

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report: March 1, 2022

Auditor Information

| | |
|------------------------------------------------|---------------------------------------------|
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| Company Name: Click or tap here to enter text. | |
| Mailing Address: P.O. Box 2400 | City, State, Zip: Wintersville, Ohio 43953 |
| Telephone: 7403176630 | Date of Facility Visit: January 18-24, 2022 |

Agency Information

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Name of Agency: Gateway Rehab | | Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text. | |
| Physical Address: 311 Rouser Road | | City, State, Zip: Moon Township, Pa 15108 | |
| Mailing Address: Click or tap here to enter text. | | City, State, Zip: Click or tap here to enter text. | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency Website with PREA Information: https://www.gatewayrehab.org/about/policies | | | |

Agency Chief Executive Officer

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|-------------------------------------|
| Name: James Troup |
| Email: James.Troup@gatewayrehab.org |
| Telephone: 412-604-8900 |

Agency-Wide PREA Coordinator

| | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| Name: Amy Thomas | |
| Email: Amy.Thomas@gatewayrehab.org | Telephone: 412-604-8900 x 2921 |
| PREA Coordinator Reports to: Vice President of Clinical Operations | Number of Compliance Managers who report to the PREA Coordinator: 2 |

| Facility Information | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|------------------------------------------------------------|
| Name of Facility: Community Transitions Centers Erie | | | |
| Physical Address: 1928 Wager Road | | City, State, Zip: Erie, Pa 16510 | |
| Mailing Address (if different from above): Click or tap here to enter text. | | City, State, Zip: Click or tap here to enter text. | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Website with PREA Information: https://www.gatewayrehab.org/resources/about/policies | | | |
| Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): | | | |
| <input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: CARF) <input checked="" type="checkbox"/> N/A | | | |
| If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text. | | | |
| Facility Director | | | |
| Name: Renee Kirby | | | |
| Email: Renee.Kirby@gatewayrehab.org | | Telephone: 814- 825-0373 x2937 | |
| Facility PREA Compliance Manager | | | |
| Name: Renee Kirby | | | |
| Email: Renee.Kirby@gatewayrehab.org | | Telephone: 814-825-0373 x2937 | |
| Facility Health Service Administrator <input checked="" type="checkbox"/> N/A | | | |
| Name: Click or tap here to enter text. | | | |
| Email: Click or tap here to enter text. | | Telephone: Click or tap here to enter text. | |

| Facility Characteristics | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Designated Facility Capacity: | 88 | |
| Current Population of Facility: | 69 | |
| Average daily population for the past 12 months: | 57 | |
| Has the facility been over capacity at any point in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Which population(s) does the facility hold? | <input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males | |
| Age range of population: | 18 and older | |
| Average length of stay or time under supervision | 42 days | |
| Facility security levels/resident custody levels | minimum | |
| Number of residents admitted to facility during the past 12 months | 413 | |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 401 | |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 349 | |
| Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies): | <input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A | |
| Number of staff currently employed by the facility who may have contact with residents: | 22 | |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 5 | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 1 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 1 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 3 |
| Physical Plant | |
| Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings. | 1 |
| Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units. | 3 |
| Number of single resident cells, rooms, or other enclosures: | 0 |
| Number of multiple occupancy cells, rooms, or other enclosures: | 12 |
| Number of open bay/dorm housing units: | 1 |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Medical and Mental Health Services and Forensic Medical Exams | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are medical services provided on-site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are mental health services provided on-site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Where are sexual assault forensic medical exams provided? Select all that apply. | <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) |
| Investigations | |
| Criminal Investigations | |
| Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: | 0 |
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply. | <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations) | <input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A |
| Administrative Investigations | |
| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 0 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | <input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: PA DOC) <input type="checkbox"/> N/A |

Audit Findings

Audit Narrative

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

The PREA onsite visit for Community Transition Center- Erie halfway house, 1928 Wager Road, Erie, Pa, took place on January 18-24, 2022. The facility is part of the Gateway Rehab operated community confinement facilities. This audit is being conducted in conjunction with Community Transition Center- Braddock. Interviews with agency administrative staff and policies and procedures were for all facilities. The auditor interviewed specific management, program, and security staff at each facility. The goal of the audit is to ensure operational compliance with the Prison Rape Elimination Act (PREA) standards for community confinement facilities.

The PREA Coordinator forwarded an encrypted flash drive with documentation showing compliance with each standard. The auditor received the flash drive with the documentation approximately six weeks prior to the onsite visit. The information included the pre-audit questionnaire, policy and procedure, MOUs, facility staffing plan, table of organization, job descriptions, investigation reports, training records, training curriculum, and other miscellaneous documents. The auditor conducted the initial audit for both facilities in 2015 and a reaccreditation audit in 2018. The auditor reviewed the previous audit reports and documentation for comparison to the current audit. *These facilities previously housed female residents in addition to male residents; however, both facility no longer are housing female offenders.

The audit notice posting was sent to the auditor showed the dates of the onsite visit; the name, address, and email address of the auditor; and the ability to have confidential correspondence with the auditor. The auditor did not receive any correspondence from residents or staff prior to or during the onsite visit.

In addition to the documentation sent prior to the onsite visit, the auditor reviewed resident files, staff files, staff and resident training records, risk for abusiveness screenings and re-screenings, agency website, acknowledgement forms, posters, brochures, floor plan with camera locations, volunteer/contractor information, and

coordinated response plan during the onsite visit. After the onsite visit, the auditor attempted to make contact with relevant community partners.

The onsite visit was conducted over two days where the auditor received a complete tour of the facility and perimeter areas. The tour included observations of the male and female housing units, dorm rooms, bathrooms, closets/storage rooms, and administration area, and recreation yard/smoke pits. During the walkthrough, the auditor was able to have informal conversations with both staff and residents. The auditor made notes of cameras, security mirrors, blind spot areas, and staff/resident interaction. The auditor was provided a private office to conduct formal interviews with staff and residents.

The auditor interviewed sixteen residents based on the population of sixty-nine (69) residents during the onsite visit. The residents selected were based on the requirements of the PREA Resource Center's Auditor Handbook guidelines. The residents were selected based on their housing unit, targeted interview status, risk assessment screening, intake dates, and commitment status. The auditor conducted the following interviews:

- Random = 13
- Targeted = 3

The breakdown of the number of targeted interviews is as follows:

- Residents that has a mental health issue = 1
- Residents that identified as gay = 1
- Residents that identify as Limited English Proficient = 3

*Residents in targeted categories were only counted once. Multiple residents in the same category were interviewed but counted as a random interview.

