

PREA Facility Audit Report: Final

Name of Facility: Gateway Braddock

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/27/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Kayleen Murray

Date of Signature: 07/27/2025

AUDITOR INFORMATION

Auditor name: Murray, Kayleen

Email: kmurray.prea@yahoo.com

Start Date of On-Site Audit: 06/11/2025

End Date of On-Site Audit: 06/12/2025

FACILITY INFORMATION

Facility name: Gateway Braddock

Facility physical address: 426 George Street , Braddock, Pennsylvania - 15104

Facility mailing address:

Primary Contact

| | |
|--------------------------|-----------------------------|
| Name: | Amy Thomas |
| Email Address: | amy.thomas@gatewayrehab.org |
| Telephone Number: | 412-290-2133 |

| Facility Director | |
|--------------------------|----------------------------|
| Name: | Sean Tate |
| Email Address: | sean.tate@gatewayrehab.org |
| Telephone Number: | 412-351-3548 x2256 |

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

| Facility Characteristics | |
|--|----------|
| Designed facility capacity: | 84 |
| Current population of facility: | 72 |
| Average daily population for the past 12 months: | 70 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Men/boys |
| In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For | |

| | |
|---|-----------|
| definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5) | |
| Age range of population: | 18+ |
| Facility security levels/resident custody levels: | community |
| Number of staff currently employed at the facility who may have contact with residents: | 21 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Gateway Rehabilitation Center, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 311 Rouser Road , Moon Township, Pennsylvania - 15108 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information |
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|--|

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|--------------|------------|-----------------------|-----------------------------|
| Name: | Amy Thomas | Email Address: | amy.thomas@gatewayrehab.org |
|--------------|------------|-----------------------|-----------------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2025-06-11 |
| 2. End date of the onsite portion of the audit: | 2025-06-12 |

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: | UPMC- East (SANE/SAFE) Crime Victim Center Pennsylvania Coalition to Advance Respect (Rape Crisis/Emotional Support) |

AUDITED FACILITY INFORMATION

| | |
|--|--|
| 14. Designated facility capacity: | 84 |
| 15. Average daily population for the past 12 months: | 72 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

| | |
|--|----|
| 23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 68 |
| 25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 1 |
| 26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 1 |

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| 31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 1 |
| 32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 1 |
| 34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | The facility provided the auditor with a list of residents and identified the resident's housing unit, race, gender, and ethnicity. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 19 |
| 37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |

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|--|--|
| 38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 3 |
| 39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | The facility does not have any volunteers |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 11 |
| 41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div> |
| 42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The facility provided the auditor with a list of residents and identified the resident's housing unit, race, gender, and ethnicity. |
| 43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div> |

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| 44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The number of random interviews was increased based upon the limited number of targeted interviews. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |
| <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> | |
| 47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
| 48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
| 49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |

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|--|---|
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p> |
| <p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group.</p> |

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| 52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 1 |
| 53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 1 |
| 54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The auditor questioned staff members on their experience in working with this targeted population. The staff members who have had experience discussed this with the auditor. No staff member reported currently housing a resident that fits this target group. |
| 55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 1 |

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| 56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The facility does not have single cells or isolation areas. |
| 57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | No text provided. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 58. Enter the total number of RANDOM STAFF who were interviewed: | 5 |

| | |
|---|---|
| <p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p> | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The auditor interviewed all staff available during the onsite visit.</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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

6

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

| | |
|---|---|
| | <input type="checkbox"/> Other |
| 68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 70. Provide any additional comments regarding selecting or interviewing specialized staff. | The facility only has a total of 19 staff members, including the Regional Correctional Director. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

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

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

| | |
|---|---|
| <p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, group rooms, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with agency and facility documentation prior to the onsite visit through a flash drive mailed to the auditor. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor review resident files and staff files for additional information and confirmation of reported information.</p> |
| <p>Documentation Sampling</p> | |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> | |
| <p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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

The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, group rooms, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with agency and facility documentation prior to the onsite visit through a flash drive mailed to the auditor. The auditor was also provided additional information as requested during the onsite visit.

The auditor was able to review additional documentation, including electronic documentation during the onsite visit. The auditor review resident files and staff files for additional information and confirmation of reported information.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

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

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| 92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

Staff-on-inmate sexual harassment investigation files

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| 98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <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> |
| 100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| 101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The facility had two allegations in the past twelve months. One allegation was staff to resident voyeurism- the allegation was determined to be unfounded. One allegation was staff to resident sexual misconduct. The details of the allegation were not reported, and an investigation was unable to be completed. The investigation will be reopened if more evidence/details are provided. |

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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| 102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
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Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

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

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Gateway - Braddock adheres to the Gateway Rehab agency zero tolerance policy. Policy CD- 99 declares that all correction facilities operated by Gateway Rehab have zero tolerance toward all forms of sexual harassment and sexual abuse. All employees have a duty to report inappropriate conduct to their supervisor or to any member of management.</p> <p>Gateway ensures that anyone making a complaint or reporting an incident or participating in an investigation will be protected against retaliation. All complaints will be taken seriously and investigated promptly and confidentiality to the fullest extent possible. Anyone found guilty of sexual harassment or sexual abuse will be subject to disciplinary action, up to and including termination from the program or employment.</p> <p>The facility is also required to comply with the Pennsylvania Department of Corrections zero tolerance policy. PA DOC policy DC-ADM 008 section 1 states that the facility that contracts with DOC must prohibit any form of sexual abuse</p> |

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

The policy also requires the facility designate an agency-wide PREA Coordinator's sole responsibility is to develop, implement, and oversee the facility's efforts to comply with the PREA standards. The PREA Coordinator is responsible for:

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

According to the Table of Organization provided to the auditor, the agency-wide PREA Coordinator is the agency's Corrections Regional Director. She works under the Vice President of Recovery Services. During an interview with the PREA Coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the Community Confinement PREA Standards. The Coordinator states that she is responsible for the facilities in both Braddock and Erie. She maintains compliance by working closely with each facility's PREA Compliance Manager and spends time at each facility weekly.

The Program Director serves as the facility's PREA Compliance Manager. He states that he oversees day-to-day operations of the building, including security staff, staff scheduling, and facility procedures. He reports that ensures that the PREA Risk Assessment Tool (PRAT) are completed on every new resident at intake; reinforces boundaries, professionalism, and appropriate conduct; works with the PREA Coordinator and DOC investigator any time there is an allegation; and retaliation monitoring. The Program Director has duties that encompass direct resident interaction, oversight of risk screening, support for vulnerable populations, and strategic coordination of training, investigations, and facility improvements.

Review:

Policy and procedure

Agency Table of Organization

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| | <p>PREA Coordinator job description</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>N/A: The PREA Coordinator reports to the auditor that the agency is a private not for profit agency and does not contract with other facilities to house offenders on behalf of the Gateway- Braddock.</p> |

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| 115.213 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policy DC-ADM 008 states that the agency will ensure that each facility develops, documents, and makes its best efforts to comply with a staffing plan. The plan will provide for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. The staffing plan is to include a calculation of adequate staffing levels and determination of the need for video monitoring; and will take into consideration:</p> <ul style="list-style-type: none"> • The physical layout of each facility, including consideration of blind spots or areas where staff or residents may be isolated; • The composition of the resident population; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; • Any other relevant factors <p>The policy requires the Program Director to document and justify all deviations from the staffing plan. The documentations will be forwarded to the Executive Deputy Secretary, Executive Secretary for Institutional Operations (EDIS)/Regional Deputy Secretary, PREA Coordinator, and PA Board of Probation and Parole Regional Director.</p> <p>The policy requires whenever necessary, but no less frequently than once a year, each facility will assess, determine, and document whether adjustments are need to:</p> |

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

The facility provided the auditor with a facility floor plan, camera view screenshots, and a copy of the facility's most recent staffing plan, as well as copies from the previous years. The plan included:

Layout of the facility:

The building consist of two floors plus a basement area. The facility has six dormitory style rooms ranging from 10 to 20 residents per room.

Composition of residents:

The facility serves adult male offenders, with a maximum capacity of 84 residents. The average population is around 70 residents, and there were 68 residents during the onsite visit. The facility is currently housing a transgender resident.

Incidents of sexual abuse:

The facility has one staff-to-resident sexual harassment allegation during calendar year 2024. The allegation was determined to be unfounded.

Prevailing staffing pattern:

- 8:00 am – 4:00 pm 3-4 Monitors
- 4:00 pm – 12:00 pm 3-4 Monitors
- 12:00 pm – 4:00 am 3 Monitors

The plan requires there to be a minimum of two staff members in the facility. In the event of call-offs, security monitors are to attempt to replace the staff member not reporting for duty. When this is not possible, staff will be mandated over for the next shift. When a monitor has already been mandated over and is unable to work past 16- hours, a supervisor is to report in order to relieve the staff member. The facility reports that there have been no deviations to the staffing plan.

Annually, the staffing allotment is reviewed. Additions to the staffing complement are discussed and implemented when necessary. Staff that resigns from a position are replaced as quickly as possible through Human Resources Department facility assigned recruiters. Staff from other Back on Track facilities can also be supplemented when needed, so long as doing so does not create a disturbance.

The facility has 21 external cameras and 13 external cameras that record to two separate DVRs. Cameras are located in common areas throughout the facility, including lounges, recreation areas, dinning, group rooms, hallways, egresses, and non-clinical offices. Cameras are monitored by staff assigned to the main post that

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| | <p>is occupied 24/7. Management has the ability to watch live cameras and review the CCTV footages for approximately 30 days after an incident. The facility updated all cameras and DVRs between 2023-2025.</p> <p>Staff report to the auditor that security rounds are conducted at least once per hour, including third shift. Staff will increase frequency, every 30 minutes, if there's a reported issue or tension between residents. Head counts are completed four times during first and second shift. Two of the four counts are formal counts, with residents standing next to their beds. During the overnight shift, hourly counts are conducted by both staff members on duty. During counts and security rounds, when clinical staff are in their offices, security staff have the ability to open the door to ensure resident safety.</p> <p>Administrative facility tours are conducted monthly. Each shift is covered once per month to ensure continuity of monitor and staff practices. Any areas of deficiency with physical plant or staff conduct are documented on a PREA Compliance Report and sent to the Pennsylvania Department of Corrections (PA DOC).</p> <p>Review:</p> <p>Policy and procedure</p> <p>FY 2024 and 2025 Staffing plan</p> <p>Floor plan</p> <p>Camera view screenshots Tour of facility</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with Monitoring staff</p> |
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| 115.215 | Limits to cross-gender viewing and searches |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 states that all staff will be trained to conduct resident searches professionally, respectfully, and in the least intrusive manner possible, consistent with security needs. A properly conducted pat search involving incidental contact with a resident's genitals is not considered a violation of sexual abuse policies. The policy does not allow for cross gender strip searches except in exigent circumstances. All cross gender strip searches must be documented on the Cross Gender Search Validation Form and maintained in an annual file. The policy prohibits cavity searches and cross gender pat searches of female residents absent exigent</p> |

circumstances. Should the facility house female residents, the facility is not allowed to restrict female residents' access to regularly available programming or other opportunities in order to comply with this provision.

