the past 12 months.</p> <p data-bbox="280 1424 1010 1458">Reviewed documentation to determine compliance:</p> <ol data-bbox="341 1525 1481 1644" style="list-style-type: none"> <li data-bbox="341 1525 1481 1603">1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy</li> <li data-bbox="341 1608 616 1644">2. Agency Website</li> </ol> <p data-bbox="280 1684 437 1718">Interviews:</p> <ol data-bbox="341 1785 667 1863" style="list-style-type: none"> <li data-bbox="341 1785 608 1821">1. Staff Interviews</li> <li data-bbox="341 1825 667 1863">2. Resident Interviews</li> </ol>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "DWAP requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of DWAP; 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 to Youth Services Executive Director and the Program Director."

All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline as they are mandated reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the Program Supervisor to report any information related to sexual harassment or sexual abuse and report the allegation to the proper investigating agencies (Pennsylvania State Police, Pennsylvania Department of Human Services, and/or agency investigators). Staff also reported they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting the agency Compliance Hotline or the Agency PREA Coordinator.

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

(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "All staff are required to comply with the mandatory child abuse reporting laws."

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

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

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone else."

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

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials as well as to the designated State or local services agency where required by mandatory reporting laws."

There is one mental health staff employed at DWAP (Program Supervisor). She is able to complete mental health evaluations on residents and can make referrals for residents to receive outpatient treatment while they are residing in their home community. The Program Supervisor was interviewed by this auditor and indicated that she provides a disclosure statement to residents regarding the limitation of confidentiality and her duty to report at the initiation of treatment services. In addition, she stated that she is required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to the Agency PREA Coordinator immediately upon learning of the allegation. This information also is forwarded to agency investigators and the Pennsylvania State Police for investigation.

(e) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "The Executive Director or Program Director upon receiving any allegation of sexual abuse, will promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, Executive Director or Program Director will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation."

All staff interviewed stated that in addition to reporting the allegation to the Agency PREA Coordinator or Program Supervisor, they are also required to report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and document the allegation/incident on an Incident Report. An interview with the Agency PREA Coordinator also confirmed that parents/legal guardians and contracting agencies (Juvenile Probation and/or Children & Youth) are immediately notified of any allegation.

(f) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "DWAP staff will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Executive Director.



The Executive Director or Program Director will notify the Pennsylvania State Police, Carlisle Barracks, to proceed with the response and investigation.”

All staff at DWAP are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party. Staff interviewed noted they would document this information on an Incident Report and report the allegation to the Agency PREA Coordinator or Program Supervisor, and/or the Pennsylvania Department of Human Services via the Childline Hotline if they received a third-party report.

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

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

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. DWAP Mandated Reporter Policy
3. CY47 Form
4. Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan
5. Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Interview with Mental Health Staff
4. Staff Interviews

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "When a DWAP staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, the staff member will take immediate action to protect the resident."

The Agency PREA Coordinator was interviewed regarding the protective action the program takes when learning that a resident to subject to substantial risk of imminent sexual abuse. He reported that DWAP would ensure steps are taken to remove the risk to the resident which would include separation of the resident from the potential abuser and increasing supervision. If a staff member is the potential abuser, the staff member would also be placed on Administrative Leave pending an investigation.

The Agency PREA Coordinator confirmed that staff would be expected to act immediately to separate the resident at risk from the potential abuser/threat. In addition, he reported a Safety Plan would be developed and implemented by either himself or the Program Supervisor to ensure the safety of the resident at risk. This Safety Plan would include increased supervisor/monitoring, separation from the potential abuser, and making a group/shelter change if necessary.

Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, report the incident to the Agency PREA Coordinator or Program Supervisor, and document the behaviors in an Incident Report. The Agency PREA Coordinator or Program Supervisor would then develop a Safety Plan to ensure the safety of the residents.

There were no residents that DWAP determined were subject to substantial risk of sexual abuse during the past 12 months.

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Staff Interviews

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred."

An interview with the Agency PREA Coordinator (also serves as the Executive Director) confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual harassment or sexual abuse involving a resident while in another facility. This was confirmed by this auditor by reviewing the DWAO PREA Database.

(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."

An interview with the Agency PREA Coordinator confirmed that he understood the timeframe to notify the agency/facility where the alleged abuse occurred. He stated that he would contact the head of the facility where the alleged sexual abuse occurred immediately after being made aware of the allegation.

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "The Executive Director will document that it has provided such notification."

An interview with the Agency PREA Coordinator confirmed that he would document any notification of alleged abuse on an Incident Report, generate a HCSIS report, complete a CY47 form, and contact the Pennsylvania Department of Human Services via the Childline Hotline.

(d) The Agency PREA Coordinator was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually harassed or sexually abused while residing at DWAP. He stated that he would immediately generate a HCSIS report and contact the Pennsylvania Department of Human Services via the Childline hotline, agency investigators, and the Pennsylvania State Police (if the report was criminal in nature) to report the allegation of abuse. He stated that if the alleged abuser was still residing or employed at DWAP, a Safety Plan would be developed immediately to ensure the safety of all residents.

DWAP did not receive any allegations/notifications from other facilities that a resident was sexually harassed or sexually abused during the past 12 months. This was confirmed by this auditor by reviewing the DWAP PREA Database.