The auditor conducted the interviews in accordance with the PREA Compliance Audit Instrument Guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. The auditor explained the interview process to each resident and that they were under no obligation to answer questions. The auditor asked questions concerning the resident's experience with PREA education, allegation reporting requirements, retaliation, staff communication, grievance reporting, knock and announcements, searches (pat, enhanced pat, strip, body cavity, transgender, and cross-gender), housing unit concerns, limits to confidentiality, outside supportive services, disciplinary sanctions, and other PREA related concerns.

The facility has twenty-two (22) full and part-time staff members including the Program Director. The auditor was able to talk with agency Leadership, specialized interviews, and random staff members during the onsite visit, which includes:

- PREA Coordinator
- Human Resource Manager
- PREA Compliance Manager
- Administrative Investigators
- Program Director
- Clinical Coordinator
- Risk Screener
- Retaliation Monitor
- SART members
- First Responders (security and non-security)
- PREA Education Facilitator

The auditor also interviewed random staff members from both programming and security. Monitoring staff from all three shifts were interviewed. Several staff members were responsible for more than one specialized area. The auditor was unable to interview the minimum of twelve random staff member due to the limited number of staff employed at this facility.

All staff interviews, random and specialized, were conducted using the PREA Compliance Audit Instrument Interview Guide and the PREA Auditor Handbook's Effective Strategies for Interviewing Staff and Resident Guide. The auditor was able to question staff on the agency's zero tolerance policies, trainings, reporting protocols, first responder duties, coordinated response plan, grievance procedures, investigation protocols, confidentiality, retaliation monitoring, risk screening, protection from abuse, LGBTI policies and procedures, data collection, annual reports, staffing plans, electronic surveillance, reporting to other confinement facilities, disciplinary procedures, knock and announcements, cross-gender supervision policies, and transgender/intersex accommodations.

The auditor reached out to the facility's community resources by phone to confirm the MOUs and scope of services. These community partners include administrative investigator from the PA Department of Corrections and the director from the Victim Center. The auditor was able confirm the services they would provide to residents free of charge.

On the final day of the audit, the auditor sat down with agency and facility Leadership to review preliminary audit findings.

Facility Characteristics

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

Community Transition Center- Erie is a halfway house in Erie, Pennsylvania that serves male offenders. The facility is a single level warehouse style building that has been divided into a treatment facility and a parole violator facility.

Since the facility's last PREA audit in 2018, the facility no longer houses female residents. The housing unit that once occupied by the female offenders is now used to house a male honor dorm.

The two male housing units on the treatment are connected by a main hallway that leads to the main post, honor unit restroom, cafeteria, and exit. The male exit to the hallway has a doorbell that sounds when someone enters and exits.

The honor unit has four, four bed rooms, a laundry room, and lounge area with exercise equipment and pay phones. Between the two housing unit areas is a chapel area and staff offices. The offices have windows in the doors. The main male wing has eight, four bed rooms, staff offices, group room, and lounge area with exercise equipment and pay phones. The dorm rooms on each wing are set up to give staff members clear line of site views from the entrance way. There are signs posted to inform that moving of dorm furniture is prohibited. The facility has identified rooms for residents that have been identified as vulnerable. The facility also has the ability to turn an empty office into a private room should the facility have the need for a transgender or intersex resident. The facility would allow a transgender or intersex client to use the private visitor's bathroom and set up a time for private showers.

The residents on the main housing unit on the treatment side have an open entrance bathroom that has toilet and urinal stalls on one side and showers on the other. The two toilets are covered from view by stall walls and door while the four single use showers are

covered by opaque curtains. The honor unit bathroom on the treatment side has a door at the entrance. To enter into the bathroom, residents have to first pass through the mop room. The bathroom is across from the main post desk where monitoring staff have a clear view to anyone entering into the mop room. This bathroom is equipped with six individual shower stalls that are covered with opaque curtains and three toilet stalls with doors.

Residents in the treatment program have access to a fenced in recreation yard that is off the cafeteria. Residents can access this area during meal times. The recreation yard is monitored by security staff and four cameras. The kitchen is staffed with employees from the Nutrition Group, Inc. The staff from the agency are required to have PREA training; however, no residents work in the kitchen.

One can access the Parole Violator wing through a strike door in the main hallway or through the warehouse entrance on the back side of the kitchen area. Residents that are assigned to the Parole Violator program will have their intake conducted in this area. The P.V. area is an open bay dormitory style area that houses 40 single beds in the center of the room and houses the bathroom, group room, dining area, laundry room, vending, and main post along the perimeter. Female staff workers on the floor in this area and programming staff must announce themselves before coming onto the floor. The residents have a dress policy in which they can only change in the bathroom area.

The bathroom entrance has been covered by a medical screen. This was done at the recommendation of the first audit in order to prevent others from having clear line of site views into the bathroom. Inside the bathroom has four individual shower stalls covered with opaque curtains and four toilet stalls with doors.

P.V. resident have a recreation yard has a twelve-foot chain link fence including overhead and razor wire surrounding the area. The residents have access to this area five times a day.

The facility is equipped with 64 surveillance cameras which can record and play back 14-30 days. The cameras are placed strategically throughout the interior and exterior of the building. There are also multiple security mirrors to enhance security in vulnerable areas. The facility has identified areas that can be considered vulnerabilities and have developed a plan for monitoring these areas until electronic monitoring can be added. Cameras can be found in the hallways, group rooms, dayrooms, laundry rooms, dining hall, and main post office. All exterior entrance points and the rec yard are also monitored by cameras. The security monitors are required to conduct a count four times per shift. Residents that

have been identified as vulnerable have increased monitoring.

The treatment program's main post has cameras that cover the interior and exterior of the facility. Staff are trained on how to properly knock and announce themselves when entering either unit or resident rooms and bathrooms. Offices and group rooms with windows provide clear line of site views. Staff who are in offices that do not provide clear line of site views are required to have their door open whenever meeting with clients.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: Click or tap here to enter text.

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Gateway - Erie 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.

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.

The facility is also required to comply with the Pennsylvania Department of Corrections zero tolerance policy. PA DOC policy DC-ADM 008 section 1 states that the facility that contracts with DOC must prohibit any form of sexual abuse and sexual harassment of an inmate. Anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action, up to and including termination, and may be subject to criminal prosecution. An inmate, reentrant, detainee, employee, contractor, or volunteer is subject to disciplinary action and or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual abuse or sexual harassment of an inmate. A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of an inmate.