The facility does not house female offenders.

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

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

- Perform a clothed search of an offender
- Explain the techniques performed while conducting an unclothed search of an offender
- Perform a clothed search of a transgender or intersex offender in accordance with the National PREA Standard 115.15

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

During the onsite visit, the auditor interviewed Resident Monitors and Shift Supervisors from all shifts. All staff report receiving training on how to conduct professional pat, cross-gender pat, and transgender pat searches. Multiple staff commented that the Department of Corrections (PA DOC) conduct search training annually. The training consisted of a PowerPoint presentation, demonstrations, and an emphasis on proper technique and professionalism. The Program Director reports provided staff with refresher training and coaching in team meetings.

Staff report that they are trained that transgender residents are only to be pat searched by female staff. During interviews, the male monitors reported being trained; however, not personally searching the transgender resident. The auditor interviewed the transgender resident during the onsite visit. She reports that at intake, staff addressed any concerns she had about searches, and that all searches have been completed by female staff members. She describes all searches as being respectful and professional.

The auditor interviewed sixteen residents during the onsite visit. The residents consistently stated that they received a pat search every time they return to the building from the community. Residents reported being searched by both male and female searches, depending on who is working the desk. The residents state that pat searches are done respectfully, with no inappropriate touching or discomfort. The residents report that strip searches are only done at intake or if there is suspicion of contraband. The residents state that all strip searches have been conducted by staff members of the same gender.

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

The facility allows for residents to shower, perform bodily functions, and dress in areas not viewable to staff. The residents have a dress policy that requires them to change clothing in the bathroom. The bathroom is located on the same floor as the dorm rooms. Residents have access to a shower room that has ten single use showers. There is a solid door at the entrance with a notice to female staff to knock and announce themselves before entering. Nine of the showers are covered with frosted glass doors, while one is covered by a shower curtain. The bathroom has four individual toilets stalls with doors and one urinal. There are also two single use showers covered by a curtain in the bathroom. The facility renovated an area on the first floor in order to install a single use handicap bathroom. The bathroom is available to the residents who are housed on the first floor. Any resident, identified as vulnerable to abuse, would be housed on this floor and have access to this private bathroom.

The residents were questioned on their experience with female staff making cross-gender announcements prior to entering dorm rooms and the bathrooms. The residents reported that all female staff knock and announce themselves before entering the bathroom and dorm rooms. One resident made note of a former staff member who would enter without announcing. The resident stated, "There were times when she would not announce herself...I kind of thought that was wrong." The resident reported the issue and it was corrected. No resident reported any incidental viewing by staff.

Staff on all shifts report and understanding of the cross-gender announcement policy, including on the overnight shift. All female staff interviewed reported that they are aware of the policy and make those announcements consistently. During the tour portion of the onsite visit, the auditor was able to view the knock and announce practice, and view the posted signs for cross gender announcements and changing policies.

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| | <p>The Program Director and PREA Coordinator both report that before accepting a transgender resident, the facility conducts a call with the referral source to ensure the facility can accommodate safely. He states that any transgender resident placed at the facility would be housed in the small dorm located on the first floor near the post desk, with access to a single use bathroom for increased privacy and safety. The Program Director states that he will have a refresher training with staff and a discussion on the proper use of pronouns and search techniques.</p> <p>The transgender resident reported feeling safe using the single use bathroom and has had no issues with incidental viewing from residents or staff.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Training PowerPoint</p> <p>Training sign-in sheets</p> <p>Resident interviews</p> <p>Staff Interviews</p> <p>PREA Coordinator Interview</p> <p>Program Director Interview</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Section 4 of policy DC-ADM 008 states that the facility will ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written material will either be delivered in alternative formats that accommodate the resident's disability or the information will be delivered through alternative methods, such as reading to the resident or communicating through an interpreter, which ensures the understanding of the PREA related material.</p> <p>The PREA Coordinator will take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to</p> |

provide qualified interpreters. The facility will ensure that only staff members or qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for residents. If a multi-lingual staff member is not available, then the contracted translation services must be utilized.

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

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

During intake/orientation, the facility will:

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

The facility provided the auditor with the contract information for Language Line in order to receive foreign-language assistance. The steps to accessing services include:

- Calling the provided 800 number
- Enter the client code
- Indicate the language for which you need a translator

The facility also has a contract with Deaf-Talk for video interpreting services. The contract states that Deaf-Talk will provide video interpreting services for deaf community applications and audio non-English spoken language interpreting services available to Gateway Rehab. The contract includes the languages available for interpretation.

The auditor was able to interview the staff member responsible for providing residents PREA education at intake. The staff member reports that she will ensure the residents review the "PREA video" and review the agency's zero tolerance policies. She states that she explains all the ways residents have to report, and although the residents complain about already knowing this information, she ensures they know facility specific information. IN addition to the PREA video and written materials concerning PREA, the staff member also reviews the resident handbook which covers disciplinary policies, and the grievance policy.

The staff member reports that should she have a resident that is limited English proficient, deaf/hard of hearing, blind/low vision, cognitive disabilities, limited/non-reader, or other disability that would impact their ability to understand their rights under the PREA policies, she will work with the Program Director to ensure that proper assistance is in place for the particular resident. She provided examples of working with a resident that spoke Mandarin, working with a partially deaf resident, and residents with cognitive or reading difficulties. The staff member explained that while accommodations had to be made, no resident needed a translator, interpreter, or auxiliary aid.

The staff member reports that she tends to just slow everything down, communicate with basic words, repeat information, or writing things out. The facility will use Google Translate to print documents in a language the resident can understand if necessary. She reports that staff will observe how the resident learns and will adapt to each resident based on their needs.

The Program Director will contact community resources for interpretation services or auxiliary aids and will work one-on-one with a resident to ensure that all aspects of the zero tolerance policy is understood when needed.

The auditor interviewed residents that were identified as limited English proficient, deaf/hard of hearing, blind/low vision, limited reading, or have physical disabilities. The residents recalled watching the video, and some were able to acknowledging going over the handbook and grievance process. The residents report they did not need any assistance with understanding their rights and responsibilities under the

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| | <p>PREA guidelines. No resident was identified as requiring auxiliary aids, translators, or interpreters in order to participate and benefit from the facility's efforts to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident education materials (English and Spanish)</p> <p>Interpreter contract</p> <p>Video interpretation contract</p> <p>Targeted resident interviews</p> <p>Interview with Program Director</p> <p>Interview with Orientation group facilitator</p> |
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| 115.217 | Hiring and promotion decisions |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy 8.3.1 prohibits the facility from hiring or contracting with anyone who has:</p> <ul style="list-style-type: none"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution • Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse • Has been civilly or administratively adjudicated to have engaged in the previously described activities <p>To ensure that the facility does not hire a prohibited applicant, the Human Resource department will screen all internal and external applicants to ensure they meet the requirements. The department requires the applicant during the interview process to confirm that they have not participated in the above described activities. The answers are documented and signed by the applicant and will become a part of the applicant's employee file if hired. If the applicant is selected, before they can begin to work with residents, they must receive clearance from the Pennsylvania Department of Corrections background check.</p> <p>Selected applicants who have previously worked in an institution (as defined by 42 U.S.C. 1997) will also have to sign a consent to release information so that the</p> |

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

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

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

The policy requires an annual clearance update on every individual who received clearances and continues to provide services to residents. After the completion of the Annual Clearance Review, the form will be sent to the facility to keep in the employee's file.

The auditor reviewed employee files during the onsite visit. The auditor was able to confirm initial and annual background checks. All background checks were completed by the PA DOC using NLETS. The Human Resource representative interviewed during the onsite visit reports that all annual background checks are conducted on the anniversary of the employee's hire month. She states that a report will be sent out monthly of employees who are due for an update within two months of the due date.

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

The policy holds potential contractors and volunteers to the same hiring standards as potential employees. Contractors and volunteers who have met qualification for service, required to complete a self-reporting questionnaire concerning any allegations of sexual misconduct. Contractors and volunteers are prohibited from service if they do not meet any part of the hiring policy. Some contractors/volunteers may be allowed access to the facility as long as they are supervised by staff at all times. The auditor was able to review a background check and self-reporting questionnaire for a contract/volunteer of the facility.