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. DWAP PREA Database

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to:</p> <ol style="list-style-type: none"> <li>1. Separate the alleged victim and abuser;</li> <li>2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</li> <li>3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</li> <li>4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.”</li> </ol> <p>Staff interviewed were able to articulate the steps they would take as first responders. All staff noted they have been trained in steps to take as a first responder in the event of an incident of sexual abuse at the program. The staff’s responses were consistent as all staff noted they would separate the victim from the abuser, secure the scene, report the incident to the Agency PREA Coordinator or Program Supervisor, and document the incident in an Incident Report. In addition, all direct care staff are trained to utilize the First Responder Checklist to ensure all steps noted in program policies are followed in the event they are a first responder.</p> <p>There were no allegations of sexual abuse at DWAP during the past 12 months that required staff to act as first responders.</p> <p>(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy notes first responder duties for non-security staff are the same as security staff. The Agency PREA Coordinator noted non-security staff are also trained appropriately in the above-mentioned duties as a first responder as they receive the same training that all security staff receive.</p>

	<p>All security and non-security staff interviewed noted they would separate the victim from the abuser, call for additional staff, secure the scene, contact the Agency PREA Coordinator or Program Supervisor, document the incident on an Incident Report, and ensure the resident is transported to UPMC Carlisle if the incident occurred within 96 hours and there was penetration involved.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy</li> <li>2. First Responder Checklist</li> <li>3. Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> <li>4. Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Staff Interviews</li> </ol>
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<b>115.365</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “DWAP has a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and program leadership.”</p> <p>DWAP has developed 2 detailed Coordinated Response Plans:</p> <ul style="list-style-type: none"> <li>• Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> <li>• Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> </ul> <p>Both plans are easy to read and review. They note the role of each DWAP staff, administrative staff, and investigators in the event of an incident of sexual abuse. These plans were forwarded to this auditor for review and met the requirements of this standard.</p> <p>Interviews with the Agency PREA Coordinator, Program Supervisor, and staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual abuse. All staff interviewed stated they were familiar</p>

	<p>with these plans and their duties as they were trained in how to respond and what actions to take in the event of an incident of sexual abuse at DWAP.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy</li> <li>2. Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> <li>3. Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Staff Interviews</li> </ol>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states “Neither Diakon nor any other governmental entity responsible for collective bargaining on the Diakon’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits Diakon’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”</p> <p>An interview with the Agency Head confirmed this agency/program has not entered into any collective bargaining agreements since August 20, 2012. Due to not having a Union for staff at this facility, there were no contracts for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 501">(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "This policy protects 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."</p> <p data-bbox="280 542 1474 990">The Agency PREA Coordinator is responsible for retaliation monitoring of both residents and staff at DWAP. If the Agency PREA Coordinator is unable to monitor retaliation for any reason, the Program Supervisor will then complete these duties. This auditor interviewed the Agency PREA Coordinator and Program Supervisor and they both confirmed that the Agency PREA Coordinator is responsible for monitoring retaliation and the Program Supervisor is his backup if he is unable to complete these duties for any reason. Both have been educated on the signs of retaliation. The Agency PREA Coordinator stated that it is the expectation of the agency that any resident or staff who reports sexual abuse or sexual harassment would be monitored for a period of 90 days (or until the allegation was determined to be Unfounded).</p> <p data-bbox="280 1030 1474 1232">(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "DWC will use multiple protection measures, such as housing changes or 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."</p> <p data-bbox="280 1272 1474 1680">The Agency PREA Coordinator was interviewed and stated while monitoring retaliation when a resident reports sexual abuse, he would check in with the resident who made the allegation on a weekly basis. In addition, he stated that he would also review progress notes, and behavior records. The Agency PREA Coordinator stated that while monitoring retaliation when a staff reports sexual abuse, he would check in with the staff who made the allegation on a weekly basis. In addition, he stated that he would also review attendance, employee evaluations, and discipline records. He stated that retaliation monitoring is to be documented on a PREA Retaliation Monitoring Log and was able to review this log with this auditor during the on-site portion of this audit.</p> <p data-bbox="280 1720 1474 1832">There were no allegations of sexual abuse at DWAP during the past 12 months. Therefore, there was no retaliation monitoring completed at this program during that time.</p> <p data-bbox="280 1872 1474 2074">(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "For at least 90 days following a report of sexual abuse, the Executive Director and Program Directors will monitor the conduct or treatment of residents 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</p>

retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items to be monitored include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need.”

There were no allegations of sexual abuse at DWAP during the past 12 months. Interviews with the Agency PREA Coordinator and Program Supervisor confirmed that they serve as retaliation monitors at this program. They were educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation. Both stated that the agency would expect that actions would be taken immediately to ensure the resident or staff was safe. It is the expectation of the agency that any resident or staff who reports an allegation of sexual abuse would be monitored for at least 90 days or until an investigation of the allegation was completed and determined to be Unfounded. Both stated that they would monitor a resident and/or staff who reported an allegation of sexual abuse by completing weekly status checks for at least 90 days per policy and would document their status checks on the PREA Retaliation Monitoring Log. Both also stated that if the need arises, they will continue to complete status checks on the resident and/or staff for longer than the 90-day requirement.

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, “In the case of residents, such monitoring shall also include periodic status checks.”

The Agency PREA Coordinator monitors residents and staff for retaliation at DWAP. If the Agency PREA Coordinator is unable to complete these duties, the Program Supervisor serves as his backup. This auditor interviewed the Agency PREA Coordinator and Program Supervisor who are responsible for monitoring retaliation, and they stated that they are expected to monitor retaliation for a minimum of 90 days after an allegation of sexual abuse is reported or until an investigation is completed and determined to be Unfounded. They also stated that retaliation is to be documented on the PREA Retaliation Monitoring Log. This auditor was able to review the form with the Agency PREA Coordinator during the on-site portion of this audit and confirmed this form documents 90 days of retaliation monitoring. At the conclusion of the 90-day period, there is an option for the monitoring to be continued.

(e) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, Diakon will take appropriate measures to protect that individual against retaliation.”