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 the 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 Clinical Operations. 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 monitoring visits to each facility.

The auditor was able to interview the PREA Coordinator's direct supervisor, Director of Compliance, Quality Improvement and Training. He is new to the position but not to the agency or understanding the need to ensure the PREA Coordinator has enough time and authority to implement appropriate policies, procedures, and practices, and maintain compliance with the PREA standards. He fully supports the PREA Coordinator and will ensure she has everything she needs to maintain compliance.

The facility's PREA Compliance Manager is the facility's Program Director. The Program Director is responsible for ensuring day to day compliance with the standards and creating a culture where there is zero tolerance for sexual abuse and sexual harassment. The auditor was able to interview with the Compliance Manager during the onsite visit. The manager states that she is responsible for ensuring all staff are trained in the specifics of the facility concerning PREA policies and practices, ensuring separation and protection for at risk residents, retaliation monitoring and status checks, and assist in conducting assessments to see where the facility could improve in the areas of prevention, detection, responding, and reporting incidents of sexual harassment and sexual abuse.

Review:

Policy and procedure

DOC policy and procedure

Agency Table of Organization

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Interim Senior VP of Clinical Services

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 Rehab.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 ☐ No 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.213 (c)

- 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 ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

- 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

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.

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:

- 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

- Single level bifurcated building that houses two separate programs
- Programs are separated by a lock door and do not share space
- 66 CCTV cameras that record to 5 DVR's
- Blind spot areas are identified

Composition of residents

- Serves male offenders
- Average population 57 (max 88 offenders)
- Residents that are limited English proficient

Incidents of Sexual abuse

- Specific facility data – 1 unsubstantiated staff-resident sexual abuse
- Aggregated agency data

Deviations from staffing plan

- Staffing plan calls for at least two staff members to be in the facility 24-hours a day
- Program staff maybe used to meet the required staffing ratio

Administrative facility tours are conducted monthly. The review covers each shift to ensure continuity of monitor and staff practice. Any areas of deficiency with physical plant or staff conduct are documented on a PREA Compliance report and sent to PA DOC monthly.

The prevailing staffing pattern is as follows:

- 7:00 am – 3:00 pm 3-4 Monitors
- 3:00 pm – 11:00 pm 3-4 Monitors
- 11:00 pm – 7:00 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 to relieve the staff member. Program staff work Monday – Friday 8:00 am – 5:00 pm and this includes the administrative staff.

Annually the staffing allotment is reviewed. Additions to the staffing complement are discussed and implemented. Staff that resign from their position are replaced as quickly

as possible. Staff from other Community Treatment Centers can also be supplemented when needed.

The facility has a total of sixty-six (66) cameras. These cameras are strategically located in common areas throughout the interior (lounges, recreation areas, eating and group areas, hallways, entrance/exit, and non-clinical offices) and perimeter of the facility. The cameras can be viewed at a staffing post that is occupied 24/7. Management staff has the ability to watch live cameras and review CCTV footage for approximately 30-days after an incident. The Program Director has the ability to save footage to a DVD.

Movement around the facility is controlled by staff. Residents have free movement in their housing units; however, residents from different programs do not have any interaction with each other. Head counts are completed four times during the 0700-1500 shift and 1500-2300 shift. Two staff members are required to complete the count and two of the counts are formal counts with residents standing next to their beds. Staff are required to conduct hourly counts from 2300-0700. 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.

The facility will report all allegations and suspected PREA incidents to the PA DOC MOC phone number. This number is answered 24/7. Investigations are conducted by a DOC investigator and/or law enforcement personnel.

Review:

Policy and procedure

FY 2021 and 2020 Staffing plan

Floor plan

Camera view screenshots

Tour of facility

Interview with Program Director

Interview with PREA Coordinator

Interview with Monitoring staff

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- 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 residents.)
☐ Yes ☐ No ☒ 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 residents.) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- 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 ☐ No

115.215 (e)

- 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 ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 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 has not housed female residents since October of 2020.

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 sent prior to the onsite visit, the auditor received and reviewed the training power point 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.

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

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 is bifurcated into two programs. The drug and alcohol program has two bathrooms available to the residents. The residents in the honor section of the unit, have a bathroom with a door at the entrance. To enter the bathroom, one has to enter through the mop room. The bathroom sits across from the post desk where staff has a clear view

of who is entering and exiting the bathroom. The bathroom is equipped with six individual shower stalls that have opaque shower curtains and three toilet stalls with doors. The bathroom in the main unit has an open entrance but the inside is not viewable from outside the bathroom. The bathroom is equipped with two toilet stalls with doors and four single shower stalls that have opaque shower curtains.

The bathroom on the parole violators side of the facility has an entrance that has been covered with a movable medical screen so that one cannot see into the bathroom from outside the bathroom. The inside of the bathroom has four individual shower stalls covered with opaque shower curtains and four toilets stalls with doors.

During the onsite visit, the auditor was able to interview sixteen (16) residents from both programs. The auditor inquired about searches as well as cross-gender announcements. All of the residents interviewed report hearing all female staff make an announcement of “female” when entering the housing unit, every time they enter the housing unit. The residents report that female staff do not enter into the bathroom and will yell from the outside of the entrance to determine if someone is inside. No resident reported an incidents of incidental viewing by staff.

The residents report receiving a strip search upon intake into the facility. They state that the search was completed by a male staff member and was completed professionally and respectfully. Residents that were limited English proficient report that a staff member that spoke their native language performed the search and was able to verbalize what to expect from the search. No resident had any complaints about how the search was completed. Only one resident reported receiving a pat search. This is due to the residents not leaving the building. The residents report having to pass through a metal detector after meals but not having any type of hands on pat search. The one resident who reported having a search after returning from a medical visit, stated that the search was completed by a male staff member and was completed respectfully.

The parole violators section of the facility is configured into one large room that houses the sleeping area, lounge area, eating area, entrance to an indoor gym and outdoor rec yard, and laundry. Along the perimeter is the bathroom and staff offices. There are cameras that have views of the entire area. Because of this, residents are not allowed to change in open areas. The facility has posted signs that residents need to change in the bathroom and that opposite gender staff are required to make announcements prior to entering the housing unit and bathroom. 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.

The facility has not identified a resident that is currently being housed at the facility that identifies as transgender or intersex.