Annually, employees are required to sign acknowledgement of the agency's zero tolerance policies. The auditor was able to verify acknowledgement during the

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| | <p>employee file review.</p> <p>The Human Resource representative reports that all request for employment verification for previous employees are referred to the Human Resource department for response. Unless prohibited, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>The auditor requested information concerning promotions and employee discipline. The HR representative reports that all internal applicants for a job must complete an application and complete an interview. The potential supervisor will be made aware of any disciplinary problems. No employee is eligible for a promotion if they have a disciplinary action in the past six months.</p> <p>During the file review, the auditor was able to review several files of employees who have been promoted to various positions within the facility. A review of the disciplinary reports for these staff members did not review any behavior that would prohibit them from working with the residents in any capacity. No employee whose file was reviewed had any disciplinary action that would prohibit them from working with residents.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee files</p> <p>Employee background checks (initial and re-check)</p> <p>Applications</p> <p>Reference checks</p> <p>Disciplinary records</p> |
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| 115.218 | Upgrades to facilities and technology |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Section 6 of agency policy DC-ADM 008 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the facility will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse.</p> <p>The PREA Coordinator reports that the facility has reduced the number of showers from eight to ten, and this reduction means that the glass doors that were on the</p> |

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| | <p>showers will be replaced with shower curtains. The layout of the bathroom remains the same. The facility provided the auditor with the meeting minutes concerning the shower renovation with an attendance list. The PREA Coordinator was among the attendants. The discussion included PREA considerations.</p> <p>The policy also states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility will consider who such technology may enhance the facility's ability to protect residents from sexual abuse.</p> <p>The facility has replaced its entire camera system and DVRs between the years of 2023 - 2025. The new system allows for reduction in the number of blind spots spots in the facility and allow for increase protection, detection, and response to incidents of sexual abuse and sexual harassment.</p> <p>The PREA Coordinator is required to be a part of the decision-making process, and it will be documented in the meeting minutes, memorandum, or other written format.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Facility tour</p> <p>Meeting minutes</p> <p>Camera invoice</p> <p>Interview with PREA Coordinator</p> |
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| 115.221 | Evidence protocol and forensic medical examinations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The agency/facility is not responsible for conducting criminal or administrative investigations into allegations of sexual abuse or sexual harassment. All allegations of sexual abuse and sexual harassment are administratively investigated by the Pennsylvania Bureau of Community Corrections and criminally investigated by the Pennsylvania State Police Department. The policy and assurances given to victims of sexual abuse state that all allegations of sexual abuse and sexual harassment will be investigated by the Pennsylvania Department of Corrections investigator who has received specialized training in sexual abuse investigation pursuant to PREA standards or referred to an agency with the legal authority to conduct criminal investigation, and victims will be notified of the investigative outcome.</p> <p>Section 18 of policy DC-ADM 008 states that PA DOC investigators will follow a</p> |

uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol established for evidentiary purposes will be developmentally appropriate for youth, where applicable, in accordance with PREA standard 115.21.

The policy also requires the agency to make available the use of forensic medical services related to sexual abuse for the victim and where possible, utilize a hospital that employs a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) to conduct sexual abuse examinations. The facility provided the auditor with a copy of the MOU they have entered into with UPMC East Hospital. The hospital agrees to:

- Perform forensic medical examinations on residents who are victims of alleged sexual abuse
- Have all examinations be conducted by a certified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE)
- Perform examinations within 96 hours of the alleged incident
- Follow PREA regulations and DOC procedures during exams

All UPMC hospitals throughout the state of Pennsylvania provide standardized forensic care and sexual assault education to victims of sexual violence. Nurses receive a biannual SANE course that provides education, clinical training, understanding the judicial process. These nurses are more prepared to treat the victim's wounds, acknowledgement of their emotional state, and planning for the future.

The facility has a MOU with the Center for Victims to provide rape crisis services to any resident victim from the facility. The MOU states that the Center for Victims will provide these services:

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

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

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| | <p>and their families. She states that the services the center offers includes:</p> <ul style="list-style-type: none"> • 24-hour hotline • Crisis intervention • Counseling • Court advocacy • Hospital accompaniment • Mandated reporter training • Referrals for additional services <p>The advocates are available to meet with victims 24-hours a day, seven days a week, and are always available to resident victims.</p> <p>After an allegation of sexual abuse, residents are provided with a standards assurance form. The form informs the resident that they are entitled to timely, unimpeded access to:</p> <ul style="list-style-type: none"> • Emergency medical treatment • Crisis intervention • Mental health evaluations • Rape crisis advocacy <p>The residents are offered these services at no financial cost.</p> <p>Review:</p> <p>Policy and procedure</p> <p>MOU with UMPC East Hospital</p> <p>MOU with Victim Services Center</p> <p>Assurances to Victims</p> <p>Form 14F</p> <p>Interview with PREA Coordinator</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Section 18 of policy DC-ADM 008 requires administrative and/or criminal investigations are completed for all allegations of sexual assault, abuse, and harassment in Community Treatment Centers. The facility post information related |

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| | <p>to both administrative and criminal investigations on its website at https://www.get-backontrack.net/about-5.</p> <p>The website reports that all allegations of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and impartially. Administrative investigations will be conducted by the PA Department of Corrections and criminal investigations are conducted by the legal authority to conduct criminal investigations (Pennsylvania State Police). The criminal investigatory agency is responsible for referring allegations to the local prosecutor for any allegation deemed appropriate according to their agency policy.</p> <p>The facility provided the auditor with the investigations for the past twelve months.</p> <p>Investigation #1: A resident made a report to the Pennsylvania Department of Corrections Management Operations Center that a female staff member announced herself and then walked into the bathroom. The resident reported that he was in the bathroom using the urinal at this time. The resident reported that there were other residents in the bathroom at this time. The administrative investigation revealed that the staff member in question did not work on the day in question and no other "run-ins" with the resident, and determined the allegation to be unfounded.</p> <p>Investigation #2: The facility received a report from another confinement facility that a resident made an allegation of a sexual relationship with a staff member while he was housed at the facility. The staff member was not named in the allegation. The information was referred to the PA DOC for an administrative investigation. Due to lack of information, no investigation was able to take place. Should the facility be provided additional information, it will be forwarded to the PA DOC Management Operations Center for an administrative investigation.</p> <p>The auditor was able to review the investigation report, emails, criminal investigation report, and rationale for outcome determination.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Investigation reports</p> |
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| 115.231 | Employee training |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Agency policy DC-ADM 008 section 11 requires staff to receive basic training and refresher training that addresses or exceeds the PREA standard requirements. |

The required training topics include:

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

This training will be provided to every new employee as part of the basic training provided at the training academy. Staff are required to receive PREA training every other year. On the odd number years, PREA education will be provided in the form of an update to the procedure manual and to ensure knowledge of the agency's current sexual abuse and sexual harassment policies and procedures.

Staff are required to verify they have received the information and understand the information. The verification will be kept in the employee's training file.

Along with training that meets the requirements to standard 115.231, the agency also provides employees with training that also improves the facility's ability to prevent, detect, respond, and report incidents of sexual abuse and sexual harassment. This training includes:

- Unusual Occurrence/Incident Report Form
- Sexual Harassment and Cultural Diversity
- Corporate Compliance
- Confidentiality
- Employee Handbook
- Abuse and Neglect Assessing
- Ethical Standards/Maintaining Professional Boundaries
- Culture of Care
- Policies and Procedures
- DOC- Code of Ethics
- Sexual Harassment
- Location of PREA Binder
- Zero Tolerance Policy
- PA Crimes Code- Ch. 18, Sec. 3124.2 (prohibition of employee/inmate

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| | <p>relationships)</p> <p>The auditor was able to interview staff from all departments during the onsite visit. The staff report receiving initial PREA training through the training academy provided by the PA DOC. The staff report that after academy training, the first day or two onsite at the facility they receive additional PREA training. Annually, the staff report receiving in-person training by the PREA Coordinator. The staff report this training includes policy review and scenario-based guidance. The staff state the specific training topics includes reporting, red flags, boundaries, and monitoring vulnerable residents.</p> <p>The staff state that a PowerPoint presentation, printed handouts, and policy walkthroughs are the typical topics reviewed. A few staff commented that training is tied to “real events or DOC audit findings” to keep the information relevant to job tasks. Several staff commented that the training helped them become more comfortable, especially around pat searches and reporting procedures.</p> <p>The PREA Coordinator reports that training is tracked through the HR department through the Relias system. She states that the system is set up to provide reminders to herself as well as to supervisors for employees who have not completed mandatory training. She will notify the employee’s supervisor when staff has not completed the PREA training and the completion date is nearing. Training that was not received in person, will receive training through an online training module.</p> <p>As part of compliance documentation, the auditor received a PowerPoint presentation, agency PREA policies, training sign-in sheets, and orientation training materials. The course history review shows the staff have completed the required training annually. The auditor was also provided with updated policy acknowledgements for facility staff.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Training curriculum</p> <p>Training sign-in sheets</p> <p>Policy acknowledgements</p> <p>Employee file review</p> <p>Interview with staff</p> <p>Interview with PREA Coordinator</p> |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy DC-ADM 008 requires contractors and volunteers who have contact with residents will receive training on their responsibilities under the department’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They will be trained during orientation sessions and annual training, reflective of the level of contact that they have with residents.</p> <p>Level 1 Contractors/Volunteers: Contractors and volunteers who have a high level of contact (five or more hours per week on average) with residents will receive training that is the same as regular staff members receiving both pre-service and annual training.</p> <p>Level 2 Contractors/Volunteers: Contractors and volunteers who have sporadic level of contact (less than 5 hours per week on average) with residents will receive a brief orientation to include information on the department’s zero tolerance policy, how to make a report, and to whom to make a report.</p> <p>All contractors and volunteers will be required to sign and acknowledgement to the PREA Training and Understanding Verification Form, and the signed form will be placed in the contractor/volunteer file.</p> <p>The auditor was able to review the contractor PowerPoint training and signed training acknowledgement from contractors and volunteers. The verification form includes:</p> <ul style="list-style-type: none">• Zero Tolerance Policy• Definitions of sexual abuse, sexual assault, sexual contact, and sexual harassment• Prohibitions• Reporting requirements• Acknowledgement <p>The Program Director reports that all meals are prepared off-site by Nutrition Inc. and delivered hot to the facility.</p> <p>The Food Service Manager reports that kitchen staff have very limited interaction with residents, often none at all. He reports that kitchen staff receive annual PREA training (watching a PREA video), and have an understanding of their responsibilities to report inappropriate behavior. The Manager reports that there have been no PREA incidents involving residents in the kitchen.</p> <p>The facility did not have any volunteers available during the onsite visit.</p> <p>Review:</p> <p>Policy and procedure</p> |

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| | <p>Contractor training PowerPoint</p> <p>Contractor/volunteer verification forms (completed)</p> <p>Interview with Food Service Manager</p> <p>Interview with Program Director</p> |
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| 115.233 | Resident education |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 states that each facility will provide resident education explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment, and retaliation, and what to do if he/she is the victim of such. This information will be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.</p> <p>The policy requires the facility to:</p> <ul style="list-style-type: none"> • During the intake process, all residents, including new admissions, incoming transfers, and parole violators, will receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse, sexual harassment, or retaliation, and what to do if he/she is the victim of sexual abuse, sexual harassment or retaliation (PRA intake handout) • All residents will be shown a video regarding their rights to be free from sexual abuse, sexual harassment, and retaliation. They will also be provided information regarding the facility policies and procedures for responding to such incidents including any facility specific reporting or response procedures. Education can be provided individually or as a group, but a staff member must be present at all times to facilitate discussion • The video, "PREA: What You Need to Know," is available for use in English and Spanish with subtitles • The staff facilitator will offer to meet privately with any resident to discuss issues related to the video or other material • Key information will be continuously and readily available or visible to residents through posters, handbooks, or other written formats. These should be displayed in the housing unit, common area, recreation area, medical area, and programming area. • The facility will make an announcement of the agency's zero tolerance policy over the public-address system |

The facility provided the auditor with a copy of the resident's handbook, education brochures, education guide, daily announcement, and PREA reporting posters (English and Spanish).