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed appropriate measures are taken to protect the resident and/or staff who reports an allegation of sexual abuse at DWAP. They stated the safety of the residents and staff at the program is paramount and a Safety Plan is developed to protect any individual who expresses fear of retaliation for reporting an allegation of sexual



	<p>abuse at DWAP.</p> <p>(f) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The Agency PREA Coordinator and Program Supervisor were interviewed and were aware that DWAP's obligation to monitor retaliation would cease if the allegation was determined to be Unfounded following an investigation. They stated that they would note the date the allegation was determined to be Unfounded on the PREA Retaliation Monitoring Log and would then file the completed PREA Retaliation Monitoring Log in the resident's or staff member's file.</p> <p>There were no incidents of retaliation, known or suspected, at DWAP during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy</li> <li>2. DWAP PREA Database</li> <li>3. PREA Retaliation Monitoring Form</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> </ol>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. This includes DWAP and all residential facilities in the Commonwealth of Pennsylvania.</p> <p>Interviews with the Agency PREA Coordinator, Program Supervisor, staff, and residents confirmed the prohibition of segregated housing at DWAP. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated.</p> <p>Reviewed documentation to determine compliance:</p>

	<ol style="list-style-type: none"> <li>1. Pennsylvania Department of Human Services 3800 Child Care Regulations</li> <li>2. Tour of Facility</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Staff Interviews</li> <li>4. Resident Interviews</li> </ol>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "It is the policy of DWAP to refer criminal and administrative investigations over to the Pennsylvania Department of Human Services and the Pennsylvania State Police."</p> <p>An interview with the Agency PREA Coordinator confirmed all PREA related allegations at DWAP are immediately referred to agency investigators for investigation. Criminal investigations are referred to the Pennsylvania State Police by the Pennsylvania Department of Human Services and/or agency investigators. Administrative investigations are completed by agency investigators.</p> <p>There were no allegations of sexual abuse at DWAP during the past 12 months. Therefore, there were no investigations completed at this program during that time.</p> <p>(b) Criminal investigations are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. If at any time during an administrative investigation, the allegation appears to be criminal in nature, then that allegation is referred to the Pennsylvania State Police. The Pennsylvania State Police will then conduct a criminal investigation in conjunction with the Pennsylvania Department of Human Services.</p> <p>An interview with the Agency PREA Coordinator confirmed any allegations of sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators for investigation. If the allegation is criminal in nature, the Pennsylvania Department of Human Services and/or agency investigators then refer the allegation to the Pennsylvania State Police for investigation. If the allegation is not determined to be criminal in nature, an administrative investigation is then completed by agency investigators.</p>

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

An interview with a representative from the Pennsylvania State Police confirmed investigators assigned to investigate criminal allegations of sexual abuse at DWAP have completed training specific to juvenile sexual abuse victims.

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

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

(d) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "DWAP shall not terminate an investigation solely because the source of the allegation recants the allegation."

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

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

(f) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff." In addition, this policy states "DWAP shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a

condition for proceeding with the investigation of such an allegation.”

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

There were no allegations of sexual abuse at DWAP during the past 12 months. Therefore, there were no residents to interview.

(g) All investigation reports are completed by agency investigators (administrative investigations) and the Pennsylvania State Police (criminal investigations). At the completion of any criminal investigation, the agency conducts an administrative investigation and prepares an investigation report. The investigation report clearly notes if the allegation was Substantiated, Unsubstantiated, or Unfounded.

There were no allegations of sexual abuse during the past 12 months at DWAP. Therefore, there were no investigative reports for this auditor to review.

(h) There were no allegations of sexual abuse during the past 12 months at DWAP. Therefore, there were no investigative reports for this auditor to review.

(i) All substantiated allegations of sexual abuse are referred to the Cumberland County District Attorney for prosecution by the Pennsylvania State Police. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police.

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

(j) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “DWAP shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.”

It was confirmed during interviews with the Agency PREA Coordinator and two agency investigators that all reports are kept on file for a minimum of five years. There have been no criminal investigations at DWAP during the past 12 months.

(k) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

Interviews with two agency investigators and a representative from the Pennsylvania State Police confirmed the departure of an alleged or abuser or victim

	<p>from the employment or control of the program/agency does not provide a basis for terminating an investigation. There were no instances at DWAP involving the alleged perpetrator or alleged victim departing the facility during the past 12 months.</p> <p>(l) DWAP has formally asked the Pennsylvania State Police to comply with PREA investigative standards. This was requested in a formal letter to the Pennsylvania State Police. The letter was dated June 14, 2024, and a copy of this letter was provided to this auditor to confirm compliance.</p> <p>(m) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”</p> <p>The Agency PREA Coordinator stated he would maintain contact with the Pennsylvania State Police during an open criminal investigation via telephone calls, emails, and on-site visits.</p> <p>There were no allegations of sexual abuse at DWAP during the last 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero Tolerance for Sexual Abuse and Harassment Policy</li> <li>2. Formal Letter to Pennsylvania State Police</li> <li>3. Investigator Training Certificates</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Agency Investigators</li> <li>3. Interview with Representative from the Pennsylvania State Police</li> </ol>
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<b>115.372</b>	<p><b>Evidentiary standard for administrative investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “Diakon shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Administrative investigations are completed by agency investigators. There are two agency investigators at this program who are trained to complete administrative investigations. All agency investigators completed the PREA investigator training</p>
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	<p>titled “PREA: Investigating Sexual Abuse in a Confinement Setting” through the National Institute of Corrections. This auditor was provided with training records confirming both agency investigators completed the above-mentioned PREA investigator training.</p> <p>Interviews with both agency investigators confirmed administrative investigations at DWAP are completed by agency investigators. Both agency investigators stated that no standard higher than the preponderance of evidence is used when determining whether allegations of sexual harassment or sexual abuse are substantiated during an administrative investigation. Both agency investigators also understood the term preponderance of evidence and the difference between criminal investigations (which require proof beyond a reasonable doubt to convict) and administrative investigations (which only require preponderance of evidence to substantiate).</p> <p>Interviews with both agency investigators confirmed a detailed investigation report is completed at the completion of any administrative investigation by the agency investigator(s) who investigated the allegation. This investigation report notes interviews that were completed, circumstantial evidence collected during the investigation, and if the allegation was determined to be Substantiated, Unsubstantiated, or Unfounded, and recommendations.</p> <p>There were no allegations of sexual abuse at DWAP during the past 12 months. Therefore, there were no investigation reports for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero Tolerance for Sexual Abuse and Harassment Policy</li> <li>2. Investigator Training Certificates</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Agency Investigators</li> </ol>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy states, “Diakon will inform any resident who makes an allegation that he or she suffered sexual abuse while at Diakon Wilderness Center as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.”</p> <p>All investigations of sexual abuse are completed by the Pennsylvania State Police in</p>

conjunction with the Pennsylvania Department of Human Services (criminal investigations) and agency investigators (administrative investigations). It was noted during an interview with the Agency PREA Coordinator that all residents are to be notified of a determination following an investigation by either the Agency PREA Coordinator or Program Supervisor. This notification is then to be documented on a Resident Notification Form.