The auditor conducted interviews of resident monitors from all three shifts, including shift supervisors. All staff interviewed indicated that they received annual training on how to conduct proper pat searches, strip searches, cross gender searches, and transgender/intersex searches. The staff report that it is not the practice of the facility to conduct cross gender searches. They report that because the residents do not normally leave the facility for any reason other than medical, the residents usually only receive a strip search upon intake. Female monitors report being trained on how to conduct a cross gender or transgender pat search but have never conducted a search. They report having residents go through the metal detector after meals and use the wand if necessary. At no time during this type of search will the staff member touch the resident. If a pat search becomes necessary, they will call a member of the same gender as the resident.

The staff report that while they do not have a transgender resident currently in the facility, they have housed transgender residents in the past. The staff stated that they have received the proper training on conducting transgender pat and strip searches and feel comfortable conducting professional respectful searches consistent with security needs.

All monitors report receiving annual training by the PA Department of Corrections. They state that the training is both facilitated and hands on practice. The staff also report receiving training at the facility during orientation. The PREA Coordinator reports that prior to COVID restrictions, new employees would complete training at the PA Corrections Academy.

The auditor interviewed the Program Director and PREA Coordinator during the onsite visit. They were questioned regarding the training and ongoing reviews of various pat searches. They report that during onboarding and then annually, all staff are required to complete pat search training through the state Department of Corrections. The agency provided the auditor with the training power point and copies of the sign-in sheet.

The Program Director reports that the facility has housed transgender resident and was able to discuss the facility's plan to house transgender/intersex residents in direct site of the camera if housed on the parole violators side or in a room nearest the monitor office if housed on the drug and alcohol treatment side. The Program Director states that all staff are trained annually on the proper techniques including on how to be respectful and

professional as possible when searching all residents. She states that the transgender resident was questioned on concerns and preferences and was allowed to make a request for private shower times.

Review:

Policy and procedure

Facility tour

Training power point

Training sign-in sheets

Resident interviews

Staff interviews

PREA Coordinator interview

Program Director interview

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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

The PREA Coordinator will take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide qualified interpreters. The facility will ensure that only staff members or qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for residents. If a 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 facility provided the auditor with education materials provided to residents in Spanish (the only other language that facility has had residents speak) and the auditor was able to see posted PREA education material throughout the facility in both English and Spanish.

During the onsite visit, the auditor was able to interview the staff member responsible for conducting PREA Education. The staff responsible for conducting orientation group report using a curriculum and materials to ensure that all residents receive the appropriate information on how to report allegations, including anonymously, reporting phone numbers and addresses, and limits to confidentiality. The training includes watching the “*just detention*” PREA resident education video, where to find reporting posters, grievance forms, and explains retaliation. The facilitator states that he will work individually with any resident that needs extra assistance due to a medical, cognitive, or physical disability. He states that the facility currently has residents that are limited English proficient and staff that were capable of providing education to these residents in their native language.

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 all residents that were identified as having a physical, reading, cognitive and/or sensory impairment, as well as any resident identified as being limited English proficient. The facility provided the auditor a translator to conduct interviews with residents that are limited English proficient. The residents were able to confirm their education and identify ways the facility provides to prevent, report, and respond to sexual abuse and sexual harassment.

The auditor also interviewed the residents with physical disabilities. Both did not need any assistance with understanding their rights and responsibilities under the PREA guidelines. No resident was identified as needing auxiliary aids in order to participate and benefit from the facility’s efforts to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment.

Review:

Policy and procedure

Resident education materials (English and Spanish)

Interpreter contract

Video interpretation contract

Targeted resident interviews

Interview with Program Director

Interview with Orientation group facilitator

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- 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 ☐ No

115.217 (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 ☐ No
- 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied 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

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.

Selected applicants who have previously worked in an institution (as defined by 42 U.S.C. 1997) will also have to sign a consent to release information so that the facility can ensure that the candidate has not received any substantiated allegations of sexual abuse or resigned during an investigation into an allegation of sexual abuse.

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

The 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 of 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,

are required to complete a self-reporting questionnaire concerning any allegations of sexual misconduct. Contractors and volunteers are prohibited from service if they do not meet any part of the hiring policy. Some contractors/volunteers may be allowed access to the facility as long as they are supervised by staff at all times. 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 employee file review.

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

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.

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.

Review:

Policy and procedure

Employee files

Employee background checks (initial and re-check)

Applications

Reference checks

Disciplinary records

Interview with Human Resource representative

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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 ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

The PREA Coordinator and Program Director report that the facility has not undergone nor plan to undergo any substantial expansion or modification or acquiring a new facility. The auditor confirmed this during the tour portion of the onsite visit.

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 inmate from sexual abuse.

The facility has added two cameras since the last PREA audit. These cameras reduce the number of blind spots in the facility and allow for increase protection, detection, and response to incidents of sexual abuse and sexual harassment.

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.

Review:

Policy and procedure

Facility tour

Interview with PREA Coordinator

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☐ Yes ☐ No ☒ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- 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 ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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.

Section 18 of policy DC-ADM 008 states that PA DOC investigators will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol established for evidentiary purposes will be developmentally appropriate for youth, where applicable, in accordance with PREA standard 115.21.

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

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 Hamot Hospital. The hospital agrees to provide a Sexual Assault Nurse Examiner (SANE) to any resident who is a victim of an alleged sexual abuse. The exam will be free of charge to the resident.

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

The facility has a MOU with the Victim Center of Erie County to provide rape crisis services to any resident victim from the facility. The MOU states that the Victim Center of Erie County 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, contracts, 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 and their families. She states that the services the center offers includes:

- 24-hour hotline
- Crisis intervention
- Counseling
- Court advocacy
- Hospital accompaniment
- Mandated reporter training
- Referrals for additional services

The advocates are available to meet with victims 24-hours a day, seven days a week, and are always available to resident victims.

Review:

Policy and procedure

MOU with UMPC Hamot Hospital

MOU with Victim Services Center

Interview with PREA Coordinator

Interview with Lt. Petersheim

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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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 to both administrative and

criminal investigations on its website at
<https://www.gatewayrehab.org/resources/about/policies#prea>.

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. The criminal investigatory agency is responsible for referring allegations to the local prosecutor for any allegation deemed appropriate according to their agency policy.

The facility provided the auditor with the investigations for this audit cycle.