The PREA announcement is read twice daily to the residents and includes:

- The facility's zero tolerance policy and the possible disciplinary action for residents who engage in sexual abuse and sexual harassment
- The facility's response in regards to reports or suspicions of sexual abuse and sexual harassment including free services available
- Ways residents can report sexual abuse, sexual harassment, and retaliation
- Reporting numbers

The intake packet contains a brochure that contains information on how a resident can keep themselves safe, national, state, and local advocate agencies contact information (address and phone numbers), reporting options, and available services.

The resident handbook states that while a resident of the facility, they have the right to be free from sexual abuse, sexual harassment, and retaliation for reporting or cooperating with an investigation related to sexual abuse and sexual harassment. Residents are also informed that medical assistance and rape crisis services are provided free of charge to any victim of sexual abuse through outside agencies. The handbook also includes reporting options and contact information for external reporting options.

The auditor was able to interview the staff member responsible for providing residents PREA education at intake. The staff member reports that she will ensure the residents review the "PREA video" and review the agency's zero tolerance policies. She states that she explains all the ways residents have to report, and although the residents complain about already knowing this information, she ensures they know facility specific information. In addition to the PREA video and written materials concerning PREA, the staff member also reviews the resident handbook which covers disciplinary policies, and the grievance policy.

The facility also ensures residents that are limited English proficient, have limited reading or comprehension abilities, or need auxiliary aids or interpreter services have the information needed to benefit from the agency's PREA policies. See standard 115.216 for specific details.

The auditor interviewed sixteen residents during the onsite visit. The residents report receiving PREA education as part of their intake and orientation process. The orientation includes viewing the "Joe PREA video", reviewing the zero tolerance policies, and an explanation of how to report abuse or harassment. The resident remarked that they are "tired of the Joe video, and the daily PREA announcement" but understand the required to ensure the residents have and understand the rights afforded to them under the PREA standards.

The auditor was able to verify residents' acknowledgement of receiving PREA

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| | <p>information during intake and attending orientation group. The auditor also reviewed the education guide for the PREA orientation class.</p> <p>During the tour of the facility, the auditor noted various posters in English and Spanish throughout the facility. The posters provided information to residents, visitors, and staff on how to report allegations and phone numbers to reporting agencies.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident intake packet</p> <p>Resident handbook</p> <p>Orientation group materials</p> <p>Resident PREA acknowledgement</p> <p>PREA brochure</p> <p>PREA posters (English and Spanish)</p> <p>Resident acknowledgements</p> <p>Resident daily PREA announcement</p> <p>Interview with residents</p> <p>Interview with PREA education group facilitator</p> |
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| 115.234 | Specialized training: Investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>While the facility does not conduct administrative or criminal investigations, the Pennsylvania Department of Corrections, who conducts administrative investigations on behalf of the facility, does have a policy that requires any staff designated to conduct sexual abuse investigations will complete specialized training that includes:</p> <ul style="list-style-type: none"> • Interviewing sexual abuse victims • Common reactions of sexual abuse and sexual harassment victims • Sexual abuse evidence collection in confinement settings • Proper use of Miranda warnings • Garrity rule |

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| | <ul style="list-style-type: none"> Criteria and evidence required to substantiate a case for administrative action or prosecutorial referral <p>Review:</p> <p>PA DOC Policy and Procedure</p> |
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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility does not employ or contract with medical or mental health practitioners. The PREA Coordinator reports that a community provider meets all residents' medical and mental health needs. During resident interviews, they confirm that any medical or mental health care is provided by outside practitioners.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> |

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy DC-ADM 008 section 9 requires the facility to assess all residents for risk of sexual victimization and abusiveness during intake (within 72 hours), upon transfer from another facility, at 30-days after arrival, and as warranted thereafter. The facility uses the PREA Risk Assessment Tool (PRAT) at intake, upon transfer to another facility, and again at 20-30 days after receipt into the facility. The assessment tool is objective and consider, at a minimum, the following criteria:</p> <ul style="list-style-type: none"> Whether the resident has a mental, physical, or developmental disability The age of the resident The physical build of the resident Whether the resident has previously been incarcerated Whether the resident's criminal history is exclusively nonviolent Whether the resident has prior convictions for sex offenses against an adult or child Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming |

- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

The policy does not allow for residents to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

The case managers are responsible for conducting PREA Risk Assessments on residents assigned to their case load. The case managers report that they conduct the assessment within seventy-two hours of intake and again within 30 days for the reassessment. They state that they conduct a structured interview questions, and cross-checking the answers with the resident's Integrated Case Summary from the Department of Corrections. This is especially important when dealing with residents who are reluctant to disclose information. When inconsistencies arise between resident statements and what is documented in their records, the case managers will ask clarifying questions in a non-accusatory way. Staff report that they are mindful of how sensitive the questions are and try to create a comfortable, respectful environment.

Afterward, scores are entered into a tracking spreadsheet and maintained by the Assistant Program Director. The spreadsheet is reviewed monthly in order to complete reassessments within the proper time limits. The Assistant Program Director reports that case management staff are trained on how to handle disclosures, ask follow-up questions, and ensure accurate scoring.

Residents that were interviewed during the onsite visit confirmed that they did receive a PREA risk assessment, but most did not remember the PRAT. Residents were able to describe personal and invasive questions asked during the assessment. A few residents could not remember if they were given an assessment but stated that they "went over a lot of stuff" or "asked a bunch of questions" during intake. A few residents understood that the questions were about safety or to ensure appropriate housing arrangements. No residents reported feeling coerced, mistreated, or unsafe during the risk assessment process.

Policy requires the program implements appropriate controls on the dissemination within the facility of responses to PREA Screening questions to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor reviewed resident assessments. The assessments documented the resident answers to the required questions and the risk score. The auditor reviewed resident files. The files contained initial risk assessments for all residents, as well as reassessments for residents who have been at the facility for more than thirty days. The dates marked on the assessments show all assessments have been conducted within the specified time period. The files also contained case notes for each of the assessments documenting risk score, supplemental information, services offered, and referrals. All resident files are locked in a secure location accessible to case managers and management staff.

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| | <p>Review:</p> <p>Policy and procedure</p> <p>Initial risk assessment</p> <p>Reassessment Assessment</p> <p>QA report</p> <p>Resident files</p> <p>Interview with PREA Coordinator</p> <p>Interview with case managers</p> <p>Interview with residents</p> |
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| 115.242 | Use of screening information |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Section 9 of policy DC-ADM 008 states that the information received through the administration of the PRAT questions will be used to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive.</p> <p>The policy requires tracking for any resident that scores in the “high risk” category. The information will be immediately entered into the Unit Management System, under security concerns, without documenting the actual score. If the screening or other information identifies a sexual predator, a mental health evaluation will be conducted on these abusers within 60-days of learning of such abuse history and offered treatment when deemed appropriate by mental health practitioners.</p> <p>The PREA Coordinator discussed the facility’s plan to keep separate the residents identified as high risk from victimization from those identified as high risk for abusiveness. The measures include separate floors, dorms, bed placement, and/or staff supervision. The residents that were identified as at increased risk for victimization were in locations that were easily visible to staff and/or in smaller dorm rooms.</p> <p>The Program Director reports to the auditor that when trying to keep separate residents at high risk of abuse from those at high risk for victimization, the facility will ensure that they are not in the same dorm room, and along with providing separation between opposing high risk residents, the facility will offer residents group and individual counseling services. Residents will be provided increased</p> |

supervision, if necessary, to ensure safety in programming, work, education, and other areas of the facility.

The auditor was able to review an assessment of a resident that was determined to be at high risk for victimization. The assessment list the actions taken to ensure the resident would be kept separate from any potential abusers.

Policy DC-ADM 008 section 19 states that programs do not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of identification or status, unless such placement is in a dedicated facility unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The auditor received a memo from the PREA Coordinator that stated that the facility is not a defended in a lawsuit or involved in a consent decree. The auditor also conducted a web search to verify that the facility is not the subject of a lawsuit or under a consent decree.

The agency recognizes that residents that who identify as transgender or intersex are at greater risk of being sexually abused and therefore, the facility must adhere to the following when housing a transgender or intersex resident:

- Recognize a non-traditional approach to housing, security, or programming may be needed
- Use the resident's preferred pronoun or gender-neutral form of address
- Develop a plan of action to prepare for reception and housing
- All pertinent information regarding the resident should be discussed on a need-to- know basis and shared only with the appropriate staff to provide necessary services and determine the appropriate housing, bed, work, education, and programming assignments
- Confidentially meet with the resident within five business days of notification and discuss resident's concerns for safety

The PREA Accommodation Committee will meet to make individualized determinations about transgender or intersex resident's privacy, housing, and programming to ensure the resident's safety. The decision of the committee will be consistent with the PREA standards. Policy prevents the facility from placing residents that identify as LGBTI or gender non-conforming in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting residents.

The facility is currently housing a transgender resident. The Program Director reports that the PREA Coordinator, along with facility leadership, discussed with the resident any concerns about safety and management while at the facility. The resident completed a PREA Accommodation Committee checklist. The checklist includes:

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

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

The auditor interviewed the transgender resident during the onsite visit. She reports that staff respect her identity and pronouns, and she did not experience any mistreatment related to her transgender status. She describes the facility as a much better experience than previous placements, specifically citing feeling safe, supported, and not harassed by staff or residents. The resident stated that staff sat down with her during intake to discuss pronouns and accommodations.