There were no allegations of sexual abuse at DWAP during the past 12 months. Therefore, there no residents at this program who needed to be notified of a determination of an investigation.

(b) DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy states, "Diakon will request relevant information from the investigative agency in order to inform the resident of the findings (substantiated, unsubstantiated, or unfounded)."

An interview with the Agency PREA Coordinator confirmed that criminal investigations are completed by the Pennsylvania State Police. He stated that the program would request relevant information from the Pennsylvania State Police to notify the resident of the determination of an investigation. There were no investigations completed by the Pennsylvania State Police during the past 12 months at DWAP.

(c) DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy states, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Diakon Weekend Alternative Program will inform the resident (unless the allegation is determined to be unfounded) whenever:

1. The staff member is no longer working within the resident's unit
2. The staff member is no longer employed at Diakon WAP.
3. Diakon WAP learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
4. Diakon WAP learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

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

All investigations of sexual abuse are conducted by agency investigators (administrative investigations) or the Pennsylvania State Police (criminal investigations). It was noted during interviews with agency investigators that a detailed investigation report is completed following the conclusion of any investigation. This investigation report includes the determination that was made at the conclusion of the investigation and recommendations. Upon the conclusion of any investigation of sexual abuse, the resident is then notified of the determination

by the Agency PREA Coordinator or Program Supervisor, and this notification is documented on a Resident Notification Form. This signed Resident Notification Form is then placed in the resident's file.

(d) DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy states, "Following a resident's allegation that another resident has committed sexual abuse against the resident, Diakon WAP will inform the resident (unless the allegation is determined to be unfounded) whenever:

1. Diakon WAP learns that the resident has been indicted on a charge related to sexual abuse within the facility.
2. Diakon WAP learns that the resident has been convicted on a charge related to sexual abuse within the facility."

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

During the past 12 months, there were no allegations of sexual abuse at DWAP.

(e - f) DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy states, "All such notifications or attempted notifications will be documented. Diakon Wilderness Center's obligation to report under this standard must terminate if the youth is released from its custody."

An interview with the Agency PREA Coordinator confirmed that residents are notified of the results of an investigation in writing. He stated at the completion of any investigation, the resident meets with either the Agency PREA Coordinator or Program Supervisor to learn the determination of the investigation. The notification is documented on a Resident Notification Form and the resident signed this form. The process described by the Agency PREA Coordinator was consistent with DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy.

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

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Harassment and Staff Response Policy
2. Resident Notification Form



	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Agency Investigators</li> </ol>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “Diakon employees who violate agency sexual abuse and/or sexual harassment policies; or who engage in behavior that contributes to the sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination.”</p> <p>Interviews with the Agency PREA Coordinator and Human Resources representative confirmed any staff will be subject to disciplinary sanctions, up to and including termination, for violation of DWAP Zero Tolerance for Sexual Abuse and Harassment Policy referring to incidents of sexual harassment and sexual abuse.</p> <p>There were no staff who violated the Zero Tolerance for Sexual Abuse and Harassment Policy during the past 12 months at DWAP.</p> <p>(b) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p>There were no staff terminated (or resigned prior to termination) for violating the DWAP Zero Tolerance for Sexual Abuse and Harassment Policy by sexually abusing a resident during the past 12 months at DWAP. This was confirmed during interviews with the Agency PREA Coordinator and Human Resources representative.</p> <p>(c) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “Disciplinary sanctions shall be 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.”</p> <p>During the past 12 months, there were no staff disciplined or terminated for violation of the DWAP Zero Tolerance for Sexual Abuse and Harassment Policy regarding sexual harassment or sexual abuse. This was confirmed during interviews with the Agency PREA Coordinator and Human Resources representative.</p> <p>(d) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “All terminations for violations of agency sexual abuse and/or sexual harassment</p>

	<p>policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>During an interview with the Agency PREA Coordinator, it was reported that DWAP will contact the Pennsylvania State Police to lead any criminal sexual harassment or sexual abuse investigation. The Pennsylvania State Police will then work in conjunction with the Pennsylvania Department of Human Services throughout the investigation until a determination is made.</p> <p>There were no staff reported to the Pennsylvania State Police for violation of the DWAP Zero Tolerance for Sexual Abuse and Harassment Policy during the past 12 months at DWAP. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero Tolerance for Sexual Abuse and Harassment Policy</li> <li>2. Review of Staff Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Agency Human Resources Representative</li> <li>3. Interview with Representative from the Pennsylvania State Police</li> </ol>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, “Any Diakon WAP contractor or volunteer who engages in sexual abuse with a resident will be prohibited from contact with any residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>There are no contracted staff or volunteers currently approved to enter DWAP to have contact with residents. Therefore, there were no contracted staff or volunteers reported to law enforcement for engaging in sexual harassment or sexual abuse of residents during the past 12 months at DWAP. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police.</p>

(b) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed that DWAP would immediately remove the contracted staff or volunteer from the program, contact the Pennsylvania Department of Human Services through the Childline hotline, refer the allegation to agency investigators and/or the Pennsylvania State Police, and would not allow the contracted staff or volunteer to return to the program until the completion of an investigation.

There are no contracted staff or volunteers approved to enter DWAP and there were no reported instances of sexual harassment or sexual abuse by any contracted staff or volunteers during the past 12 months. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police.