Investigation #1: The PREA Coordinator reported to PA- DOC/BCC that a resident verbally reported to her that he has been sexually harassed by a contract staff member. The resident provided the staff member's name and approximate time frame; however, the resident refused to provide any additional information or document the allegation in writing. The resident made this statement while being questioned in an investigation into his non-fatal overdose. The administrative investigator from PA-DOC interviewed both the alleged victim and abuser and looked into any prior complaints of the abuser. Video evidence was not reviewed due to the victim not providing dates and times for the incidents. The allegation was also referred to Pennsylvania State Troopers for a criminal investigation. There was no criminal investigation due to the victim not cooperating with the investigation; however, is subject to be re-open if the alleged victim provides additional details in the future. The administrative investigation has been determined to be unsubstantiated.

The auditor was able to review the investigation report, emails, criminal investigation report, and rationale for outcome determination.

Review:

Policy and procedure

Agency website

Investigation reports

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No

- 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 ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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
- Inmates 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.

In addition to the above training requirements, staff will receive training tailored to the gender of the residents at the employee's facility. The employee will receive additional training if the employee is reassigned to a facility houses the opposite gender of the original training. The training will include:

- Gender specific post in the facility
- Facility specific procedures for announcing opposite gender staff
- Pat search and strip search procedures, including any restrictions based upon staff gender
- Areas of the facility which are restricted based upon staff gender
- Dynamics of sexual abuse and sexual harassment in confinement settings for that specific gender

Staff are required to receive the above 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 relationships)

The auditor reviewed employee files. During the file review, the auditor was able to verify staff received PREA training through Relias that meets the standard; the additional training and policies and procedures through signed and dated acknowledgments; and supervisor review of direct services provided to residents.

The auditor was able to interview treatment, security, and management staff during the onsite visit. All interviewed staff were questioned on the training they received during onboarding and annually concerning PREA. The staff discussed completing training online through Relias and receiving in person training during staff meetings. The staff felt training was adequate enough to inform staff on how to prevent, detect, report, and respond to incidents of sexual abuse and sexual harassment.

The PREA Coordinator reports that training is tracked through the HR department through the Relias system. She states that 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.

As part of compliance documentation, the auditor received Relias training curriculum/power point, agency PREA policies, Relias course records, 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 all facility staff.

Review:

Policy and procedure

Training curriculum

Training sign-in sheets

Course completion records

Policy acknowledgements

Employee files

Interview with staff

Interview with PREA Coordinator

Interview with HR Representative

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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.

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.

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 who to make a report.

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.

The auditor was able to review the signed training acknowledgement from contractors and volunteers. The verification form includes:

- Zero Tolerance Policy
- Definitions of sexual abuse, sexual assault, sexual contact, and sexual harassment
- Prohibitions
- Reporting requirements
- Acknowledgement

The facility does not have any volunteers at this time due to COVID-19 protocols which have not been fully lifted.

Review:
Policy and procedure

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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.

The policy requires the facility to:

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

- The facility’s zero tolerance policy and the possible disciplinary action for residents who engage in sexual abuse and sexual harassment
- The facility’s response 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 facility provides orientation group to all residents during intake, including resident transfers. The auditor was able to interview the Resident Education facilitator during the onsite visit. The facilitator reports that he follows the PREA Education guide when conducting group. He will play the video and then reinforce the key points. He states

that one thing he likes to focus on is the warning signs that another person is not trustworthy and how to get help. The help provided includes tells residents about free medical, mental health and rape crisis services. He states he explains each services and the limits to confidentiality. Residents leave the training understanding the zero tolerance policy; how to report privately and safely, including anonymously; facility and community help available; there is no such thing as consensual relationships between residents and staff; and they have the right to be protected from sexual abuse and sexual harassment.

The auditor also interviewed the staff member that speaks Spanish and questioned how he assist residents that are non-English proficient. He reports that there are currently two staff members that speak Spanish (that is the only language that the residents speak other than English) and one is assigned to the first or second shift in order to assist in facilitating communication and/or translation when necessary. He has PREA materials in Spanish and reviews them with residents who speak that language.

The auditor also interviewed sixteen residents during the onsite visit. The residents were questioned on the information they received concerning PREA at intake and orientation group. The residents reported receiving information on reporting, location of PREA posters, and watched the "PREA video." All of the residents reported hearing the PREA announcement over the PA system and were annoyed by it. They report that this facility "isn't that type of place."

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

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

Review:

Policy and procedure

Resident intake packet

Resident handbook

Orientation group materials

Resident PREA acknowledgement

PREA brochure

PREA posters (English and Spanish)

Resident files
Interview with residents
Interview with Orientation group facilitator

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☐ Yes ☐ No ☒ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☐ Yes ☐ No ☒ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☐ Yes ☐ No ☒ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

- Interviewing sexual abuse victims
- Common reactions of sexual abuse and sexual harassment victims
- Sexual abuse evidence collection in confinement settings
- Proper use of Miranda warnings
- Garrity rule
- Criteria and evidence required to substantiate a case for administrative action or prosecutorial referral

The auditor was able to interview the administrative investigator by phone after the onsite visit. The investigator report that he receives training at the PA DOC training academy annually. He states that the training he receives meets the standard and he will immediately refer sexual abuse allegations to the Pennsylvania State Troopers for a criminal investigation. He will not conduct an administrative investigation until he has the ok from the criminal investigators.

Review:

Policy and procedure

Interview with administrative investigator

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.)
☐ Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Review:

Interview with PREA Coordinator

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 ☐ No

- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

115.241 (e)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

- 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.

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 was able to interview the case manager who conducts the initial, 30-day, and special screening, and the Clinical Coordinator who reviews assessments for timeliness and accuracy. The case manager reports that she reviews any collateral information before conducting the assessment. Prior to conducting the screen, she states that she tries to make the resident feel welcome and safe. She will review the purpose of the assessment, who has access to the information, and provide definitions/explanations to some of the terms including in the assessment. The case manager reports that if a resident reveals previous victimization in the community or in another confinement facility during the screening process, she will offer mental health/counseling services and inform the Clinical Coordinator.

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

The risk assessments go through a quality assurance process by the Clinical Coordinator. This serves as a quality control measure for timeliness and accuracy. The Clinical Coordinator reports to the auditor that he ensures that new case managers receive proper training on how to conduct the instrument and score it appropriately.

The auditor was given a copy of the risk assessment instrument. The instrument meets the requirement of being objective and including all required criteria per this standard. The screening instrument uses a scoring system to assess the resident a risk classification.

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

The auditor reviewed 20 resident assessments provided to the auditor prior to the onsite visit. 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.