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

Review:

Policy and procedure

Risk assessments

PREA Accommodation Committee checklist

Interview with Program Director

Interview with PREA Coordinator

Interview with Residents

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| 115.251 | Resident reporting |
| | <p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1481 544">Policy DC-ADM 008 section 12 ensures that residents have multiple internal and external ways to privately report allegations of sexual abuse, assault, harassment incidents. Residents are not restricted to reporting such allegations via the agency's complaint and grievance procedures. Residents are encouraged to report allegations of sexual assault, abuse, or harassment through the following established methods:</p> <ul data-bbox="352 611 1469 1149" style="list-style-type: none"> • Verbally to any staff member • Submitting a resident request or other written correspondence to any staff member • Submitting a written report to 3rd party Sexual Abuse Reporting Address- OSIG: ATTN: PREA Coordinator, Office of State Inspector Gender, 555 Walnut Street, 8th floor, Harrisburg, PA 17101 • Reports from friends or families directly to the facility or OSIG • Grievance boxes located within the housing unit for anonymous reporting • Facility PREA Coordinator address- Amy Thomas, 1928 Wager Road, Erie, PA 16510 • Facility PREA Coordinator phone number- 412-604-98220ext. 2921 • Anonymous non-monitored hotline- 1-800-472-8477 • 911 <p data-bbox="279 1187 1477 1597">The auditor verified that the methods available to residents and staff were posted in various areas throughout the facility and listed in the PREA brochure given to residents at intake. Residents can use the grievance box to make anonymous complaints; however, the report will be processed through the PREA reporting process and not the grievance process. Residents can also speak directly to any staff member, including having a private meeting, or tell a friend or family member to report an allegation. The auditor called the hotline number listed in the PREA brochure given to residents at intake. The number is answered by a live operator who states that anyone can call and make an anonymous report and that all information will be forwarded to the local legal authorities.</p> <p data-bbox="279 1635 1430 1836">During the onsite visit, the auditor was able to see various posting in English and Spanish informing the residents of the phone numbers and mailing address to internal and external reporting entities. Residents also receive twice daily announcements that instruct residents on their options for reporting incidents of sexual abuse or sexual harassment.</p> <p data-bbox="279 1874 1469 2076">During residents interviews, they report they are able to verbally tell any staff member, including case managers, monitors, or supervisors. Several residents mentioned the ability to use the PREA hotline to report abuse anonymously or directly to outside authorities. The residents at Gateway-Braddock are able to carry personal cell phones in the facility which they are able to make private, confidential</p> |

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| | <p>reports to outside agencies. Residents who do not have personal cell phones are able to use a cordless facility phone and take it to a private area to use the phone. The residents also states they can report through written documentation. Written allegations that are processed through the grievance system, will be removed and investigated based on DOC PREA policies. Residents also understood that they could have friends or family members or other outside contacts report PREA on their behalf. Residents did not express fear of reporting, and state that staff respond appropriately to their concerns and do not retaliate for making reports.</p> <p>The facility had one allegation reported to an outside agency and another report to a different confinement facility. Both allegations were administratively investigated.</p> <p>All staff interviewed during the onsite visit were able to discuss the various ways that staff, residents, or those outside the agency could report allegations of sexual abuse and sexual harassment. The staff stated they felt comfortable privately reporting to the Program Director or the PREA Coordinator. Staff also have the option of privately reporting to DOC MOC.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee Handbook</p> <p>PREA brochure</p> <p>PREA posters</p> <p>PREA Daily Announcement</p> <p>Hotline number testing</p> <p>Agency website</p> <p>Investigation report</p> <p>Interview with staff</p> <p>Interview with residents</p> <p>Reporting methods</p> |
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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | BCC-ADM 003 states that any grievance regarding an allegation of sexual |

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| | <p>harassment or sexual abuse by a staff member or resident will not be addressed through the Resident Grievance System and must be addressed through Department policy BCC-ADM 008 "Bureau of Community Corrections Prison Rape Elimination Act (PREA)."</p> <p>Residents are educated on the grievance process during orientation group, and can find information on the grievance process in the resident handbook. Grievance forms are made readily available and can be submitted to a locked grievance box accessible only to the Grievance Officer. Importantly, there is no time limit for submitting grievances related to sexual abuse, sexual harassment, or physical abuse, and attempts to resolve such issues informally are not required. Allegations of this nature are not handled through the general grievance process but are immediately referred for investigation under PREA policies.</p> <p>The system protects against retaliation and ensures that residents with disabilities or limited literacy have equal access to the process. Residents are also informed that using the grievance system will not result in punishment or adverse treatment.</p> <p>The residents interviewed during the onsite visit report that they were informed of the grievance process during orientation group. Residents who reported filing a grievance state that grievances were typically responded to within a few days. Most residents reported to the auditor that they had not needed the grievance system because staff are approachable and responsive to their concerns, and other issues are often resolved informally and quickly.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Resident handbook</p> <p>Investigation report</p> <p>Facility tour</p> <p>Interview with residents</p> |
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| 115.253 | Resident access to outside confidential support services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Policy DC-ADM 008 section 15 requires the residents with access to outside victims' advocates for emotional support services related to sexual abuse by giving residents mailing address and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis |

organizations, and by enabling reasonable communication between residents and these organizations. The facility is required to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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

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

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

The facility will use the services of the Victim Center for residents who need confidential emotional supportive or rape crisis services. The Victim Center provides services that include advocacy and support. The Center allows the facility to use their address and 24- hour crisis line for their residents. The available services are listed on their website (<https://cvcerie.org/>).

The agreed upon services include:

- 24-hour hotline (800-352-7273)
- Crisis intervention
- Counseling
- Court advocacy
- Hospital accompaniment
- Mandated reporter training
- Referrals for additional services
- Provide confidential supportive services either by telephone, mail, or in person

In addition to the information listed in the PREA brochure provided to the residents, the facility also has advocacy posters throughout the facility in conspicuous places. The posters are in English and Spanish and contain information residents would need to contact local, state, or national rape crisis agencies.

Residents at Gateway Braddock report receiving written information during orientation on how to contact local and state victim advocate and emotional support agencies, including phone numbers and mailing addresses. They have multiple

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| | <p>means to make confidential contact with these agencies. In addition to written mail, residents have access to non-recorded facility phones located in the resident dayroom, as well as a designated resident phone and personal cell phones, which may be used to make private and confidential calls to rape crisis centers and emotional support agencies. Outgoing mail is submitted through resident monitors, with residents sealing their own envelopes prior to submission. Incoming mail is opened in the presence of the resident and checked only for contraband—staff do not read resident correspondence unless there is a legitimate security concern. Mail from rape crisis centers, emotional support providers, or the Office of the State Inspector General is treated as legal mail and is not opened by staff, in accordance with confidentiality protections.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA brochure</p> <p>PREA posters</p> <p>MOU Victim Center</p> <p>Pennsylvania Coalition Against Rape brochure</p> |
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| 115.254 | Third party reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 12 states that friends, family, and the general public are provided with the Sexual Abuse Reporting Address with the Office of State Inspector General in order to report allegations of sexual abuse and sexual harassment.</p> <p>Friends, family, and the public can also report allegations of sexual abuse and sexual harassment directly to the PREA Coordinator. The facility publishes the available reporting options along with the contact information on its website.</p> <p>The auditor reviewed the agency website, https://www.gatewayrehab.org/resources/about/policies, and was able to see the posted information on how a third party can report an allegation.</p> <ul style="list-style-type: none"> • Office of State Inspector General, Attn: PREA Coordinator, 555 Walnut Street, 8th Fl, Harrisburg, Pa 17101 • 412-604-8900 ext 2921 • 844-784-0012 • Gatewayrehab.ethicspoint.com |

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| | <p>The auditor noted the various locations of reporting posters, including public locations during the facility tour.</p> <p>The residents reported to the auditor that they are able to have friends and family members report PREA allegations on their behalf, and that they could report allegations of sexual abuse or sexual harassment on behalf of another resident.</p> <p>The facility did not receive any third-party reports during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>Facility posters</p> <p>Investigation reports</p> |
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| 115.261 | Staff and agency reporting duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 12 requires all staff, contractors, volunteer, to report knowledge or suspicion of incidents of sexual abuse, sexual harassment, retaliation for reporting incidents of sexual abuse or sexual harassment or staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to accept, and document reports made verbally, in writing, anonymously, and from uninvolved parties. All reports will be forwarded to the Management Operation Center to initiate an administrative investigation. Apart from reporting to designated supervisors or officials, staff will not reveal any information related to a sexual abuse allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Staff at Gateway Braddock demonstrate a clear understanding of their obligations to report any knowledge, suspicion, or allegations of sexual abuse or sexual harassment in accordance with PREA standards. They consistently stated that all staff—regardless of role—are mandated reporters and must immediately report any red flags, inappropriate behavior, or disclosures from residents. Staff expressed confidence in their ability to recognize warning signs and understood that even uncertain or indirect observations must be reported, with one staff member noting they are trained to report “even if it just doesn't look right.” They indicated that reports can be made to their immediate supervisor, the PREA Coordinator (Amy), or directly to the Program Director. Multiple staff referenced the facility’s emphasis on early intervention and boundary reinforcement, particularly when working with vulnerable populations such as transgender residents. Training and annual</p> |

refreshers appear to reinforce these expectations, and staff described the culture as one in which speaking up is encouraged and taken seriously. Staff also noted that they are aware of the process that follows a report, including referrals to the Department of Corrections (DOC) for investigation and the facility's responsibility to support and cooperate fully with external investigators.

The employees are trained during onboarding and receive this information in the employee handbook. The handbook states that failure to report a violation or take appropriate action can subject the employee to disciplinary action. Any suspected violation or attempted violation of the PREA standards must be reported immediately to the appropriate supervisory personnel.

During onboarding, staff are required to sign acknowledgement to receiving:

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

Staff with licensure report informing residents of their obligation to report allegations of sexual abuse and sexual harassment, and other limitations of confidentiality. The Clinical Coordinator reports to the auditor that he reviews mandatory reporting obligations and informed consent with residents during orientation.

The facility does not accept residents that are under the age of eighteen and therefore does not have a duty to report to child protective services. However, this policy does require that all allegations involving a victim under the age of 18 be reported to the designated state or local services agency as outlined by the Pennsylvania Department of Human Services. The PREA Coordinator will report the allegation to the designated State or local service agency under applicable mandatory reporting laws.

No allegations were made from, on the behalf of, or against anyone that would be identified as a youthful offender or vulnerable adult.

The facility does not have medical or mental health practitioners.

The facility had one allegation reported by a resident while confined at another facility, and one allegation reported to an outside reporting agency. Both allegations were reported to the DOC Management Operations Center who conducted administrative investigations. The first allegation was not fully investigated due to lack of information, including the name of the alleged abuser, while the second allegation was investigated and determined to be unfounded.