Reviewed documentation to determine compliance:

1. DWAP Zero Tolerance for Sexual Abuse and Harassment Policy

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Interview with Representative from the Pennsylvania State Police

115.378	Interventions and disciplinary sanctions for residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  (a) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."  During the past 12 months, there were no allegations of resident-on-resident sexual abuse at DWAP. Therefore, there were no findings of guilt for resident-on-resident sexual abuse that occurred at this program. This was confirmed through interviews with the Agency PREA Coordinator, agency investigators, and a representative from the Pennsylvania State Police.

b) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories."

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

(c) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

Interviews with members of the Sexual Abuse Incident Review Team (Agency PREA Coordinator and Program Supervisor) confirmed that a resident's mental health would be considered when discipline is imposed for incidents of sexual abuse. In addition, it was noted the resident's mental health diagnosis would be reviewed and considered during a Sexual Abuse Incident Review following a Substantiated or Unsubstantiated finding to ensure appropriate discipline was imposed. It was noted disciplinary sanctions include loss of level, loss of privileges in the program, and/or removal from the program. The Agency PREA Coordinator noted the most likely outcome would be removal from the program due to the nature of the program. If the allegations are criminal in nature, the Pennsylvania State Police would be responsible for filing charges with the Cumberland County District Attorney's Office.

(d) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "In cases where a resident perpetrator remains in care at Diakon WAP they will be afforded the necessary counseling to assist them in their rehabilitation."

This auditor was able to interview the Agency PREA Coordinator and Program Supervisor during the on-site portion of this audit. The Program Supervisor serves as a mental health staff at DWAP and completes initial evaluations. Due to DWAP not offering mental health treatment/therapy as part of the program, the Program Supervisor reported that any resident who perpetrates sexual abuse would be referred for outpatient mental health treatment in the resident's home community. The Program Supervisor stated the resident's participation in therapy sessions is not required as a condition of access to reward-based incentives. In addition, it was noted the outpatient mental health services the resident would be referred to would be designed to address and correct the underlying reasons or motivations of sexual abuse.

There were no incidents of resident-on-resident sexual abuse during the past 12 months at DWAP. Therefore, there were no mental health records/referrals for this auditor to review.

(e) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact."

There were no incidents of resident-on-staff sexual abuse at DWAP during the past 12 months. This auditor was able to interview the Agency PREA Coordinator and Program Supervisor who confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. In addition, the PREA Pamphlet "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" notes that DWAP prohibits all sexual activity at the program. Each resident is provided with a copy of this pamphlet upon their arrival at the program during their first weekend.

(f) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

An interview with the Agency PREA Coordinator confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation.

(g) DWAP Zero Tolerance for Sexual Abuse and Harassment Policy states, "DWAP prohibits all sexual activity between residents and may discipline residents for such activity. DWAP may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed all sexual activity between residents is prohibited at DWAP. This is also noted in the PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" that all residents received upon intake into the program during their first weekend.

Reviewed documentation to determine compliance:

1. DWAP Zero Tolerance for Sexual Abuse and Harassment Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. PREA Pamphlet "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment"

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Program Supervisor
3. Interview with Members of Sexual Abuse Incident Review Team
4. Interview with Mental Health Staff
5. Interview with Representative from the Pennsylvania State Police

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 748">(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the resident immediately upon reviewing the screening materials. The mental health counselor conducting the intake interview will document the offer of follow-up services and the resident's response and if a follow up meeting is requested, the mental health counselor will arrange for the follow-up care."</p> <p data-bbox="280 788 1477 1487">During the past 12 months, there were five residents who disclosed prior sexual victimization while being administered the Vulnerability Assessment Instrument. There were no residents who disclosed prior sexual abuse on the Vulnerability Assessment Instrument at the program during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed prior sexual victimization and there is a section on each assessment noting that the residents were offered a follow up meeting with a mental health/medical practitioner in their home community within 14 days of being administered the Vulnerability Assessment Instrument. Each resident has the option to accept or refuse this follow up meeting and their decision is noted on the completed Vulnerability Assessment Instrument. It was confirmed during interviews with staff who administer the risk assessment that all residents who disclose prior sexual victimization on the Vulnerability Assessment Instrument are given the option to accept or refuse a follow up meeting with a mental health/medical practitioner in their home community (in addition to meeting with the Program Supervisor at the facility). The Program Supervisor at DWAP also serves as a mental health staff.</p> <p data-bbox="280 1527 1477 1899">(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The availability of the follow-up meeting and options for providers will be discussed with the resident immediately upon reviewing the screening materials. If the resident is currently receiving follow up treatment for perpetrating sexual abuse, this will be noted on the resident's record and added to the screening tool notes."</p> <p data-bbox="280 1939 1477 2056">During the past 12 months, there were no residents admitted into the program who disclosed previously perpetrating sexual abuse while being administered the Vulnerability Assessment Instrument. During an interview with the Agency PREA</p>

Coordinator, he reported that residents admitted into the program who previously perpetrated sexual abuse are offered a follow up meeting with a mental health practitioner in their home community within 14 days of administering the Vulnerability Assessment Instrument and have the option to accept or refuse this follow up meeting. Their decision is noted on the completed Vulnerability Assessment Instrument. It was confirmed during interviews with the Agency PREA Coordinator and staff who administer the risk assessment that any resident who discloses previously perpetrating sexual abuse on the Vulnerability Assessment Instrument is given the option to accept or refuse a follow up meeting with a mental health practitioner in their home community (in addition to meeting with the Program Supervisor). The Program Supervisor at DWAP also serves as a mental health staff.

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

Interviews with Agency PREA Coordinator and Program Supervisor confirmed any information from the intake screening is limited to administrative staff. It was noted that any information from the Vulnerability Assessment Instrument communicated to staff at DWAP is done so only for safety and security reasons and this information is documented in a Safety Plan to ensure the safety of the residents.