The auditor was provided a report which documents the intake date for all residents, the required date for intake assessment and 30-day assessment, and the date the initial and reassessment. The facility had 413 intakes over the 12-month period reported. All of the assessments were conducted within the required period of time. Of the 413 intakes, 12 were removed from the facility prior to the 30-day mark and did not receive a reassessment. The facility conducted 373 reassessments with 28 assessments not due to be completed at the time of the report.

Review:

Policy and procedure

Initial risk assessment

Reassessment

Assessment QA report

Resident files

Interview with Clinical Coordinator

Interview with case managers

Interview with residents

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- 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 ☐ No
- 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 ☐ No

115.242 (d)

- 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 ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

The information in the PRAT tracking will be monitored to make individualized determinations to ensure the safety of each resident. Policy states that the information will be used to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive.

The Program Director 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 housing units, 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- under a security camera that gave staff at Control Desks a clear view of the resident or in rooms close to the main control office.

The Clinical Coordinator reports to the auditor that on the AOD site 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 treatment cohort. This will eliminate the residents from being in programs, groups, or education together. The facility does not offer a work program (internally or externally) for residents. Along with providing separation between opposing high risk residents, the facility will offer residents group and individual counseling services. He reports that the facility will not house residents that have sexually abused another resident.

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 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 law suit 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 residents 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 judgement for the purposes of protecting residents.

The facility is not currently housing a transgender or intersex resident; however, the facility has housed one within the past 12 months. The facility provided the auditor with the resident's completed PREA Accommodation Committee checklist. The checklist items include:

- 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 also received risk assessments that documents safety accommodations for residents that scored "high risk" on the assessment.

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 case managers

Interview with Program Director

Interview with PREA Coordinator

Interview with Residents

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

- 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**

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.

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.

During the onsite visit, the auditor interviewed sixteen (16) residents. The residents were asked questions in accordance with the PREA Compliance Audit Instrument guide and the Auditor Handbook Guide for Effective Strategies for Interviewing Staff and Residents. This includes questions on ways a resident can report, private and anonymous reporting, and how residents received information on reporting methods. The residents were able to recite all reporting options including reporting anonymously. The residents were able to identify staff members they felt comfortable reporting allegations, and they felt the Program Director created a safe environment where residents were not preyed upon. All residents knew the location of the grievance box and its use for reporting anonymously.

The facility had one allegation reported verbally to a staff member. The allegation was immediately forwarded to the Bureau of Community Corrections' Management Operations Center to assign an administrative investigator.

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.

Review:

Policy and procedure

Employee Handbook

PREA brochure

PREA posters

PREA Daily Announcement

Hotline number testing

Agency website

Investigation report

Interview with staff

Interview with residents

Reporting methods

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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 of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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.)
☐ Yes ☐ No ☒ 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.) ☒ Yes ☐ No ☐ 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.)
☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy BCC-ADM 003 states that a grievance regarding an allegation of sexual abuse or sexual harassment by a staff member or resident will not be addressed through the Resident Grievance System and must be address through the department policy DC-ADM 008- Bureau of Community Corrections Prison Rape Elimination Act (PREA). Of a grievance is filed related to sexual abuse or sexual harassment, it will be rejected and processed through the PREA reporting system.

The PREA Coordinator reports to the auditor that there have been no reports of sexual abuse or sexual harassment through the grievance system. She states that residents can use the grievance boxes posted within the housing unit to make an anonymous report; however, the allegation will be processed through the PREA reporting policy.

The auditor was presented a resident handbook that explained the grievance process and how to file a complaint or concern. The grievance process is also posted on the bulletin board in the housing units. The resident also questioned residents during the onsite visit about grievances and anonymous reporting through the grievance box. The residents all report knowing the location of the grievance box, being taught how to write a grievance or complete a concern slip, and reporting anonymously. Three residents reported writing a grievance or concern but they were unrelated to PREA.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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.

The residents that were interviewed during the onsite visit, all report receiving PREA reporting information, a brochure with the phone numbers, website, and mailing address of local and state advocacy centers. No resident reporting using these services.

The director at the Victim Center confirmed the agency's services and MOU with CTC. The director reports that the Center has not provided any services to residents at CTC.

*The national rape crisis advocacy organization, RAINN, does not keep record of calls into the center. All calls are anonymous and callers are forwarded to their local rape crisis agency.

Review:

Policy and procedure

PREA brochure

PREA posters

MOU Victim Center

Pennsylvania Coalition Against Rape brochure

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy DC-ADM 008 section 12 states that friends, family, and the general public are provided with the Sexual Abuse Reporting Address with the Office of State Inspector

General in order to report allegations of sexual abuse and sexual harassment. Friends, family, and the public can also report allegations of sexual abuse or sexual harassment directly to the agency PREA Coordinator. The facility publishes the available reporting options along with the contact information on its website.

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.

- 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

The auditor noted the various locations of reporting posters including public locations during the facility tour.

During resident interviews, they were asked about third-party reporting, and reporting on behalf of another resident. The residents report that “EVERYDAY” they here the reporting announcement that include the availability of third party reporting. No resident reporting asking a family member or friend to make a report or reporting on behalf of another resident.

The facility did not receive any third-party reports during this audit cycle.

Review:

Policy and procedure

Agency website

Facility posters

Investigation report

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.261 (b)

- 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 ☐ No

115.261 (c)

- 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 ☐ No
- 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 ☐ No

115.261 (d)

- 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 ☐ No

115.261 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Employees interviewed all stated that they understood the reporting process, who they are to make reports to, and that all allegations must be investigated by a trained investigator. The staff report that they feel the facility had created a culture where staff and residents can feel comfortable reporting allegations and that all reports will be taken seriously. The interviewed staff also discussed having a duty to report all information or suspicions regardless of who is the alleged abuser (including staff) and that there is disciplinary action against staff who do not report staff misconduct. Staff reported understanding to limit who has knowledge of PREA incident details and would only report information to their supervisor, management staff, or the PREA Coordinator.

The employees are trained during onboarding and receive this information 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.

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

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

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 verbally to staff. The staff member immediately documented the report and informed the Management Operations Center. The allegation was administratively investigated and declined to be investigated criminally by the Pennsylvania State Police.

Review:

Policy and procedure

Employee files

Investigation reports

Interview with staff

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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.

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.

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.

The facility has not received a report that any resident was at risk for imminent abuse.