Review:

Policy and procedure

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| | <p>Employee files</p> <p>Investigation reports</p> <p>Interview with staff</p> |
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| 115.262 | Agency protection duties |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 1 states that the agency will take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of residents. The facility will ensure that when staff learn that a resident is at risk of imminent sexual abuse, appropriate and immediate action will be taken to protect that resident.</p> <p>The PREA Coordinator reports that should the allegation be against a staff member, the agency practice is to place the staff member on administrative leave. Depending on the type and severity of the allegation, the facility also has the option of assigning that staff member to another facility during the investigation. As far as protection methods used for residents, the Coordinator states that the type of protection will depend upon the situation.</p> <p>The facility has the ability to move residents on the treatment unit to a different dorm or housing unit. Residents on the parole violators side will be moved to a bed that is closer to the monitor desk or under a camera for clear line of site views. The facility also has the ability to move residents on the parole violator's side to the treatment unit or with permission from PA DOC place the resident on home confinement with electronic monitoring.</p> <p>The facility has not received a report that any resident was at risk for imminent abuse.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p> <p>Floor plan</p> <p>Camera views</p> |

| 115.263 | Reporting to other confinement facilities |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy DC-ADM 088 section 12 states:</p> <ul style="list-style-type: none"> • Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will document the receipt of such allegation and verbally notify the Bureau of Community Corrections Management Operations Center • The affected facility will receive a copy of the confidential report and contact information in an electronic format for any follow-up questions • The Facility Director will make initial contact with the affected facility's Director or appropriate office of the agency where the alleged abuse occurred to coordinate any immediate actions that may need to be taken <ul style="list-style-type: none"> • The Facility Director will make formal notification to the affected facility within 72- hours of report • A copy of the notification and any electronic correspondence associated with its distribution will be maintained <p>The PREA Coordinator reports to the auditor that the facility has not received an allegation from a resident that would require the facility make a report to another confinement facility.</p> <p>The policy also states:</p> <ul style="list-style-type: none"> • Upon receipt of an allegation from another facility that a resident was sexual abused while confined at the facility, the Facility Director, or designee, shall document the receipt of the allegation • The Facility Manager will immediately notify the Bureau of Community Correction's Management Operations Center to report allegation • An Administrative investigator will be assigned to investigate the allegation • The Facility Manager, or designee, will document the notification <p>The PREA Coordinator reports that the facility received one allegation from another confinement facility. A former resident informed a Pennsylvania State Correctional Institution that while at Gateway-Braddock he had a sexual relationship with an unnamed staff member. The allegation was referred to the PA DOC MOC for an administrative investigation.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Allegation referral</p> |
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| | Interview with PREA Coordinator |
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| 115.264 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DM-ADM 008 section 14 states that the facility will develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioner, investigators, and facility leadership. The first staff to respond to the incident will perform the following first responder duties:</p> <ul style="list-style-type: none"> • Separating the alleged victim and abuser • Preserving and protecting any crime scene until appropriate steps can be taken by local law enforcement to collect any evidence • If the abuse occurred within a time period that still allows for the collection of physical evidence (96 hours), staff request/ensure that the victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating • Notify the Facility Director • *Call 911 if a physical or sexual assault is currently in progress <p>The facility provided the auditor with a copy of the facility's Response Plan and Evidence Protocol. The specific facility protocol includes:</p> <ul style="list-style-type: none"> • All the above steps • Do not interview the alleged victim or anyone else, simply report the current information • Preserve and protect the possible crime scene until appropriate steps can be taken to collect evidence • Do not take any photographs/video of the alleged victim or abuser • Coordinate initial medical and mental health services by the external provider <p>All facility staff are trained on first responder duties (security and non-security staff). The duties are reviewed during onboarding training and reviewed during staff meetings. The auditor was provided training curriculum and training sign in sheets.</p> <p>While most of the staff report that they have never had to enact the first responder duties, they report they would:</p> <ul style="list-style-type: none"> • Separate the victim and the alleged abuser |

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| | <ul style="list-style-type: none"> • Ensure the victim is safe • Protect any crime scene, if necessary • Preserve physical evidence- asking/requiring the victim and alleged abuser not to shower, eat, drink, or change clothing • Notifying a supervisor and/or the PREA Coordinator/PREA Compliance Manager • Document the incident <p>All were able to list the steps to take to protect the alleged victim and evidence. The staff report that the facility's plan is posted in the monitoring room and inside the PREA binder that is at each post.</p> <p>The facility has not had an incident of sexual abuse during the past twelve months. The facility had an allegation of staff voyeurism and the incident was reported to and investigated by the PA DOC MOC.</p> <p>Review:</p> <p>Policy and procedure</p> <p>PREA Binder</p> <p>Coordinated Response Flowchart Poster</p> <p>Training curriculum</p> <p>Training sign in sheets</p> <p>Interview with staff</p> <p>Investigation reports</p> |
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| 115.265 | Coordinated response |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <ul style="list-style-type: none"> • Policy DC-ADM 008 section 14 requires the facility to have a plan in place to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to a reported incident of sexual assault, abuse, or harassment. The states that: • Staff will immediately implement first responder duties (see standard 115.264) • Report the incident to the local police department and state or local service agencies as appropriate to refer the incident for investigation • Provide the victim timely, unimpeded access to emergency medical |

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| | <p>treatment and crisis intervention services</p> <ul style="list-style-type: none"> • Transport resident to local hospital that provide access to a SAFE or SANE • Rape Crisis ill be called for advocate services • Ongoing medical and mental health treatment will be available, and when necessary, referrals for continued care following their release from custody or transfer to another facility. <p>During staff interviews, staff were able to tell the location of the coordinated response plan. The plan outlines what each member of the response plan is supposed to do or call. Phone numbers are written on the plan.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Coordinated response plan</p> <p>Staff interviews</p> |
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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>N/A: The PREA Coordinator reports that the agency does not have a union and does not enter into contracts with its employees. The agency is an “at will” employer.</p> <p>Employees are notified of the “at will” status in the employee handbook.</p> <p>Review:</p> <p>Interview with PREA Coordinator</p> <p>Employee handbook</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy DC-ADM 088 section 13 states the facility will have procedures in place to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by</p> |

other residents or staff. The facility does this by:

- Use multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supportive services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations
- Alternative methods of protecting individuals from retaliation include constant video surveillance
- For at least ninety days following a report of sexual abuse, assigned staff will monitor the conduct and treatment of resident or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff shall act promptly to remedy any such retaliation

The PREA Coordinator or Program Director are identified as the facility's retaliation monitors, and focus on tracking and documenting retaliation monitoring, including maintaining a retaliation log and following up with residents regularly. Staff reported that they are trained to watch for signs of retaliation and are expected to notify leadership if they observe or hear about any potential issues. In cases where a resident makes a PREA allegation, the facility ensures that follow-up contacts occur and monitors include checks during rounds or informal conversations to assess for safety concerns. Staff confirmed that residents are not punished for making complaints or allegations, and that there is no culture of disbelief or skepticism toward accusers. The Program Director states that he will implement protective measures, such as room changes or staff reassignment, if needed.

The facility had one allegation of voyeurism during the past twelve months. The allegation was determined to be unfounded; however, the facility conducted retaliation monitoring until the resident was no longer housed at the facility. The facility provided the auditor with a copy of the monitoring form that included the required status checks.

The policy allows for the retaliation monitoring to end if the allegation is determined to be unfounded.

Review:

Policy and procedure

Investigation report

Retaliation Monitoring Form

Interview with Program Director

Interview with PREA Coordinator

| 115.271 | Criminal and administrative agency investigations |
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| | <p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1476 880">Policy DC-ADM 008 section 18 states that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved party and anonymous reports will be investigated promptly, thoroughly, and objectively. Investigations will be conducted in accordance with related department policies and PREA standards. All allegations of potentially identified criminal behavior will be referred to the Pennsylvania State Police, who have the legal authority to conduct criminal investigations. If the allegation is being investigated for criminal charges, the administrative investigators will suspend their investigation and allow the criminal investigation to take precedence. The administrative investigator will coordinate with the criminal investigator to determine when to resume the administrative investigation to avoid interference with the criminal investigation. All administrative investigations will be use investigators that have received specialized training in sexual abuse investigations pursuant to PREA standards.</p> <p data-bbox="279 913 852 947">Trained administrative investigators will:</p> <ul data-bbox="352 1014 1390 1305" style="list-style-type: none"> • Gather and preserve direct and circumstantial evidence • Collect physical and electronic data • Interview alleged victims, suspected perpetrators, and witnesses • Review prior complains and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator • Determine whether staff actions or failures to act contributed to abuse • Document the investigation in a written report <p data-bbox="279 1339 1460 1507">The policy states that to the extent the department is responsible for investigating allegations of sexual abuse, the department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p data-bbox="279 1541 1476 1955">Interviews will be conducted in a thorough, professional, non-abusive, and non-threatening manner consistent with acceptable practices for potentially traumatized victims of sex crimes. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will be determined by the person's status as a resident or staff. The facility will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation of such allegation. When the quality of evidence appears to support criminal prosecution, the administrative investigators will cooperate with criminal investigators and remain informed of the progress of the investigation.</p> <p data-bbox="279 1989 1396 2022">Should there also be a criminal investigation, the policy requires the facility to:</p> |

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| | <ul style="list-style-type: none"> • Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated • Be responsible for keeping records of these referrals and the outcomes of police investigations • Document referral and outcome data in PREA Tracking system, a web-based application designed to track all incidents of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes. <p>The auditor was able to review the process for how the facility reports allegations to administrative investigators, administrative investigation, and referral for criminal investigation. Once the facility receives a report, has information, or has suspicions of sexual abuse or sexual harassment, the facility will immediately make a report to the Pennsylvania Bureau of Community Correction's Management Operations Center. The MOC will document receipt of the allegation and assign an administrative investigator.</p> <p>During the administrative investigation, if the allegation appears to be criminal, it will be referred to the PA State Police before being administratively investigated.</p> <p>The auditor reviewed investigation reports from the allegations during the past twelve months. The facility received one allegation of staff sexual misconduct. Please see standard 115.222 for a summary of the investigation.</p> <p>The facility does not conduct administrative or criminal investigations. The Pennsylvania Department of Corrections' Bureau of Community Sanctions will provide a trained investigator to conduct all administrative investigations.</p> <p>At the conclusion of the investigation, all documents, notes, and any other materials collected relevant to the investigation will be uploaded into the PREA Tracking System which will retain the information for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All information on the system is limited to those assigned access.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p> |
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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>Policy DC-ADM 008 section 18 states that in administrative investigations, no standard higher than a preponderance of the evidence shall be imposed when determining whether allegations of sexual abuse and sexual harassment are substantiated.</p> <p>The facility does not conduct any administrative or criminal investigations. The PA Department of Corrections will assign an administrative investigator to conduct the investigation and make a determination. The determination will be based on the preponderance of the evidence standard.</p> <p>The auditor reviewed the allegations from the last twelve months to verify the standard of proof used. All allegations were determined with that standard.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> |
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| 115.273 Reporting to residents | |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Agency policy DC-ADM 008 section 18 states that following the investigation into a resident's allegation of sexual abuse or sexual harassment, the facility will inform the alleged victim, in writing within five business days of the closure of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded</p> <p>Policy states that the notification will include:</p> <ul style="list-style-type: none"> • Allegation is made under PREA; however, does not meet the definition of sexual abuse or sexual harassment • If the alleged staff member is no longer posted in the resident's facility • If the alleged staff member is no longer employed with the agency • If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility • If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility • If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility |

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| | <p>The facility provided the auditor with the Resident Notification Form that was used to inform the residents of the outcome of the investigation. The form included all required elements of this standard. The form provides the disposition of the investigation and, if substantiated, the outcome of the abuser.</p> <p>The facility had one allegation where the resident was no longer at the facility, and one allegation where the resident was still housed at the facility during the investigation. The allegation was determined to be unfounded, and the PREA Coordinator notified the resident of the determination.</p> <p>The PREA Coordinator reports she would be the person that will have the resident sign the notification and discuss the outcome.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Resident Notification Form</p> <p>Interview with PREA Coordinator</p> |
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| 115.276 | Disciplinary sanctions for staff |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM section 17 states that staff who violate the agency policies against sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including termination, and that termination is the presumptive disciplinary sanctions for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The agency outlines the disciplinary procedure in the employee handbook. The auditor was given a copy of the handbook for review. The handbook states that after a prompt and thorough investigation, an employee found guilty of harassment, including sexual harassment, will be subject to disciplinary action, up to and including termination. Staff are given handbooks during orientation and must sign and date receipt of such. Staff are also required to sign an annual PREA Zero</p> |

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| | <p>Tolerance Policy acknowledgment. The form states that anyone who engages in, fails to report, or knowing condones sexual harassment or sexual abuse of an inmate will be subject to disciplinary action and may be subject to criminal prosecution. The auditor was able to verify the acknowledgments during employee file reviews.</p> <p>Staff interviewed confirm that if an allegation of staff sexual misconduct is made, it is referred immediately to the PREA Compliance Manager and the DOC Management Operations Center for an investigation. If substantiated, corrective action may include termination, reassignment, removal from the site, and/or referral to law enforcement.</p> <p>The PREA Coordinator and the Program Director both state that any substantiated allegation of sexual abuse or sexual harassment involving a staff member would result in serious disciplinary action, up to and including termination. They state that this expectation is clearly communicated during staff orientation and annual PREA training. The administrators both state that they expect all employees to report known or suspected incidents immediately, and failure to report or attempts to cover up misconduct are also grounds for disciplinary action.</p> <p>The facility did not have a substantiated allegation of sexual abuse or sexual harassment against a staff member during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Employee handbook</p> <p>Employee files</p> <p>Investigation reports</p> <p>Employee interviews</p> <p>Interview with Program Director</p> <p>Interview with PREA Coordinator</p> |
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| 115.277 Corrective action for contractors and volunteers | |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Policy DC-ADM 008 section 17 prohibits contractors/volunteers who engaged in sexual abuse from contact with residents and will report behavior to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency will take appropriate remedial measures and |

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| | <p>consider whether to prohibit further contact with residents for behavior other than sexual abuse. Any contractor or volunteer who has been found to have engaged in sexual abuse will have their access to the facility revoked.</p> <p>The facility did not have an allegation of sexual abuse or sexual harassment against a contractor or volunteer.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Investigation reports</p> <p>Interview with PREA Coordinator</p> |
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| 115.278 | Disciplinary sanctions for residents |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>DC-ADM 008 section 17 states residents will subject to disciplinary sanctions pursuant to the formal disciplinary process, following an administrative finding that the resident violated the zero tolerance policy, engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy states:</p> <ul style="list-style-type: none"> • Sanctions will be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories • The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motives for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits • The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact • For the purpose of disciplinary action, a report of sexual abuse or harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate an allegation • Consensual sexual activity between residents, while prohibited by agency |

rules, does not constitute sexual abuse, unless coercion was used

The PREA Coordinator states that the facility does not offer therapy or counseling for residents who commit sexual abuse. Residents who need access to a Sex Offender Treatment Program or evaluation for the program will be returned to PA DOC for such treatment.

At intake, residents are provided with Community Corrections Universal Set of Rules. These rules include "I will not sexually harass or sexually assault/abuse another person." Each resident will initial each rule and then sign and date the acknowledgment. Residents will also receive a Community Corrections Universal Set of Rules Response Matrix. The matrix states that any occurrence of:

- Sexual harassment or sexual assault/abuse of another person
- Engaging in sexual acts with others or sodomy
- Using abusive, obscene, or inappropriate language directed to or about another person

Any resident having a substantiated allegation would have an immediate review by the Regional Director or the Bureau of Community Corrections' Management Operations Center. Disciplinary sanctions for these violations can include termination from the program. Per policy, residents can also face disciplinary sanctions for reporting sexual abuse or sexual harassment that are patently false and filed maliciously.

Residents consistently reported during interviews that they were given a handbook or intake packet that explained the rules during intake, and that the rules were reviewed with them during orientation group. Residents described the disciplinary process as fair and consistently applied. Related to PREA, the residents report that the facility takes PREA seriously, and that any violations would result in being "road out" or "sent back."

The auditor was able to interview monitoring staff members during the onsite visit. They provide PREA information along with a resident handbook. The staff ensure that the residents understand the facility's zero tolerance policy, and that violations of the agency PREA policy can result in discipline, including termination.

The auditor also reviewed signed acknowledgments from residents concerning the facility's zero tolerance policies and receiving a copy of the resident handbook.

The auditor reviewed all investigation reports. The facility had no allegations against residents.

Review:

Policy and procedure

Community Correction Universal Set of Rules

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| | <p>Community Corrections Universal Set of Rules</p> <p>Response Matrix</p> <p>Investigation reports</p> <p>Interview with residents</p> <p>Interview with Program Director</p> <p>Interview with Security Monitors</p> |
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| 115.282 | Access to emergency medical and mental health services |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 14 states that the facility will provide all resident victims of sexual abuse, timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>The treatment will be provided to the victim without financial cost and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. All facilities will provide the victims with medical and mental health services consistent with the community level of care. The facility will document the resident's acceptance or rejection of offered services.</p> <p>The services required to be provided include:</p> <ul style="list-style-type: none"> • Emergency medical treatment and crisis intervention services • Information about and access to sexually transmitted infections prophylaxis and emergency contraception • Medical and mental health evaluation and treatment • Evaluation, treatment and follow-up services • Treatment plans and referrals for continued care following their transfer to, or placement in other facilities, or their release from custody • Case and services consistent with the community level of care • Test for sexually transmitted infectious disease • Pregnancy testing and comprehensive access to pregnancy related medical services (for possible transgender/intersex offenders) <p>The PREA Coordinator states that all medical and mental health services will be provided for by community providers. She states the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider at no cost to the resident.</p> |

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| | <p>The PREA Coordinator reports that residents needing mental health services will be referred to community providers. Depending upon the resident's status with PA DOC, the resident can be referred to the Renewal Center or to Mercy Behavioral Health. Medical services, including SANE services will be provided by UPMC East, while Rape Crisis services will be provided by the Center for Victims. No resident has accepted offered services or requested services for medical or crisis intervention related to sexual abuse; however, one victim requested mental health services after first declining.</p> <p>Any alleged victim of sexual abuse will receive a document that outlines the assurance they have while at the facility. The Assurances outline the available medical, mental health, and crisis intervention services available free of charge; administrative and/or criminal investigation that will occur; notification of the investigation outcome; 90-day retaliation monitoring; and how to access outside services. The form provides the phone number and address for outside supportive services, rape crisis, and third-party reporting. Form 14 F documents the acceptance or declination of all available services.</p> <p>During resident interviews, no one reported receiving or requesting these services.</p> <p>The auditor reviewed the services provided by the hospital (see standard 115. 221) and the rape crisis center (see standard 115.221 and 115. 253) to ensure the services meet the requirements stated in policy.</p> <p>The facility has not had a substantiated or unsubstantiated allegation of sexual abuse during the past twelve months.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Assurances to Victims of Sexual Abuse form</p> <p>Form 14 F</p> <p>Interview with PREA Coordinator</p> <p>Interview with Program Director</p> <p>Interviews with residents</p> |
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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The policy provides community medical and mental health counseling services for residents who have been sexually abused in a jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and continued care following their release from the facility as outlined in policy DC- ADM 008 section 14. All services provided to residents are from community providers.

Should a resident be a victim of vaginal penetration while incarcerated, the policy requires the facility to offer a pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. While the facility does not house female offenders, this may apply to any transgender resident housed at the facility. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered to test for sexual transmitted infections as medically appropriate.

A medical forensic exam will be provided to all alleged victims of sexual abuse occurring within 96-hours at an outside facility, without financial cost to the resident. If a SAFE or SANE cannot be made available for the examination, the examination can be performed by other qualified medical practitioners and documented appropriately. If the alleged victim refuses medical treatment, it will be documented on the Victim of Sexual Abuse Services Offered form.

Along with retaliation monitoring for at least 90-days, staff will monitor the resident on a monthly basis to ensure the provision of treatment and support services, as needed. A notification describing the available services to alleged victims, Assurances to Victims of Sexual Abuse, will be given to every alleged resident victim of sexual abuse. The information will include the phone number and address for local rape crisis services.

Policy also requires the Program Director or designee to obtain a mental health evaluation for all known resident-on-resident abusers as soon as possible upon learning of such abuse history. Should treatment be recommended, the Program Director or designee ensures the abuser is referred to an appropriate community provider.

The PREA Coordinator reports that the facility has not housed a known resident-on-resident abuser.

The facility had one allegation of sexual abuse during the past twelve months. The resident was offered, but declined all services.

There have been residents that have had previous victimization and have been offered services. No resident interviewed reported receiving or requesting these services.

Review:

Policy and procedure

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| | Form 14F Assurance to Victims of Sexual Abuse form Interview with Program Director Interview with PREA Coordinator Interview with residents |
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| 115.286 | Sexual abuse incident reviews |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 16 states that each facility will conduct a Sexual Abuse Incident Review (SAIR) at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. No review will be conducted if the allegation has been determined to be unfounded. The SAIR will occur within 15 working days of the completion of the investigation.</p> <p>The review is to ensure that the incident was managed in compliance with agency policies and procedures; to gather data relevant to enhancing understanding of prison rape; to proactively identify training deficiencies, and to sensitize staff members to possible “red flags” associated with such incidents so that they may become better at detective preventable incidents.</p> <p>The SAIR committee will include the facility director, other designated manager or supervisor, Bureau of Community Sanctions investigator, facility counselor, medical or mental health practitioner if the facility has on-site services and only if directly involved. The committee will review the documentation surrounding the incident, and:</p> <ul style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility • Examine the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse • Assess the adequacy to staffing levels in that area during different shifts • Assess whether monitoring technology should be deployed or augmented to supplement supervisor by staff • Consider information such as housing assignment, measures taken as a result of the allegation, need for follow-up for the victim |

The team will have ten days at the conclusion of the review to prepare a confidential report with any recommendations for improvement. The report should contain:

- All reports related to the incident
- Statements from staff, victim, abuser, and witnesses
- Photographs related to the incident's location or evidence
- Misconduct reports related to the alleged incident
- Investigation summary
- First responder checklist
- Outside hospital report
- PA State Police report
- Inmate notification form

The facility director is responsible for implementing recommendations for improvement or document the reasons for not doing so on the PREA Sexual Abuse Incident Review Plan of Action form.

The facility did not have any substantiated or unsubstantiated allegations of sexual abuse during the past twelve months. The auditor was able to review the SAIR report form, the report included:

- Victims name
- How allegation was reported
- Names of SAIR members- Regional Director, Security Captain, Contact Facility Coordinator, PREA Coordinator, Facility Director
- Summary of allegation
- Investigation findings
- History of alleged abuser
- PRAT information
- Injuries/medical attention
- Mental health attention
- Outside supportive services
- Law enforcement reports
- Retaliation
- Protection measures
- Any recommendations

The Facility Director confirms that she would be responsible for insuring the recommendations of the SAIR would be implemented at the facility. The PREA Coordinator would assist in removing any barriers to implementation.

Review:

Policy and procedure

SAIR review form

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| | Investigation reports |
| | Interview with Facility Director |
| | Interview with PREA Coordinator |

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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy requires the agency to collect and maintain accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility's PREA Coordinator is responsible for collecting the data for every allegation of sexual abuse or sexual harassment for each calendar year and report these numbers to the PREA Coordinator.</p> <p>The facility provided the auditor with the agency's data collection instrument. The information on the form is enough to complete the Survey of Sexual Violence conducted by the Department of Justice. The tool includes data on the current and previous four years:</p> <ul style="list-style-type: none"> • Number of residents held in the facility • Number of residents admitted during that year • Number of non-consensual resident-on-resident sexual acts reported <ul style="list-style-type: none"> ◦ Of those reported, how many were: <ul style="list-style-type: none"> ■ Substantiated ■ Unsubstantiated ■ Unfounded ■ Still under investigation • Number of staff sexual misconduct allegations reported <ul style="list-style-type: none"> ◦ Of those reported, how many were: <ul style="list-style-type: none"> ■ Substantiated ■ Unsubstantiated ■ Unfounded ■ Still under investigation • Number of sexual harassment allegations reported <ul style="list-style-type: none"> ◦ Of those reported, how many were: <ul style="list-style-type: none"> ■ Substantiated ■ Unsubstantiated ■ Unfounded ■ Still under investigation <p>The information on the form is aggregated and listed in the agency's annual PREA report. The report is posted on the agency's website, chrome-</p> |

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| | <p>extension://efaidnbmnnnibpcajpcgiclfndmkaj/https://www.getbackontrack.net/_files/ugd/cea22f_eccdc10d9fc4e9a9ecc36951c288258.pdf.</p> <p>The auditor accessed the agency's website and reviewed the 2020 annual report. The report contains the aggregated sexual abuse and sexual harassment allegation data from all Gateway operated facilities.</p> <p>The PREA Coordinator reports that the agency has not had a request from the Department of Justice to provide this information.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Outcome measures</p> <p>Agency website</p> <p>2024 PREA annual report</p> <p>Interview with PREA Coordinator</p> |
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| 115.288 | Data review for corrective action |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy requires an annual review of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:</p> <ul style="list-style-type: none"> • Identifying problem areas • Tacking action on an ongoing basis • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole <p>The policy also requires the PREA Coordinator to include in the report a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency may redact specific material from the reports when publication would present a clear and specific threat</p> <p>to the safety and security of a facility, but must indicate the nature of the material redacted. The annual report is not allowed to include personal identifiers of anyone involved in a PREA related incident.</p> <p>The auditor accessed the website and reviewed the agency's annual report. The</p> |

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| | <p>report contains aggregated data on the number of reported allegations (facility specific and as a whole), identifying problem areas, and corrective actions, and the agency's progress in addressing sexual abuse.</p> <p>The report includes the following review:</p> <ul style="list-style-type: none"> • Efforts are being made on a continual basis to upgrade monitoring, staff and resident education, signage, & incident reporting & follow-up. CTC encourages all residents, employees, visitors, volunteers, student interns and contractors who suspect, or witness sexual misconduct to make report. Our goal for the upcoming year is to continue this process & prepare for the next cycle of audits. <p>The report did not contain any personal identifying information that would need to be redacted in order to protect the safety of the residents, staff, or facility.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>2024 Annual PREA report</p> |
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| 115.289 | Data storage, publication, and destruction |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy DC-ADM 008 section 20 states that the facility will collect accurate, uniform data for every allegation of sexual abuse using a standardize instrument and set of definitions. The facility will aggregate the information for all facilities and make the information available to the public through the agency website, at least annually.</p> <p>The report will not contain any personal identifying information.</p> <p>The PREA Coordinator states that each facility's Program Director will provide the required information to the auditor, and she collects and retains control of the information. She states that she is required to keep the information for ten years. She develops an annual report based on the information and make the information available to the public through the agency website. The report contains aggregated data on all sexual abuse and sexual harassment investigations.</p> <p>The agency provided the auditor the annual report for 2023 and 2024. The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained</p> |

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| | <p>in the report.</p> <p>The report can be found at chrome-extension://efaidnbmninnibpcajpcglclefindmkaj/https://www.getbackontrack.net/_files/ugd/cea22f_eccdc10d9fc4e9a9ecc36951c-288258.pdf.</p> <p>Review:</p> <p>Policy and procedure</p> <p>Agency website</p> <p>2023 and 2024 PREA annual report</p> <p>Interview with PREA Coordinator</p> |
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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The agency post all final audit reports of each of its facilities on the agency website, http://gatewaycorrections.org/prea/reporting/. The auditor reviewed the agency’s website to confirm that the agency conducts on the required timeline. The facility has two community confinement facilities and conducts audits for both facilities during year one of every audit cycle. The auditor confirmed the final reports for both facilities are posted on the website.</p> <p>The auditor was given full access to the facility during the onsite visit. The PREA Coordinator, escorted the auditor around the facility and opened every door for the auditor. The auditor viewed all housing units, dorm rooms, group rooms, dining hall, kitchen, staff offices, control center, administrative areas, bathrooms, and maintenance areas. The facility provided the auditor with a private room in order to conduct staff and resident interviews. The PREA Coordinator provided the auditor with agency and facility documentation prior to the onsite visit through the OAS. The auditor was also provided additional information as requested during the onsite visit.</p> <p>The auditor was able to review additional documentation, including electronic documentation, during the onsite visit. The auditor review resident files and staff files for additional information and confirmation of reported information.</p> <p>Appropriate notices were posted in conspicuous areas throughout the facility. These areas include high traffic areas for resident, staff, and visitors. The PREA Coordinator sent photographic proof of the notices being posted approximately six weeks prior to the onsite visit. No resident or staff member requested to speak to the auditor prior to or during the onsite visit. The auditor was able to interview the resident during the onsite visit and assist the resident with their concerns.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency has published on its agency website, http://gatewaycorrections.org/-prea/reporting/, the final audit report for both community confinement facilities. The final report for Back on Track- Braddock is currently posted. The auditor reviewed the agency's website and verified that the final audit report for all facilities were posted.</p> <p>This is year one of the current audit cycle. The facility one has two facilities and conducts the audit for both facilities in year one of each audit cycle. The auditor has been able to confirm this.</p> <p>The PREA Coordinator states that she understands the audit requirements of having 1/3 of its facilities during each year of the three-year audit cycle. She also understands the requirement of posting all final audit reports on the agency's website.</p> <p>Review:</p> <p>Agency website</p> <p>Interview with PREA Coordinator</p> |

| Appendix: Provision Findings | | |
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| 115.211 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.211 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in | na |

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

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

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| | perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |

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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |

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| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of | yes |

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| | force, or coercion, or if the victim did not consent or was unable to consent or refuse? | |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| 115.217 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.217 | Hiring and promotion decisions | |

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| (f) | | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.217 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the | yes |

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| | agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | 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 |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |

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| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with | yes |

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| | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, | yes |

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| | does the agency provide refresher information on current sexual abuse and sexual harassment policies? | |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |

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| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |
| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent | na |

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

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

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

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

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

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| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.242 | Use of screening information | |

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| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |

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| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve | na |

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| | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf | na |

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| | of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |
| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to | na |

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| | alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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

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| 115.262 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, | yes |

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| | washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |

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| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |

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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | na |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | na |
| 115.271 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |
| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial | yes |

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 | Criminal and administrative agency investigations | |

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| (h) | | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency | yes |

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| | request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform | yes |

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| | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.276 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.277 (a) | Corrective action for contractors and volunteers | |

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| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a | yes |

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| | condition of access to programming and other benefits? | |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information | yes |

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| | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive | na |

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| | information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 | Data collection | |

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

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

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

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