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Diakon WAP staff members shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. The majority of residents at Diakon WAP are under 18 years of age; therefore, information will, in those cases, be subject to the PA Mandated Child Abuse Reporting Law."

During interviews with intake staff, it was noted they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. Intake staff interviewed stated they inform the resident upon intake of their reporting duties. It was noted that the Agency PREA Coordinator and Program Supervisor serve as intake staff at this program.

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. Completed Vulnerability Assessment Instruments
3. Resident Files

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Interviews with Intake Staff</li> </ol>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, provided in coordination with the Carlisle YWCA Rape Crises Intervention Center and UPMC Carlisle Hospital Emergency. The nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”</p> <p>Resident victims of sexual abuse at DWAP receive emergency medical treatment at UPMC Carlisle and are offered crisis intervention services from the YWCA Carlisle. This auditor was provided with a Memorandum of Agreement that DWAP has with UPMC Carlisle and a Letter of Agreement that DWAP has with the YWCA Carlisle to review and confirm compliance.</p> <p>An interview with the Agency PREA Coordinator confirmed that any resident victims of sexual abuse receive timely, unimpeded medical treatment at UPMC Carlisle and crisis intervention services through the YWCA Carlisle.</p> <p>There were no residents at DWAP who reported sexual abuse during the past 12 months. Therefore, there were no records to review and no residents to interview.</p> <p>(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, “Due to agreements in place with emergency medical and mental health services that are available 24 hours a day, 7 days a week, staff first responders will have these resources available immediately following a report. If there is any delay in making arrangements for the resident to be transported to these services, or if there is a necessary time lapse due to other factors in the investigation process, all measures will be taken to keep the resident victim safe.”</p> <p>All staff at DWAP staff are trained annually on their responsibilities to protect the victim and to preserve evidence. All staff interviewed during the on-site portion of this audit were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. All staff stated they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the Program Supervisor, and document the incident in an Incident Report. The Program</p>



Supervisor will then notify the Agency PREA Coordinator and will arrange for the alleged victim to be transported to UPMC Carlisle for a forensic examination.

There were no residents at DWAP who reported sexual abuse during the past 12 months. Therefore, there were no records to review and no residents to interview.

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Resident victims of sexual abuse while at the facility shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and in coordination with the Rape Crises staff of the Carlisle YWCA."

During an interview with the Agency PREA Coordinator, he stated that any resident victim of sexual abuse at DWAP is offered timely information and access to emergency contraception and sexually transmitted diseases while at UPMC Carlisle. The Agency PREA Coordinator reported that the resident would then be released from the program and returned home. Follow up medical appointments would be scheduled for the resident in the resident's home community. During an interview with a representative from UPMC Carlisle, it was noted that UPMC Carlisle would provide any resident victim of sexual abuse timely information, access to emergency contraception and sexually transmitted diseases, and follow up instructions.

There were no residents at DWAP who reported sexual abuse during the past 12 months. Therefore, there were no records to review and no residents to interview.

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

This auditor was able to interview the Agency PREA Coordinator during the on-site portion of this audit and he confirmed that any victim of sexual abuse with penetration would be transported to UPMC Carlisle and would receive medical and mental health treatment in their home community at no cost whether they cooperated in the investigation or not, as noted in DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy.

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. Memorandum of Agreement with UPMC Carlisle
3. Letter of Agreement with YWCA Carlisle

Interviews:

	<ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Interview with Representative from UPMC Carlisle</li> <li>4. Interview with Representative from the YWCA Carlisle</li> <li>5. Staff Interviews</li> </ol>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, “The facility shall offer, using a qualified outside agency with whom a Memorandum of Understanding is in place, medical and/or mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”</p> <p>Interviews with the Agency PREA Coordinator and Program Supervisor confirmed any resident admitted into DWAP who has been sexually abused in a confinement facility is evaluated by the Program Supervisor (who also serves as a mental health staff at the program) and is referred to a mental health practitioner in the resident’s home community immediately upon learning such information. This referral form is attached to the Vulnerability Assessment Instrument.</p> <p>There were no resident victims of sexual abuse at other confinement facilities admitted into the program during the past 12 months. Therefore, there were no residents who were victims of sexual abuse at another confinement facility at DWAP for this auditor to interview during the on-site portion of this audit.</p> <p>(b) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the facility.”</p> <p>Interviews with the Agency PREA Coordinator and Program Supervisor confirmed all residents admitted into the program meet with a mental health staff (the Program Supervisor also serves as a mental health staff) for an evaluation upon admission into the program (if they have been a victim of sexual abuse in a confinement facility or not). In addition, any resident admitted into the program who has been a victim of sexual abuse at a confinement facility is also offered a follow up consultation with a mental health practitioner in their home community.</p>

(c) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "The facility shall provide, using a qualified outside agency with who a Memorandum of Understanding is in place, such victims with medical and mental health services consistent with the community level of care."

Interviews with the Agency PREA Coordinator and Program Supervisor (who also serves as a mental health staff) confirmed the services offered to residents at DWAP are consistent with the community level of care. Both stated that all residents have access to a mental health staff while they are at the program and would also be referred to mental health services in their home community.

(d) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests."

DWAP is not currently accepting female residents into the program. However, female residents were accepted into this program until recently (May 2024).

This auditor was able to interview the Agency PREA Coordinator, Program Supervisor, and a representative from UPMC Carlisle. They all confirmed that any resident who is a victim of sexual abusive vaginal penetration would be offered a pregnancy test as part of the follow up to the incident. The Agency PREA Coordinator reported that all follow up services would be completed in the resident's home community as the program does not employ medical staff and due to the nature of the program (residents only reside at the program during weekends).

There were no incidents of sexual abusive vaginal penetration at DWAP during the past 12 months.

(e) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "If pregnancy results from sexually abusive vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

DWAP is not currently accepting female residents into the program. However, female residents were accepted into this program until recently (May 2024).

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed any resident who would become pregnant as the result of sexual abuse at DWAP would receive timely and comprehensive information about all pregnancy-related medical services available to them during follow up appointments with a Primary Care Physician in their home community.