Review:

Policy and procedure

Interview with PREA Coordinator

Interview with Program Director

Floor plan

Camera views

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy DC-ADM 088 section 12 states

- 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
- 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

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.

The policy also states:

- 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

The PREA Coordinator reports to the auditor to that the facility has not received an allegation from another confinement facility that would warrant a PREA investigation. She reports that should she receive such notification, the report would be documented and forwarded to the Management Operations Center who will assign an administrative investigator.

Review:
Policy and procedure
Interview with PREA Coordinator

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 ☐ No
- 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 ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- 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 ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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:

- 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

The facility provided the auditor with a copy of the facility's Response Plan and Evidence Protocol. The specific facility protocol includes:

- 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

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.

During interviews of targeted and random staff members. The staff members mentioned the first responder steps first when ever asked about PREA training they received from

the agency. All were able to list the steps to take to protect the alleged victim and evidence. The staff report that the facility's plan is posted in the monitoring room and inside the PREA binder that is at each post.

Once an allegation is reported, the staff first responder is required to document their actions on an *Unusual Incident Report*. This report documents how the victim and alleged abuser were separated, if the scene was secure for law enforcement officers, if the victim was offered victim advocate/rape crisis services, and if a SANE/SAFE was contacted for medical attention.

The facility has not had an allegation of sexual abuse or sexual harassment during this audit cycle that required protection of a crime scene or calls to medical personnel.

Review:

Policy and procedure

PREA Binder

Coordinated Response Flowchart Poster

Training curriculum

Training sign in sheets

Interview with staff

Investigation reports

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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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 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 treatment and crisis intervention services
- Transport resident to local hospital that provide access to a SAFE or SANE
- Rape Crisis will 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.

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.

Review

Police and procedure

Coordinated response plan

Staff interviews

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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. Employees are notified of the "at will" status in the employee handbook.

Review:

Interview with PREA Coordinator

Employee handbook

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- 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 ☐ No

115.267 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- 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 ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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 Assistant Program Director states that she is responsible for retaliation monitoring. The person being monitored will meet with her every fifteen days in a private setting to ensure the resident or staff member is not receiving any retaliation for reporting an allegation or cooperating with an investigation.

The PREA Coordinator states that should the person being monitored be a resident, then the monitoring visits will also include status checks. Status checks include monitoring:

- Disciplinary reports
- Housing or program changes
- Negative performance reviews
- Staff reassignments

The PREA Coordinator is able to conduct status checks of disciplinary reports, housing or program changes, performance reviews, and staff reassignments through the agency's resident database system. All other staff, especially the monitoring staff will be tasked with ensuring the residents safety while the case manager can assist with ensuring the resident feels safe.

The Facility Director reports that making a report of sexual abuse or sexual harassment or participation in an investigation does not exempt anyone from factual disciplinary report or defensible disciplinary reports.

The facility had one allegation. The resident made a report of staff sexual misconduct during an interview on a violation. The resident was terminated from the program based on the allegation. The allegation was investigated and determined to be unsubstantiated. The Pennsylvania State Police declined to conduct a criminal investigation based on the lack of cooperation from the alleged victim and no evidence (video or witnesses) to the alleged incident. Because the resident was terminated from the program, no monitoring was necessary.

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

Review:
Policy and procedure
Investigation reports
Retaliation Monitoring Form
Interview with Program Director
Interview with PREA Coordinator

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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).) ☐ Yes ☐ No ☒ 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).) ☐ Yes ☐ No ☒ NA

115.271 (b)

- 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 ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- 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 ☐ No

115.271 (e)

- 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 ☐ No
- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.271 (g)

- 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 ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Trained administrative investigators will:

- Gather and preserve direct and circumstantial evidence
- Collect physical and electronic data

- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior 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

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

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

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

- Provide the local law enforcement with all requested documentation and evidence to the best of its ability for the event being investigated
- Be responsible for keeping records of these referrals and the outcomes of police investigations
- Document referral and outcome data in PREA Tracking system, a web-based application designed to track all incidents of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes.

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

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

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

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

When asked how the facility assist in criminal investigations, the Lieutenant reports that should a sexual abuse or assault incident occur, the facility's responsibility is to protect the evidence while the State Police will collect the physical evidence. DNA collection from any alleged victim will be collected at UPMC Hamot by a trained Sexual Assault Nurse Examiner. He reports that the staff will be of assistance in whatever way the police direct and that he will maintain communication with the police department in order to remain informed on the progress of the investigation.

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

Review:
Policy and procedure
Investigation reports

Administrative investigator interview
Agency website

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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.

The auditor interviewed the facility's administrative investigator on the standard of proof used when making allegation determinations. The investigator report using 51% as the measure to substantiate an allegation.

The auditor reviewed the allegations from this audit cycle to verify the standard of proof used. All allegations were determined with that standard.

Review:
Policy and procedure
Investigation reports
Interview with PREA administrative investigator

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.273 (d)

- 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 ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Policy states that the notification will include:

- Allegation is made under PREA; however, does not meet the definition of sexual abuse or sexual harassment

- If the alleged staff member is no longer posted in the resident's facility
- If the alleged staff member is no longer employed with the agency
- If the agency learns that the alleged staff member has been indicted on a charge related to sexual abuse within the facility
- If the agency learns that the alleged staff member has been convicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been indicted on a charge related to sexual abuse within the facility
- If the alleged resident abuser has been convicted on a charge related to sexual abuse within the facility

The 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.

The facility had one allegations during the past twelve months. The form indicates the determination of the investigation; update to alleged abuser's status; criminal action, if any; and signatures of the alleged victim and staff member.

The administrative investigator reports that he is responsible for completing the form and will direct the form to where ever the alleged victim is now being housed, if within the PA Department of Corrections.

The PREA Coordinator reports she would be the person that will have the resident sign the notification and discuss the outcome.

Review:

Policy and procedure

Investigation reports

Resident Notification Form

Interview with administrative investigator

Interview with PREA Coordinator

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- 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 ☐ No

115.276 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy DC-ADM 008 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.

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 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 acknowledgements during employee file reviews.

During staff interviews, staff acknowledged they received a copy of the employee handbook and agency zero tolerance policy during staff orientation. They understood that termination would likely result for substantiated allegations of sexual abuse and/or sexual harassment. When questioned, staff reported that they would report any knowledge or suspicions of sexual abuse or sexual harassment to their immediate supervisor.

When interviewing supervisors, they report enforcing professional boundaries with staff and providing examples of "red flag" behavior that should be avoided and/or reported immediately.

The auditor was able to discuss the agency's disciplinary policy, procedure, and practice as it related to violation of the agency's zero tolerance policy with an agency Human Resources Manager. The HR Manager states that its agency practice to place staff on administrative leave during the course of an investigation. Should the investigation determine that the staff member substantially committed an act of sexual abuse or sexual harassment, the agency will terminate employment or contract service.

The facility did not have an allegation of sexual abuse or sexual harassment against a staff member during this audit cycle.

Review:

Policy and procedure

Employee handbook

Employee files

Investigation reports

Employee interviews

Interview with Human Resource Manager

Interview with PREA Coordinator

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 consider whether to prohibit further contact with resident 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.

The facility has had one allegation against a contract employee. The administrative investigation determined that the allegation was unsubstantiated. The contract employee did not face any disciplinary action.

Review:

Policy and procedure

Investigation reports

Interview with PREA Coordinator

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 ☐ No

115.278 (b)

- 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 ☐ No

115.278 (c)

- 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 ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- 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 ☐ No

115.278 (f)

- 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 ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy DC-ADM 008 section 17 states residents will be 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:

- 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 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

Will 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 program. Per policy, residents can also face disciplinary sanctions for reporting sexual abuse or sexual harassment that are patently false and filed maliciously.

The auditor interviewed sixteen residents during the onsite visit. The interviewed residents stated that upon intake they received a resident handbook and the resident rules and responsibilities were reviewed with them during orientation group. The residents also state that the Universal Rules and Matrix are posted in each of the housing units. The residents understood that a violation of the zero tolerance policies would result in termination from the program. During intake, the residents state that the zero tolerance policy is read to them and they sign an acknowledgment of receiving and understanding the policy.

Monitoring staff are the first to interact with a resident upon arrival to the facility. The staff will ensure understanding of the facility's zero tolerance policy with the resident should there be any issues with reading or comprehension.

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 that no type of relationship between another resident or a staff member is allowed and that violations of the agency PREA policy can result in discipline including termination.

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

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

Review:

Policy and procedure

Community Correction Universal Set of Rules

Community Corrections Universal Set of Rules Response Matrix

Investigation reports
Interview with residents
Interview with Program Director
Interview with Monitors

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 ☐ No

115.282 (b)

- 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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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. 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.

The services required to be provided include:

- 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)

The PREA Coordinator states that all medical and mental health services will be provided for by community providers. She states the scope of services, length of services, and types of services will be at the discretion of the medical or mental health provider and is at no cost to the resident.

The Program Director reports that clients needing mental health services will be directed to community partners including Starways or Wagner Behavioral Health. Medical services, including SANE services will be provided by UPMC Hamot, while Rape Crisis services will be provided by the Victims Center. No resident has accepted offered services or requested services for mental health, medical, or crisis intervention related to sexual abuse. The Program Director reports all services related to sexual abuse are free of charge.

Any alleged victim of sexual abuse will receive a document that outlines the assurance they have while at the facility. The Assurances outlines 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.

During resident interviews, no one reported receiving or requesting these services.

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.

The facility

Review:

Policy and procedure

Assurances to Victims of Sexual Abuse form

Declination of services

Interview with PREA Coordinator

Interview with Program Director

Interviews with residents

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- 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.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency provides community medical and mental health counseling services for residents who have been sexual 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 pregnancy test, and if pregnant, provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Males that are sexually abused while in the facility will receive appropriate medical attention. All resident victims of sexual abuse will be offered 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 has not had an allegation of sexual abuse during this audit cycle where the resident victim required or requested medical, mental health or rape crisis 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

Declination of services

Assurance to Victims of Sexual Abuse form

Case notes

Interview with Program Director

Interview with PREA Coordinator

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

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.

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:

- 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

- Any 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 conducted one SAIR and provided the auditor a copy of the report. 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 SAIR did not make any recommendations for changes to policy, procedure, practice, or training based on the review. The review also did not recommend any changes to staffing levels or electronic monitoring. The Facility Director confirms that she would be responsible to 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

Interview with Facility Director

Interview with PREA Coordinator

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- 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 ☐ No

115.287 (e)

- 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.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- 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.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

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 two years:

- Number of residents held in the facility
- Number of residents admitted during that year
- Number of non-consensual resident-on-resident sexual acts reported
- Of those reported, how many were:
 - Substantiated
 - Unsubstantiated
 - Unfounded
 - Still under investigation
- Number of staff sexual misconduct allegations reported
- Of those reported, how many were:
 - Substantiated
 - Unsubstantiated
 - Unfounded
 - Still under investigation
- Number of sexual harassment allegations reported
- Of those reported, how many were:

- Substantiated
- Unsubstantiated
- Unfounded
- Still under investigation

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, https://storage.googleapis.com/treatspace-prod-media/pracf/u-2548/2021_Annual_PREA_Report.pdf. 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.

The PREA Coordinator reports that the agency has not had a request from the Department of Justice to provide this information.

Review:

Policy and procedure

Annual report (2019 2020 2021)

Agency website

2021 PREA annual report

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- 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 ☐ No

115.288 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy requires an annual review of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:

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

The policy also requires the 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 to the safety and security of a facility, but must indicate the nature of the material redacted. The annual report is not allowed to include personal identifiers of anyone involved in a PREA related incident.

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

The report includes the following review:

Efforts are being made on a continual basis to upgrade monitoring, staff & 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

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. The report can be found at https://storage.googleapis.com/treatspace-prod-media/pracf/u-2548/2021_Annual_PREA_Report.pdf

Review:

Policy and procedure

Agency website

2021 Annual PREA report

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy DC-ADM 008 section 20 states that the facility will collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The facility will aggregate the information for all facilities and make the information available to the public through the agency website, at least annually. The report will not contain any personal identifying information.

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.

The agency provided the auditor the annual report for 2019, 2020, and 2021. The auditor did not view any information in the report that could jeopardize the safety and security of the facility, nor was there any personal identifying information contained in the report. The report can be found at <http://gatewaycorrections.org/prea/reporting>.

Review:

Policy and procedure

Agency website

2019 2020 2021 PREA annual report

Interview with PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ 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 ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency posts 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.

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.

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.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 Community Treatment Center- Erie is currently posted. The auditor reviewed the agency's website and verified that the final audit report for all facilities were posted.

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

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.

Review:

Agency website

Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

- ☒ 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, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



Auditor Signature

March 9, 2022

Date

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report, V5