There were no incidents of sexual abusive vaginal penetration at DWAP during the past 12 months.

(f) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Resident victims of sexual abuse while at the facility shall be offered tests for sexually transmitted infections as medically appropriate, provided by the UPMC Carlisle Hospital Emergency Room or through follow up services in the

victim's home community arranged through follow up services and supported treatment plans (coordinated with parent/guardian and/or legal county representative from the referring county agency)."

An interview with the Agency PREA Coordinator confirmed that any resident who is a victim of sexual abuse at DWAP is offered timely follow-up for sexually transmitted diseases as part of follow up appointments in their home community with a Primary Care Physician. This would occur if the victim was tested at UPMC Carlisle or not.

An interview with a representative from UPMC Carlisle also confirmed any resident who is a victim of sexual abuse at DWAP would be tested for sexually transmitted diseases while the resident is examined at the hospital.

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

(g) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

An interview with the Agency PREA Coordinator confirmed that treatment services would be offered to the victim without financial cost regardless of if they named the abuser or cooperated with the investigation.

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

(h) DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy states, "The facility shall attempt to conduct, using a qualified outside agency with whom a Memorandum of Understanding is in place, a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

Interviews with the Agency PREA Coordinator and Program Supervisor confirmed mental health evaluations and treatment are not offered at the program. However, all resident-on-resident abusers would be evaluated by the Program Supervisor (who also serves as a mental health staff) and referrals would be made for outpatient mental health treatment in the resident's home community.

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

Reviewed documentation to determine compliance:

1. DWAP Reporting of Sexual Abuse and Sexual Harassment and Staff Response Policy
2. Memorandum of Agreement with UPMC Carlisle

Interviews:

	<ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interview with Program Supervisor</li> <li>3. Interview with Representative from UPMC Carlisle</li> </ol>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP will conduct a sexual abuse incident review, using the PREA Sexual Assault/ Sexual Abuse Incident Review Form 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.”</p> <p>An interview with the Agency PREA Coordinator confirmed that he is aware a Sexual Abuse Incident Review must be completed at the conclusion of every sexual abuse investigation that has been determined to be Substantiated or Unsubstantiated. The Agency PREA Coordinator noted that he would head the Sexual Abuse Incident Review.</p> <p>There were no allegations of sexual abuse at DWAP during the last 12 months. Therefore, there were no Sexual Abuse Incident Reviews conducted during the last 12 months.</p> <p>(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Such review will occur within thirty (30) days of the conclusion of the investigation.”</p> <p>An interview with the Agency PREA Coordinator confirmed all Sexual Abuse Incident Reviews are conducted within 30 days of the conclusion of an investigation of an allegation of sexual abuse if the allegation was determined to be Substantiated or Unsubstantiated.</p> <p>There were no allegations of sexual abuse during the last 12 months at DWAP. Therefore, there were no Sexual Abuse Incident Reviews conducted during the last 12 months.</p> <p>(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “The Executive Director shall convene a review team, at a minimum of upper-level management officials. The review team shall obtain input from direct supervision supervisors, investigators and other employees as appropriate.”</p> <p>Interviews with the Agency PREA Coordinator and Program Supervisor confirmed they are both part of the Sexual Abuse Incident Review Team at DWAP. They</p>

reported that the Incident Review Team consists of the Senior Vice President, Agency PREA Coordinator, Associate Executive Director, Agency Compliance Manager, and Program Supervisor (who also serves as a mental health staff at this program).

(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology needs to be deployed.
6. The Executive Director will prepare a report including determinations of specific issues identified and recommendations for improvement."

(e) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, "The Diakon WAP Program will implement the recommendations for improvement or document its reasons for not doing so."

There were no allegations of sexual abuse at DWAP during the last 12 months. Therefore, there was no Sexual Abuse Incident Review conducted during that time. An interview with the Agency PREA Coordinator confirmed that Sexual Abuse Incident Reviews are held at the conclusion of any sexual abuse investigation that is determined to be either Substantiated or Unsubstantiated. The Agency PREA Coordinator stated that any Sexual Abuse Incident Reviews would be documented by the Agency PREA Coordinator on a Sexual Abuse Incident Review Form. Any recommendations would also be documented on the Sexual Abuse Incident Review Form and implemented in the program to prevent further incidents of sexual abuse and a means to educate staff. This auditor was able to review a template of the Sexual Abuse Incident Review Form that would be completed by the Agency PREA Coordinator following any Sexual Abuse Incident Review to confirm compliance with this standard.

All Sexual Abuse Incident Reviews and findings are incorporated into the agency Annual Report by the Agency PREA Coordinator and submitted to the Agency Head for approval prior to posting on the agency website.

Reviewed documentation to determine compliance:

1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy
2. DWAP PREA Database

	<p>3. Sexual Abuse Incident Review Form</p> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> <li>2. Interviews with Incident Review Team Members</li> </ol>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP staff will collect accurate, uniform data for every allegation of sexual abuse using the PREA Sexual Assault/Sexual Abuse Incident Review Form.”</p> <p>This auditor was able to interview the Agency PREA Coordinator who confirmed he collects uniform data for all allegations of sexual harassment and sexual abuse and enters this data into the agency PREA Database. This data is then reviewed and included into the PREA Annual Report. There were no allegations of sexual harassment or sexual abuse at DWAP during the past 12 months. Therefore, there were no allegations noted on the DWAP PREA Database.</p> <p>(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP staff will aggregate the incident-based sexual abuse data at least annually.”</p> <p>An interview with the Agency PREA Coordinator confirmed he is responsible for gathering data on each reported incident of sexual harassment and sexual abuse to aggregate an annual report. This auditor was able to review the 2023 DWAP PREA Annual Report. This PREA Annual Report provided in-depth information regarding PREA implementation. The Annual PREA Report notes allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p>(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “The incident-based data collected shall 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>DWAP was not requested by the United States Department of Justice to complete the Survey of Sexual Violence during the previous calendar year. However, the data necessary from the most recent version of the Survey of Sexual Violence was included in the 2023 DWAP PREA Annual Report that was reviewed by this auditor.</p> <p>(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states,</p>

	<p>“The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p>During an interview with the Agency PREA Coordinator, this auditor confirmed DWAP utilizes data collected from incident reports, investigation files, and incident reviews on a PREA Database. This information is then used to formulate the PREA Annual Report each year. This auditor was able to review the PREA Database and confirmed there were no allegations of sexual harassment or sexual abuse during the past 12 months at DWAP listed on the database.</p> <p>(e) This substandard is not applicable to DWAP as they do not contract with private facilities for the confinement of its residents.</p> <p>(f) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Upon request, DWAP will provide all such data from the previous calendar year to the Department of Justice no later than June 30.”</p> <p>DWAP was not requested by the United States Department of Justice to complete the Survey of Sexual Violence during the previous calendar year.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. DWAP PREA Database</li> <li>3. 2023 DWAP PREA Annual Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an ongoing basis; and</li> <li>3. Preparing an annual report of its findings and corrective actions for each</li> </ol>



facility, as well as the agency as a whole.”

This auditor interviewed the Agency PREA Coordinator, and he stated he reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. He stated DWAP ensures the data collected is securely retained in the agency PREA Database. This auditor was able to review the agency PREA Database as it was created to retain data collected and aggregated following any allegations of sexual harassment or sexual abuse. There were no allegations of sexual harassment or sexual abuse at DWAP listed on the agency PREA Database during the past 12 months.

(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.”

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

(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “The agency’s report shall be approved by the agency head and made readily available to the public through its website.”

The DWAP PREA Annual Report is approved by the Agency Head and made available to the public through the agency’s website. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the agency website.

(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP 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 Agency PREA Coordinator was interviewed and stated information that would present clear and specific threats to the safety and security of the program would be redacted from the PREA Annual Report as noted in the DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy. This auditor was able to review the 2023 PREA Annual Report and any personal information that would present clear and specific threats to the safety and security of the program, as well as personal identifiers, was redacted from this report.

Reviewed documentation to determine compliance:

1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy
2. Agency Website

	<p>3. DWAP PREA Database</p> <p>4. 2023 DWAP PREA Annual Report</p> <p>Interviews:</p> <p>1. Interview with Agency PREA Coordinator</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “DWAP shall ensure that data collected is securely retained.”</p> <p>All data collected at DWAP is securely retained on the agency PREA Database. This data is retained by the Agency PREA Coordinator. Access to the agency PREA Database is limited to the Agency PREA Coordinator and Agency Compliance Staff. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the agency PREA Database with him during the on-site portion of this audit.</p> <p>(b) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “The annual review will be readily available to the public at least annually through its website.”</p> <p>DWAP makes all aggregated sexual abuse data available to the public on its agency website. The agency’s PREA Annual Report is reviewed and approved by the agency head and made available to the public through the agency website. The 2023 DWAP PREA Annual Report is posted on the agency website.</p> <p>(c) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “Before making aggregated sexual abuse data publicly available, DWAP will remove all personal identifiers.”</p> <p>This auditor was able to review the 2023 PREA Annual Report to confirm all personal identifiers were removed prior to posting this report on the agency website. An interview with the Agency PREA Coordinator confirmed all personal identifiers are removed from the PREA Annual Report prior to posting on the agency website.</p> <p>(d) DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy states, “All data collected for Sexual Abuse and Sexual Harassment, including all review and audit results will be securely maintained for 10 years after the date of its first collection.”</p>

	<p>An interview with the Agency PREA Coordinator confirmed DWAP maintains sexual abuse data collected for at least 10 years on the agency PREA Database. This auditor was also able to view the agency PREA Database to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Zero-Tolerance for Sexual Abuse and Sexual Harassment Policy</li> <li>2. Agency Website</li> <li>3. DWAP PREA Database</li> <li>4. 2023 DWAP PREA Annual Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Agency PREA Coordinator</li> </ol>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(a) DWAP was audited during the third year of the third three-year PREA audit cycle (audited on August 28 - 29, 2021, and was found to be fully compliant on February 9, 2022). This audit report is posted on the agency website. This re-audit occurred during the second year of the fourth three-year PREA audit cycle on August 17 - 18, 2024.</p> <p>(b) DWAP has met this standard by being audited during the 3rd three-year PREA audit cycle. DWAP is a stand-alone facility as it is the only juvenile justice program that the agency oversees. This audit was performed during the second year of the 4th three-year PREA audit cycle (August 17 - 18, 2024).</p> <p>(h) This auditor had unimpeded access to all areas of DWAP during the on-site portion of this audit. The Agency PREA Coordinator at DWAP accompanied this auditor on the tour of the program. All areas in which residents have access to were toured during the on-site portion of this audit.</p> <p>(i) This auditor received all requested documents from the Agency PREA Coordinator in a timely fashion during the pre-audit phase, on-site portion of the audit, and the post-audit phase.</p> <p>(m) This auditor was provided with a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications in both English and Spanish were posted in all common</p>

	<p>areas and hallways of the program six weeks prior to the on-site portion of this audit (posted on June 28, 2024). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Photographs were emailed to this auditor on the date the notices were posted throughout the program to confirm the notifications were posted in the above-mentioned areas of the program.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. DWAP Pre-Audit Questionnaire</li> <li>2. PREA Audit Notification (English)</li> <li>3. PREA Audit Notification (Spanish)</li> <li>4. Photographs of PREA Audit Notification</li> <li>5. Tour of Facility</li> <li>6. Agency Website</li> </ol>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>(f) This auditor confirmed that DWAP has published the Final PREA Audit Report from the third PREA cycle on its website. This auditor confirmed that the agency does have a website, and this website contains all required PREA information.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> <li>1. Agency Website</li> </ol>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes



	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes



<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (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.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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



	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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



	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes



	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na



	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes