

PREA Facility Audit Report: Final

Name of Facility: Hermitage House

Facility Type: Juvenile

Date Interim Report Submitted: 01/11/2022

Date Final Report Submitted: 04/12/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 04/12/2022

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	11/29/2021
End Date of On-Site Audit:	11/30/2021

FACILITY INFORMATION	
Facility name:	Hermitage House
Facility physical address:	25493 Pennsylvania 99, Cambridge Springs, Pennsylvania - 16403
Facility Phone:	
Facility mailing address:	PO Box 748, Edinboro, Pennsylvania - 16412

Primary Contact	
Name:	Jennifer Boyle
Email Address:	jboyle@hermitagehouse.org
Telephone Number:	814.734.4951

Superintendent/Director/Administrator	
Name:	Michael Ickes
Email Address:	mickes@hermitagehouse.org
Telephone Number:	814.734.4951

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

Facility Characteristics	
Designed facility capacity:	41
Current population of facility:	20
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-20
Facility security levels/resident custody levels:	Non-secure/Staff Secure
Number of staff currently employed at the facility who may have contact with residents:	56
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	6

AGENCY INFORMATION	
Name of agency:	Hermitage House Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	25493 Pennsylvania 99, Cambridge Springs, Pennsylvania - 16403
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Jennifer Boyle	Email Address:	jboyle@hermitagehouse.org
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-11-29
2. End date of the onsite portion of the audit:	2021-11-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I was able to interview a representative from Women's Services, Inc. This agency provides advocacy services, and Hermitage House has a signed MOU with this agency.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	41
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	17
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>There were 17 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, interviewed the Facility Director, interviewed residents, and interviewed staff during the on-site portion of this audit to determine there were three residents residing at the facility who were diagnosed with a cognitive disability, one resident who identified as lesbian, gay, or bi-sexual, and four residents who disclosed prior sexual abuse on the risk assessment (Vulnerability Assessment Instrument).</p> <p>There were no residents residing at the facility who reported sexual abuse, were limited English proficient, were deaf or blind, had a physical disability, or identified as transgender or intersex to interview.</p> <p>This auditor was able to interview five targeted residents during the on-site portion of this audit (two residents who were diagnosed with a cognitive disability, two residents who disclosed prior sexual victimization on the risk assessment, and one resident who identified as lesbian, gay, or bi-sexual).</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	57
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were 57 staff employed at Hermitage House and two contracted staff (teachers from the Tri-County Intermediate Unit) who have contact with residents on the first day of the on-site audit (11/29/2021).
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>10 of the 17 residents (59% of the population was interviewed) residing at the facility were interviewed in a private and confidential area. Ages of the residents interviewed ranged from 13 years old to 18 years old. There were eight male residents and two female residents interviewed. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, and sexual harassment, and were aware of the services which were available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at Hermitage House. The residents reported they feel PREA is taken seriously at the facility and that they have been educated about PREA. Overall, the residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, calling or writing an outside support organization, third party reporting, and anonymous reporting.</p>
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56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	This auditor interviewed 10 of 17 residents (59%) residing at the facility during the on-site portion of this audit. Eight male residents and two female residents were interviewed. Residents from all four housing units were interviewed.
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Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who had a physical disability.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Blind or had low vision.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Deaf or hard-of-hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Limited English Proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who identified as transgender or intersex.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who reported sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents residing at the facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the Pennsylvania Department of Human Services Chapter 3800 Regulations for residential programs. During the tour of the facility, this auditor did not view any areas a resident can be isolated.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>This auditor was able to interview five targeted residents (two residents were diagnosed with a cognitive disability, two residents disclosed prior victimization on the risk assessment, and one resident identified as lesbian, gay, or bi-sexual) during the on-site portion of this audit. There were no residents residing at the facility who met the other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster to confirm this.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>This auditor interviewed 12 randomly selected staff during the on-site portion of this audit. Staff interviewed years of experience ranged from 5 months to 21 years. Staff from all three shifts were interviewed. All staff interviewed were knowledgeable of PREA, Hermitage House PREA Policy and Procedure, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at the facility as they were able to discuss the PREA trainings they have received. Staff interviewed were professional and enthusiastic about their work and PREA knowledge. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters and how to contact the Pennsylvania Department of Human Services Childline hotline to report allegations of sexual harassment and sexual abuse.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Director, two Mental Health staff, two staff who conduct risk assessments, two intake staff, two upper-level staff who complete Unannounced Rounds, two staff who monitor retaliation, two members of the Sexual Abuse Incident Review Team, two contracted staff, and a Human Resources staff. Due to the small size of this facility, several staff serve multiple roles and were interviewed for the multiple roles they serve.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the first day of the on-site portion of the audit (11/29/2021), this auditor completed a detailed tour of the facility which took approximately two hours. This auditor was accompanied by the Agency PREA Coordinator and an administrative staff during the tour. All areas of the facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the programming areas, visiting area, common areas, and dining areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses. In addition, it was noted that there were locked "PREA Boxes" located in each living unit for residents to anonymously submit allegations of sexual abuse and sexual harassment.</p>

Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor reviewed all 12 current resident files and 4 closed resident files (16 resident files) for documentation verifying PREA education and risk assessments were completed as noted in Hermitage House PREA Policy and Procedure. This auditor also reviewed 10 direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in Hermitage House PREA Policy and Procedure. In addition, this auditor requested and was provided training records/certificates for all specialized staff (mental health) staff employed at the facility.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There was one allegation of sexual abuse. This allegation is still under investigation by the Pennsylvania State Police. Therefore, there were no investigation files to review.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

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

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no allegations of sexual harassment at the facility. Therefore, there were no sexual harassment investigation files to be reviewed.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards**Auditor Overall Determination Definitions**

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

Auditor Discussion Instructions

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

115.311	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House has a Zero-Tolerance Policy concerning sexual abuse and sexual harassment of Hermitage House residents and is committed to the prevention and elimination of sexual abuse and sexual harassment through compliance with the Prison Rape Elimination Act of 2003. This policy is titled PREA Policy and Procedure. Hermitage House is committed to the equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the facility's training efforts with residents, staff, volunteers, and contractors.</p> <p>(b) Hermitage House PREA Policy and Procedure states "HHYS has designated an agency-wide PREA Coordinator, who reports to the agency designated head, with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards."</p> <p>Hermitage House has a designated PREA Coordinator who has direct access to the Agency Head (Executive Director). Her official title is Counselor and Agency PREA Coordinator. The Agency Organizational Chart was reviewed by this auditor and confirmed the Agency PREA Coordinator's position and noted she has direct access to the Agency Head. She is knowledgeable of the PREA standards, and she stated she is committed to PREA and in implementing PREA at Hermitage House. The Agency PREA Coordinator also reported that she has the support needed and sufficient time to develop, implement, and oversee the agency's efforts towards PREA compliance in this facility and to fulfill her PREA responsibilities. She was interviewed by this auditor on November 29, 2021, to confirm the above-mentioned statements.</p> <p>(c) Hermitage House PREA Policy and Procedure states "Each group home unit may have a designated PREA Compliance Manager to coordinate the unit's efforts to comply with PREA standards, under the direction of the Facility Residential Coordinator and PREA Coordinator."</p> <p>Hermitage House does not have a PREA Compliance Manager as the agency operates only one facility that falls under the PREA standards. All PREA related issues are handed by the Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Hermitage House Organizational Chart 3. Hermitage House PREA Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1477 398">(a – b) Hermitage House PREA Policy and Procedure states “If HHYS is, at any time, in a position where it is necessary to contract for the confinement of its residents with other entities, those entities shall be obligated to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”</p> <p data-bbox="242 430 1422 490">Hermitage House is a private agency contracted by the county agencies of Juvenile Probation and Children and Youth Services. Hermitage House does not subcontract with any other agency for the confinement of residents.</p> <p data-bbox="242 519 1241 548">This was confirmed during an interview with the Agency Head during the on-site portion of this audit.</p> <p data-bbox="242 577 754 607">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 658 772 687" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure <p data-bbox="242 714 352 743">Interviews:</p> <ol data-bbox="276 792 587 822" style="list-style-type: none"> 1. Interview with Agency Head

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Hermitage House PREA Policy and Procedure states "Staffing plans will be created with the following considerations:

1. Generally accepted juvenile facility practices;
2. Any judicial finding of inadequacies;
3. Any finding of inadequacy from federal investigative agencies;
4. Any finding of inadequacy from internal/external oversight bodies;
5. The facility's physical plan;
6. The composition of the resident population;
7. The number and placement of staff;
8. Agency programming occurring on a particular shift;
9. Any applicable State or local laws, regulation or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors."

There were 17 residents residing at Hermitage House during the on-site portion of this audit (three residents in Unit One, four residents in Unit Two, six residents in Unit Three, and four residents in the Boys Transitional Living Program). The average daily population at the facility during the past 12 months has been 27 residents.

The Video Surveillance and Staffing Plan at Hermitage House addresses the facility staffing plan and requirements. This plan was implemented by the Agency PREA Coordinator on November 29, 2021. The facility is currently budgeted for 45 direct care staff; 35 of those positions are currently filled and 10 of those positions are currently vacant. This plan was reviewed on January 11, 2022. This auditor received a copy of 2022 Video Surveillance and Staffing Plan the date it was reviewed (January 11, 2022).

The facility is equipped with 70 video surveillance cameras (62 inside cameras and 8 outside cameras). Recordings from these devices remain on a secure server for approximately 45 days. There is a total of seven monitors (one monitor in Unit One, two monitors in Unit Two, one monitor in Unit Three, one monitor in the Boys Transitional Living Program, and the Facility Director and Training Director each have a monitor in their offices to monitor the video surveillance system). Video from all major incidents is reviewed by the Residential Coordinators and Unit Supervisors and retained on a flash drive. It was noted during interviews with the Agency PREA Coordinator and Facility Director, that random video surveillance is also reviewed by the Unit Supervisors on a weekly basis.

(b) Hermitage House PREA Policy and Procedure states "HHYS shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances."

The Agency PREA Coordinator and Facility Director both reported that there have been no deviations from the staffing plan during the past 12 months. They also reported that in the event administrative staff feel staffing ratios cannot be maintained during an upcoming shift, staff would be held over and paid overtime to meet the ratios. An interview with the Facility Director confirmed that staffing is monitored shift to shift by the Unit Supervisors and/or supervisors on shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules were also reviewed by this auditor to confirm compliance.

(c) Hermitage House PREA Policy and Procedure states "HHYS staffing ratios requires a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, as mandated by 55 Pa. Code Chapter 3800."

The Video Surveillance and Staffing Plan states the facility runs at a minimum 1:8 staff to resident ratio during 1st and 2nd shifts and at a minimum 1:16 staff to resident ratio during 3rd shift. This was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, resident rosters, and observations made during the tour of the facility that these ratios were being met on a regular basis at the facility. During the on-site portion of this audit, there were a total of 17 residents residing at the facility.

(d) Hermitage House PREA Policy and Procedure states "Whenever necessary, but no less frequently than once a year in consultation with the Agency PREA Coordinator, HHYS will assess, determine and document where adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The facility's deployment of video monitoring systems and other monitoring technologies; and
4. Resources the facility has available to commit to adhere to its staffing plan."

Discussions with the Agency PREA Coordinator and Facility Director during the on-site portion of this audit confirmed the Video Surveillance and Staffing Plan will be reviewed on an annual basis or more frequently if necessary. It was noted during these discussions that the Video Surveillance and Staffing Plan will be reviewed on an annual basis beginning in January 2022. On January 11, 2022, this auditor received a copy of the 2022 Video Surveillance and Staffing Plan to confirm this staffing plan was reviewed on an annual basis.

(e) Hermitage House PREA Policy and Procedure states "Intermediate-level or higher-level supervisors shall conduct and document unannounced rounds at least twice per month to identify and deter staff of sexual abuse and sexual harassment. The unannounced rounds must be conducted for night and day shifts. Staff are prohibited from alerting other staff members that these supervisory rounds are, or will be, occurring, unless such announcement is related to the legitimate operational functions of the facility."

This auditor was able to review Unannounced Rounds logs from the past 12 months and it was noted these rounds are being completed by intermediate-level or higher-level supervisors during waking hours. However, it was noted these rounds are not being completed by intermediate-level or higher level-supervisors during sleeping hours at the facility. It was noted the facility just began the practice of intermediate-level and higher-level supervisors completing Unannounced Rounds during sleeping hours approximately one month prior to the on-site portion of this audit. This issue was discussed with the Agency PREA Coordinator, Facility Director, and the administrative team at the facility and will be addressed during the Corrective Action period.

Corrective Action:

Hermitage House will implement the practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice will be implemented during waking hours as well as sleeping hours.

This practice will be monitored for 120 days. Hermitage House will forward all completed Unannounced Rounds logs to this auditor for review on a monthly basis to confirm compliance.

Resolution:

Since the on-site portion of this audit and during the Corrective Action period, Hermitage House was able to implement the practice of intermediate-level or higher-level administrators completing Unannounced Rounds during both waking hours and sleeping hours. Unannounced Rounds were completed during waking hours and sleeping hours during the following months:

- November 2021 (waking hours 11/20/2021 and sleeping hours on 11/30/2021)
- December 2021 (waking hours on 12/22/2021 and sleeping hours on 12/31/2021)
- January 2022 (waking hours on 1/31/2022 and sleeping hours on 1/31/2022)
- February 2022 (waking hours on 2/18/2022 and sleeping hours on 2/24/2022)
- March 2022 (sleeping hours on 3/26/2022 and waking hours on 3/29/2022)
- April 2022 (sleeping hours on 4/7/2022 and waking hours on 4/7/2022)

The Unannounced Rounds were completed by intermediate-level or higher-level administrators. Unannounced Rounds Logs were forwarded to this auditor by the Agency PREA Coordinator monthly. In addition, this auditor visited Hermitage House on 3/28/2022 and interviewed intermediate-level and higher-level administrators who complete Unannounced Rounds to confirm Unannounced Rounds were being completed in compliance with this standard.

Hermitage House is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Hermitage House 2021 Video Surveillance and Staffing Plan
3. Hermitage House 2022 Video Surveillance and Staffing Plan
4. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
5. Hermitage House Staffing Schedules
6. Hermitage House Resident Roster
7. Unannounced Rounds Logs
8. Locations of Video Surveillance Cameras
9. Tour of Facility

Interviews:

1. Interview with Facility Director

2. Interview with Agency PREA Coordinator
3. Interviews with Administrative Staff who complete Unannounced Rounds
4. Random Staff Interviews from all 3 Shifts

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except for thoroughly documented exigent circumstances or when performed by medical practitioners.</p> <p>Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. During interviews, staff could describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by any staff at Hermitage House.</p> <p>(b) Hermitage House PREA Policy and Procedure states "Except in thoroughly documented exigent circumstances, staff are prohibited from completing cross-gender pat searches. Searches must be conducted by staff of the same gender as the resident being searched."</p> <p>Interviews with the Facility Director, Agency PREA Coordinator, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at Hermitage House. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. No staff interviewed reported they have ever completed a cross-gender pat search of a resident. In addition, the Facility Director and Agency PREA Coordinator noted all searches of residents would be completed by a County representative (Juvenile Probation Officer or Children & Youth Caseworker) as staff are only permitted to complete a limited search of a resident which may consist of staff requesting the resident to pull out the pockets of the clothing they are wearing, lifting pant legs, and removing shoes and socks. The use of a hand-held metal detector is permitted to scan over a resident's clothed body.</p> <p>(c) Hermitage House PREA Policy and Procedures states "HHYS shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches."</p> <p>Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the incident on an Incident Report and place a note in the logbook detailing the search performed on the resident. Residents interviewed confirmed there have been no cross-gender pat searches conducted at Hermitage House during the past 12 months.</p> <p>(d) Hermitage House PREA Policy and Procedure states "All staff must announce themselves before entering a client bedroom or bathroom. Staff of the opposite gender must announce themselves when entering a residential unit."</p> <p>There are signs posted outside of each living unit at Hermitage House instructing opposite gender staff to announce their presence prior to entering that area. It was noted during interviews with staff and residents that opposite gender staff are consistently announcing their presence prior to entering the living units. Both staff and residents reported male staff announce "male on the unit" when entering a female living unit and female staff announce "female on the unit" when entering a male living unit. In addition, this practice was observed by this auditor during the tour of the facility.</p> <p>(e) Hermitage House PREA Policy and Procedure states "HHYS prohibits all pat down searches, partially clothed searches, body cavity searches, or physical exams of residents by any staff, regardless of same or opposite gender. These are prohibited in the search for contraband as well as the determination of genital status in the case of transgender or intersex residents."</p> <p>Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff interviewed stated that if a resident's genital status is unknown, they would attempt to determine the genital status by having conversations with the resident and reviewing the case history of the resident. There were no transgender or intersex residents admitted to Hermitage House during the past 12 months.</p> <p>According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches completed at Hermitage House during the past 12 months. This was confirmed during interviews with staff and residents during the on-site portion of this audit.</p> <p>(f) Hermitage House PREA Policy and Procedure states "All staff shall be trained to conduct resident searches, to include cross-gender pat-down searches and searches of transgender and intersex residents. All searches are to be completed in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs."</p> <p>All staff at Hermitage House have been trained on the proper way to conduct cross gender pat down searches, and searches</p>

of transgender or intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are educated on this topic through the video titled "Guidance on Cross-Gender and Transgender Pat Searches" on an annual basis. Documentation of the training and staff participation was provided to this auditor to review, and it was confirmed 100% of the staff employed at the facility involved in the supervision of the residents received this training. Staff interviewed were able to describe this training to this auditor during interviews.

Reviewed documentation to confirm compliance:

1. Hermitage House PREA Policy and Procedure
2. Staff Training Logs
3. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Random Resident Interviews
4. Random Staff Interviews

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Hermitage House PREA Policy and Procedure states "Residents with disabilities are accepted on a case-by-case basis if reasonable accommodations can be made. Once accepted, individual needs for accommodation would be identified through the referral/background information and the intake Health and Safety Assessment to ensure 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. PREA education materials are distributed to residents at intake and individually explained to allow for increased assurance of comprehension as well as clarification through question and answer; additional sessions can be held, as needed, for further educational opportunity."

There were two cognitively disabled residents (learning disabilities) residing at Hermitage House during the on-site portion of this audit. Both residents were interviewed by this auditor. These residents confirmed all their needs are met and anytime they do not comprehend something, they know they can seek assistance from any staff, supervisor, or teacher and they will take the time to review the material they do not understand to ensure they are able to comprehend the material. Interviews with the Facility Director and Agency PREA Coordinator confirmed any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse. It was noted during interviews that these residents would be able to meet one on one with a staff, supervisor, or teacher to ensure they comprehend the material.

(b) Hermitage House PREA Policy and Procedure states "Residents, who are limited in English proficiency, shall have equal opportunity to all aspects of HHYS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment."

The Hermitage House PREA Education pamphlet titled "Guide to Preventing and Reporting Sexual Abuse and Harassment" is available to residents in both English and Spanish. Both versions of this pamphlet were reviewed by this auditor prior to the on-site portion of this audit. It was noted during the tour of the facility that PREA posters are posted in the living units, all common areas, hallways, and the area where family visits take place. These posters are in both English and Spanish.

In addition, interpreters are available to limited English proficient residents through Logistics Plus Linguistic Solutions. This auditor was provided a copy of an agreement with Logistics Plus Linguistic Solutions that notes interpreters are available to residents at Hermitage House who are limited English Proficient.

There were no limited English proficient residents residing at Hermitage House during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

(c) Hermitage House PREA Policy and Procedure states "A professional interpretation service, Logistics Plus Linguistics Solutions, will be contacted, and is available 24 hours/day. Other residents will not be used to assist in the communications process, unless necessitated by an emergency and then documented on an Incident Report."

Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with the Facility Director, Agency PREA Coordinator, and staff that there have been no circumstances during the past 12 months at Hermitage House where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters available for the residents through Logistics Plus Linguistic Solutions and were able to explain how they would contact an interpreter through this agency to provide services to the resident.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Agreement with Logistics Plus Linguistic Solutions (Interpretation Services)
3. Tour of Facility
4. PREA Education Pamphlet (English)
5. PREA Education Pamphlet (Spanish)
6. PREA Posters

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Random Staff Interviews
4. Interviews with Cognitively Disabled Residents

115.317	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1449 331">(a – b) Hermitage House PREA Policy and Procedure states “HHYS policy prohibits hiring or promoting anyone who may have contact with residents, who:</p> <ol data-bbox="276 385 1490 613" style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated 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.” <p data-bbox="240 645 1458 703">In addition, this policy states “HHYS will consider any incidents of sexual harassment when determining to hire or promote any employee or in contracting with any service provider.”</p> <p data-bbox="240 734 1481 828">This practice was confirmed during an interview with a representative from Human Resources as well as a review of randomly selected employee files. In addition, it was noted that any staff who is hired at Hermitage House is not permitted to work with the residents until all background checks are completed.</p> <p data-bbox="240 860 1481 954">This practice was confirmed during an interview with a representative from Human Resources as well as a review of randomly selected employee files. In addition, it was noted that any staff who is hired at Hermitage House is not permitted to work with the residents until all background checks are completed.</p> <p data-bbox="240 985 1433 1043">(c) Hermitage House PREA Policy and Procedure states “Before hiring any new employees who may have contact with residents, HHYS will:</p> <ol data-bbox="276 1097 1422 1258" style="list-style-type: none"> 1. Conduct criminal background record checks; 2. Consult any child abuse registry maintained by the State or locality in which the employee would work; and 3. Consistent with Federal, State, and local law, makes 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.” <p data-bbox="240 1290 1490 1518">During an interview with a representative from Human Resources, she was able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to any employee being offered employment and being able to work in the facility with any residents. In addition, all prospective employees go through three different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Upon receiving these three clearances, a copy is placed in the employee file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.</p> <p data-bbox="240 1550 1453 1675">During the past 12 months, there were six employees hired at Hermitage House who may have contact with residents. All randomly selected staff files contained the above-mentioned background information. This process was also confirmed during an interview with a representative from Human Resources. In addition, the Facility Director and Agency PREA Coordinator were able to describe the agency’s hiring and promotion process in detail to this auditor.</p> <p data-bbox="240 1706 1490 1765">(d) Hermitage House PREA Policy and Procedure states “HHYS will perform criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.”</p> <p data-bbox="240 1796 1490 2056">There are currently two contractors approved to enter Hermitage House and have contact with the residents. Both contractors are teachers from the Tri-County Intermediate Unit. All contractors are screened as noted in the above-mentioned policy as they are required to have the same three background checks staff must have completed prior to having contact with the residents at the facility. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. These background checks must be completed a minimum of every five years. It was noted and confirmed during a review of files and interviews with a representative from Human Resources that background checks are completed every five years for all contractors and volunteers approved to enter the facility.</p> <p data-bbox="240 2087 948 2114">There are no volunteers currently approved to enter Hermitage House.</p>

(e) Hermitage House PREA Policy and Procedure states "HHYS requires, and in compliance with DHS, that criminal background and child abuse registry records checks be conducted at least every five years of current employees and contractors who may have contact with residents."

This practice was confirmed during interviews with a representative from Human Resources designee and the Facility Director. Both were able to describe the process of completing background clearances on current employees no less than every five years to ensure the facility is meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Child Care Regulations which also require current employees and contractors to complete background clearances a minimum of every five years. This auditor was able to review ten staff files to confirm background checks are being completed when the employee is hired and no less than every five years after the initial background checks are completed.

It was noted and confirmed during a review a files and interviews with a representative from Human Resources and the Facility Director that background checks are completed every five years for all staff and all contractors and/or volunteers approved to enter the facility.

The representative from Human Resources interviewed maintains a system that notes when each background check was completed and when future background checks are due. Staff receive notices prior to a background check being due to ensure they are completing and submitting the proper paperwork in a timely fashion.

(f) Hermitage House PREA Policy and Procedure states "HHYS will ask all applicants and employees having contact with residents directly, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees, about previous misconduct described in paragraph (1). HHYS will also impose upon employees a continuing affirmative duty to disclose any such misconduct."

Hermitage House requires all applicants and staff seeking a promotion to complete a Sexual Misconduct/Abuse Disclosure Release during the application process. This Sexual Misconduct/Abuse Disclosure Release requires any applicant or staff seeking a promotion to disclose information about any previous misconduct. Failure to disclose information about previous misconducts shall exclude the applicant from hire and will result in the immediate termination of employment. This was confirmed during an interview with a representative from Human Resources. In addition, this auditor was able to review the Sexual Misconduct/Abuse Disclosure Release with the representative from Human Resources and the process in which it is used and given to applicants and employees seeking a promotion.

(g) Hermitage House PREA Policy and Procedure states "Material omission of providing false information regarding misconduct shall be grounds for termination."

This screening process noted above was confirmed during an interview with a representative from Human Resources as well as reviewing randomly selected staff background checks to confirm the Sexual Misconduct/Abuse Disclosure Release was completed by all applicants at Hermitage House.

(h) Hermitage House PREA Policy and Procedure states "When receiving a request from a prospective institutional employer about a former employee making application for work, HHYS will notify the prospective employer about substantiated allegations of sexual abuse as well as current pending investigations."

When requested, Hermitage House does 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. This was confirmed during an interview with a representative from Human Resources.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Hermitage House Employment Application
3. Sexual Misconduct/Abuse Disclosure Release
4. Review of Randomly Selected Staff Files

Interviews:

1. Interview with Human Resources Representative
2. Interview with Facility Director
3. Interview with Agency PREA Coordinator

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 398">(a – b) Hermitage House PREA Policy and Procedure states “When designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, HHYS will consider the effects on the ability to protect residents from sexual abuse. Additionally, when installation or updating of any monitoring technology, HHYS will consider how this may enhance the agency’s ability to protect residents from sexual abuse.”</p> <p data-bbox="240 432 1493 557">There has been no expansion or modifications at Hermitage House since August 20, 2012. Through an interview with the Agency Head, it was confirmed that if there are any additional plans for expansion or modifications, the agency/facility will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p data-bbox="240 591 1493 714">Interviews with the Agency Head, Facility Director, and Agency PREA Coordinator confirmed the video surveillance system is inspected on a regular basis at Hermitage House and was last updated in 2021. Since the last PREA Audit, the facility added an additional 24 video surveillance cameras (added an additional 20 indoor video surveillance cameras and an additional 4 outdoor video surveillance cameras).</p> <p data-bbox="240 748 756 775">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 826 911 920" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Hermitage House 2021 Video Surveillance and Staffing Plan 3. Tour of Facility <p data-bbox="240 954 352 981">Interviews:</p> <ol data-bbox="276 1032 719 1126" style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Facility Director 3. Interview with Agency PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The Pennsylvania State Police conducts sexual abuse investigations which are criminal in nature at Hermitage House. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. Sexual abuse allegations which are not criminal in nature and are investigated by the Pennsylvania Department of Human Services. Hermitage House asked the Pennsylvania State Police to comply with all PREA investigative standards in a signed Memorandum of Understanding dated May 29, 2020, and a formal letter dated October 29, 2021. A representative from the Pennsylvania State Police was interviewed by this auditor and stated that any detective who would handle a sexual abuse investigation at Hermitage House has been trained in a uniform evidence protocol.

There was one allegation of sexual abuse at Hermitage House during the past 12 months. This allegation was referred for investigation and is still under investigation by the Pennsylvania State Police.

(b) Hermitage House is not responsible for completing any form of criminal or administrative sexual abuse investigations. All sexual abuse investigations for allegations which are criminal in nature are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Administrative investigations for allegations which are not criminal in nature are completed by the Pennsylvania Department of Human Services. This was confirmed during interviews with the Facility Director and a representative from the Pennsylvania State Police.

(c) The Agency PREA Coordinator and Facility Director stated during their interviews that Meadville Medical Center is where a resident would be transported for a forensic examination by a SAFE/SANE. Hermitage House has a signed Memorandum of Understanding with Meadville Medical Center (dated May 18, 2020) that states "Any adolescent placed at Hermitage House who is a victim of sexual abuse may be transported to Meadville Medical Center for a sexual assault forensic examination."

A representative from Meadville Medical Center was interviewed by this auditor and was able to confirm the details of the Memorandum of Understanding and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to their hospital.

In reviewing documentation, there were no incidents of sexual abuse involving penetration at Hermitage House during the past 12 months that required a resident to be transported to Meadville Medical Center. Therefore, there were no forensic examinations completed.

(d) The Agency PREA Coordinator provided this auditor with a signed Memorandum of Understanding with Women's Services, Inc. This Memorandum of Understanding is dated October 26, 2021, and notes services provided by Women's Services, Inc. include the following:

1. Respond to requests from HHYS to provide accompaniment and advocacy to residents transported to Meadville Medical Center for a sexual assault examination.
2. Provide ongoing support and advocacy services, at victim request, and through court proceedings regarding the alleged sexual assault.
3. Inform the staff making the request of the name of the responding advocate for a given accompaniment.
4. To follow HHYS organizational guidelines for safety and security.
5. Maintain confidentiality, as required by state standards for certified crisis counselors and Women's Services Inc. policies and procedures.
6. Follow the mandated reporting requirements at the receipt of a report of sexual abuse of a resident of HHYS.
7. Provide training on sexual assault for HHYS staff, contractors, and volunteers.
8. Communicate any questions or concerns to HHYS staff.

A representative from Women's Services, Inc. was interviewed by this auditor and confirmed an advocate from their agency would respond to Meadville Medical Center to provide emotional support and rape crisis counseling to any victim of sexual abuse.

(e) Hermitage House has a Memorandum of Understanding with Women's Services, Inc. which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This was confirmed during an interview with a representative from Women's Services, Inc.

(f) The Pennsylvania State Police conducts sexual abuse investigations in conjunction with the Pennsylvania Department of Human Services. All alleged incidents of sexual abuse are also reported to other appropriate authorities as required

(including the Pennsylvania Department of Human Services through Childline). Hermitage House asked the Pennsylvania State Police to comply with all PREA investigative standards in a Memorandum of Understanding (dated May 29, 2020) and a formal letter (dated October 29, 2021). This auditor was provided with signed copies of the Memorandum of Understanding and formal letter to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Pennsylvania State Police to discuss the investigation process for allegations of sexual abuse at Hermitage House.

(g) All criminal investigations of sexual abuse are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Hermitage House has a signed Memorandum of Understanding with the Pennsylvania State Police and requested the Pennsylvania State Police to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372) in a formal letter.

Reviewed documentation to determine compliance:

1. Memorandum of Understanding with the Pennsylvania State Police
2. Formal Letter to the Pennsylvania State Police
3. Memorandum of Understanding with Meadville Medical Center
4. Memorandum of Understanding with Women's Services, Inc.

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from the Pennsylvania State Police
4. Interview with Representative from Meadville Medical Center
5. Interview with Representative from Women's Services, Inc.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1497 365">(a) Hermitage House PREA Policy and Procedure notes an investigation must be conducted and documented for any incident of sexual harassment or sexual abuse. All allegations must be reported through the Childline Hotline to the Pennsylvania Department of Human Resources and to the Pennsylvania State Police for investigation.</p> <p data-bbox="242 398 1481 521">During the past 12 months, there was one allegation of sexual abuse at Hermitage House. This allegation was immediately reported to the Pennsylvania State Police and the Pennsylvania Department of Human Services for investigation. Interviews with the Facility Director and a representative from the Pennsylvania State Police confirmed the referral process for any allegations of sexual abuse or sexual harassment.</p> <p data-bbox="242 555 1485 813">(b) Hermitage House PREA Policy and Procedure states all allegations of sexual abuse and sexual harassment are referred to the Pennsylvania Department of Human Services and the Pennsylvania State Police for investigation. The Facility Director stated during an open investigation, communication would be maintained between Hermitage House and the Pennsylvania Department of Human Services/Pennsylvania State Police through telephone calls, emails, and on-site visits. There was one allegation of sexual abuse at the facility during the past 12 months. This allegation is being investigated by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services and is currently open. The Facility Director and Agency PREA Coordinator were able to provide this auditor with emails that confirm communication is being maintained between Hermitage House and the Pennsylvania State Police during this investigation.</p> <p data-bbox="242 846 1481 969">Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. In addition, this information is also sent to the families of the residents and the contracting agencies when the resident arrives at the facility. PREA related information is also posted in all common areas of the facility and was observed by this auditor during the tour of the facility.</p> <p data-bbox="242 1003 1461 1095">All sexual abuse allegations are referred to the Pennsylvania Department of Human Services through the Childline Hotline within 24 hours and are documented on a CY47 form. These allegations can be referred to Childline by calling the 24-hour hotline (1-800-932-0313) or by electronically submitting the CY47 form.</p> <p data-bbox="242 1128 1490 1386">All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. The Pennsylvania Department of Human Services receives the allegation from the Childline Hotline and would then forward the allegation to the Pennsylvania State Police for investigation (the facility also contacts the Pennsylvania State Police). If the allegation is criminal in nature, the Pennsylvania State Police assumes responsibility of the investigation and works in conjunction with the Pennsylvania Department of Human Services throughout the investigation. All alleged incidents of sexual abuse and sexual harassment which are not criminal in nature are investigated by the Pennsylvania Department of Human Services.</p> <p data-bbox="242 1420 1433 1545">(c) Hermitage House asked the Pennsylvania State Police to comply with all PREA investigative standards in a signed Memorandum of Understanding (dated May 29, 2020) and a formal letter (dated October 29, 2021). This auditor was provided copies of the signed Memorandum of Understanding and formal letter that was sent to the Pennsylvania State Police confirm compliance with this standard.</p> <p data-bbox="242 1579 1490 1738">A representative from the Pennsylvania State Police was interviewed by this auditor, and stated his agency completes thorough investigations on each incident and will send a detailed report to the Pennsylvania Department of Human Services noting their findings and determinations at the completion of any investigation. The Pennsylvania Department of Human Services then conducts an administrative investigation and prepares and sends a Determination Letter to the Facility Director noting the determination of the completed investigation.</p> <p data-bbox="242 1771 1469 1897">The Facility Director noted that following the facility receiving a Determination Letter indicating an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Agency PREA Coordinator. This auditor was able to review the Sexual Incident Review Form template that is used to document all Sexual Abuse Incident Reviews.</p> <p data-bbox="242 1930 1485 2121">(d – e) All criminal investigations of sexual abuse are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Hermitage House has a signed Memorandum of Understanding with the Pennsylvania State Police (dated May 29, 2020) and sent a formal letter to the Pennsylvania State Police (dated October 29, 2021). The Memorandum of Understanding and formal letter asks the Pennsylvania State Police to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor reviewed copies of the Memorandum of Understanding and formal letter that was sent to the Pennsylvania State Police to confirm compliance.</p>

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Memorandum of Understanding with the Pennsylvania State Police
3. Formal Letter to the Pennsylvania State Police
4. Sexual Incident Review Form Template

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from the Pennsylvania State Police

115.331	Employee training
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1433 331">(a) Hermitage House PREA Policy and Procedure states “HHYS will train all new employees who will have contact with residents on PREA related information, as part of the orientation training. This will include, at a minimum, the following:</p> <ol data-bbox="272 385 1477 846" style="list-style-type: none"> 1. Its zero-tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Residents’ right to be free from sexual abuse and sexual harassment; 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. <p data-bbox="240 878 1461 936">Training is completed through the online course, offered through the National Institute of Corrections (NIC), Your Role and Responsibilities to Responding to Sexual Abuse.”</p> <p data-bbox="240 967 1477 1160">All staff receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire. Current staff who received this training, receive this training every two years. In years in which a staff does not receive this detailed training, Hermitage House provides refresher information on current sexual abuse and sexual harassment policies to the employees as part of an annual PREA training. In addition, the Agency PREA Coordinator stated the Training Director reviews PREA topics during quarterly staff meetings at the facility. This was also confirmed during an interview with the Training Director.</p> <p data-bbox="240 1191 1461 1317">All staff interviewed reported receiving the above-mentioned trainings/refreshers regarding PREA on an annual basis. In addition, staff interviewed discussed receiving additional PREA refreshers during the year to review any policy changes or PREA-related issues that may be observed in the facility. Training logs were reviewed by this auditor and indicated all staff who may have contact with residents at Hermitage House completed the trainings/refreshers on an annual basis.</p> <p data-bbox="240 1348 1442 1406">(b) Hermitage House PREA Policy and Procedure states “Training shall be tailored to the unique needs and attributes of residents of HHYS and to the gender of the residents at the employee’s facility.”</p> <p data-bbox="240 1438 1468 1563">PREA training is provided specific to the facility annually. Hermitage House is a co-ed facility houses both male and female residents; therefore, the training is tailored to both populations. This auditor reviewed the training specific to those staff working with the residents at Hermitage House. After reviewing this training, it was confirmed the training is tailored to both male and female residents.</p> <p data-bbox="240 1594 1461 1653">During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.</p> <p data-bbox="240 1684 1461 1787">(c) Hermitage House PREA Policy and Procedure states “All staff will receive refresher PREA related training every two years. For those years in which training is not received, refresher information will be given regarding current sexual abuse and sexual harassment policies.”</p> <p data-bbox="240 1818 1484 1944">This auditor reviewed training records of randomly selected staff and confirmed all staff completed the annual PREA trainings/refreshers on an annual basis. Interviews with staff also confirmed they received the trainings/refreshers and understood the material that was covered in the trainings/refreshers they received. All staff interviewed were able to describe key points in the trainings/refreshers.</p> <p data-bbox="240 1975 1484 2132">(d) All staff who successfully complete the annual PREA training/refresher must sign an acknowledgement form following the training/refresher. This acknowledgement form notes each staff has received the training/refresher, understands the training/refresher, and will adhere to information and requirements covered in the training/refresher. This auditor was able to review staff signed acknowledgement forms and confirmed they had the appropriate staff signatures and noted each staff understood the training/refresher they received.</p>

Interviews with staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, PREA policies, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment. In addition, the Agency PREA Coordinator stated the facility is looking into providing staff with "PREA Cards" which outline procedures and proper protocol for protecting residents from imminent sexual abuse and their role as a first responder. This was a practice used in the past and some staff interviewed were carrying their "PREA Card" on their person and displayed it to this auditor. Staff interviewed were also able to note the appropriate steps they would take to protect residents of imminent sexual abuse as well as their role as a first responder.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. PREA Training Curriculums
3. Training Logs
4. Signed Acknowledgement Forms

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Training Director
3. Random Staff Interviews

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Hermitage House PREA Policy and Procedure states "HHYS will train all volunteers and contractors, who have contact with residents, on their responsibilities under the agency's policies and procedures regarding sexual harassment prevention, detection, and response."

Hermitage House reported that there are two contractors and six volunteers approved to enter the facility during the past 12 months. The two contractors are teachers from the Tri-County Intermediate Unit. The six volunteers consisted of four interns and two volunteers from a local Art Club.

During an interview with the Facility Director, it was noted that prior to entering the facility, all volunteers and contractors receive and review the Volunteers/Contractor Training Brochure titled "Zero-Tolerance of Sexual Abuse and Harassment for Employees, Volunteers, and Service Contractors". Upon receiving and reviewing this brochure with a supervisor, each volunteer and contractor signed an acknowledgement form noting they understood the material and how to report allegations of sexual abuse and sexual harassment. In addition, the two contracted teachers from the Tri-County Intermediate Unit and the four interns completed the PREA training that all staff at the facility are required to complete on an annual basis to due to the amount of contact they have with the residents.

(b) Hermitage House PREA Policy and Procedure states "The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors will receive the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents and acknowledgement of their understanding of the policy is signed and maintained as documentation. Those volunteers and contractors having regular and frequent contact with residents are additionally required to complete a confidentiality agreement; applicable child abuse and criminal clearances; Mandated Reporter Training; and any NIC PREA training, applicable to their role with the residents."

Prior to entering the facility, all volunteers and contractors receive, and review the Volunteers/Contractor Training Brochure titled "Zero-Tolerance of Sexual Abuse and Harassment for Employees, Volunteers, and Service Contractors" and an Acknowledgement Form to review and sign off noting they understand the material in the training. This auditor was able to review PREA Training sign off sheets signed by each contracted staff and volunteer to confirm they received the required training. In addition to receiving the contractor/volunteer training brochure, each contracted teacher and intern completed the annual PREA training that all staff at the facility are required to complete due to amount of contact each has with the residents at the facility.

(c) Hermitage House PREA Policy and Procedure states "All volunteers and contractors will receive the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents and acknowledgement of their understanding of the policy is signed and maintained as documentation."

Hermitage House maintains training records for all volunteers and contractors who have been approved to enter the facility and have contact with residents. All volunteer/contractor training records are kept in a file that is maintained by the Administrative Assistant. The Facility Director and Agency PREA Coordinator were able to explain the process of educating a volunteer/contractor prior to them entering the facility to ensure they are aware of the agency PREA policies, their duty to report, and the importance of appropriate interactions with the residents. This auditor was able to interview a contracted staff (teacher from the Tri-County Intermediate Unit) during the on-site portion of this audit. This contracted staff was able to confirm she received the PREA training for contracted staff and completed the PREA training that all staff at the facility are required to complete. Training certificates and signed acknowledgement forms for each contracted staff and volunteers at Hermitage House were reviewed by this auditor to confirm compliance.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Volunteer/Contractor Training Brochure "Zero-Tolerance of Sexual Abuse and Harassment for Employees, Volunteers, and Service Contractors"
3. Volunteer/Contractor Training and Acknowledgement Form Template
4. Signed Volunteer/Contractor Training and Acknowledgement Forms

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interview with Contracted Staff

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">(a) Hermitage House PREA Policy and Procedure states “At the time of intake, residents receive a copy of the Guide to Preventing and Reporting Sexual Abuse and Harassment detailing their rights to be free from sexual abuse and harassment, free from retaliation for reporting such incidents, and agency policies for reporting incidents. At intake, the booklet will be reviewed, and the resident given the opportunity to ask questions for clarification. The resident will sign an acknowledgement of receiving and understanding the information; the acknowledgement will be maintained in their individual file.”</p> <p data-bbox="240 465 1485 624">This auditor was able to review copies of the Hermitage House PREA Resident Education pamphlet titled “Guide to Preventing and Reporting Sexual Abuse and Harassment”. All residents receive a copy of this pamphlet upon admission to Hermitage House. This pamphlet is available in both English and Spanish. In addition, residents also receive a verbal question and answer session with a staff upon admission. It was noted the verbal question and answer session is completed the day the resident arrives at the facility.</p> <p data-bbox="240 658 1485 781">Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received PREA education during their intake (during their first 24 hours at the facility) which included receiving the PREA Resident Education pamphlet, a staff reviewing the pamphlet with the resident, and being permitted to ask staff any questions they may have.</p> <p data-bbox="240 815 1485 904">(b) Hermitage House reports there were 31 residents admitted into Hermitage House during the past 12 months. Although all 31 residents admitted received PREA education at intake, none of the residents received comprehensive PREA education within 10 days of their intake.</p> <p data-bbox="240 938 1485 1061">Interviews with the Agency PREA Coordinator, Facility Director, intake staff, and residents confirmed residents have not received comprehensive PREA education within 10 days of their intake. In addition, there was no documentation noting residents receive comprehensive PREA education within 10 days of intake. This will be addressed during the Corrective Action period.</p> <p data-bbox="240 1095 1485 1254">(c) Intake staff who were interviewed reported each resident admitted into the facility receives PREA education during their first day at the facility, during the intake process. They were able to describe reviewing the agency zero tolerance policy and providing each resident with the PREA Education pamphlet titled “Guide to Preventing and Reporting Sexual Abuse and Harassment”. This auditor reviewed ten resident’s files during the on-site portion of this audit and all ten files reviewed contained a signed copy of the receipt noting the resident received the PREA education at intake.</p> <p data-bbox="240 1288 1485 1447">All residents interviewed confirmed they received PREA education during their intake on their first day at the facility. They also acknowledged reviewing and receiving a copy of the PREA Education pamphlet titled “Guide to Preventing and Reporting Sexual Abuse and Harassment”. Intake staff interviewed also noted reviewing the PREA pamphlet with the residents to ensure they understand the material in the pamphlet and how to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1480 1485 1740">(d) Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through Logistics Plus Linguistic Solutions. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and the PREA Education pamphlet in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA Education pamphlet that all residents receive. This auditor was also able to review a Service Agreement between Hermitage House and Logistics Plus Linguistic Solutions for Interpretation Services.</p> <p data-bbox="240 1774 1370 1800">There were no limited English proficient residents at the facility to interview during the on-site portion of this audit.</p> <p data-bbox="240 1834 1485 2058">(e) All resident education is documented on an acknowledgement form specific to Hermitage House. This acknowledgement form is signed and dated by the resident upon receiving PREA education information and is also signed and dated by the staff who completed the intake process for the resident. This confirmation form is kept in the resident's file. This auditor was able to review ten resident files and each file contained the above-mentioned documentation confirming the resident received PREA education during the intake process. However, there was no documentation noting the resident received comprehensive age-appropriate education within 10 days of intake. This will be addressed during the Corrective Action period.</p> <p data-bbox="240 2092 1485 2148">(f) At intake, all residents receive the Hermitage House PREA Education pamphlet titled “Guide to Preventing and Reporting Sexual Abuse and Harassment”. Residents also receive a Resident Handbook upon admission into the facility. The PREA</p>

Education pamphlet and Resident Handbook note ways to report sexual abuse, sexual harassment, and retaliation, and contact numbers for Women's Services, Inc. and the Pennsylvania Department of Human Services Childline Hotline.

In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA during their intake, received a PREA Education pamphlet, and reviewed the PREA Education pamphlet with a staff at intake. Each resident interviewed was knowledgeable of the PREA standards and their role in the facility.

Corrective Action:

Within 10 days of intake, Hermitage House shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for reporting such incidents. This will be monitored for 120 days.

In addition to providing comprehensive age-appropriate education to residents, Hermitage House will document the residents received this education. Documentation for randomly selected residents will be forwarded to this auditor during the Corrective Action period upon request.

Resolution:

During the Corrective Action period, Hermitage House revised its PREA education curriculum for residents. Upon intake, residents continued to receive the PREA Resident Education Pamphlet titled "Guide to Preventing and Reporting Sexual Abuse and Harassment" at intake. This pamphlet is reviewed with an intake staff and the resident signs an acknowledgement form noting they received the pamphlet and education at intake. Within 10 days of intake, residents now receive comprehensive age appropriate PREA education in the form of a video. This video was created for adolescents in residential placements and is titled "PREA and Sexual Safety Education for Residents in a Confinement Facility". Once the resident watches the video, the resident is permitted to ask any questions they may have about the video and the PREA Resident Education Pamphlet the resident received at intake. The resident then signs an acknowledgement form noting they received the comprehensive age-appropriate education within 10 days of intake. All PREA education acknowledgement forms are placed in the resident's file.

During the Corrective Action period, there were two intakes admitted into Hermitage House (1/5/2022 and 1/24/2022). Both residents received PREA education at intake and comprehensive age appropriate PREA education within 10 days of intake. Both residents signed acknowledgement forms were forwarded to this auditor for review. In addition, this auditor visited the facility on 3/28/2022 and was able to interview both residents who were admitted into the facility during the Corrective Action period. Both residents confirmed they received PREA education at intake and a comprehensive age appropriate PREA education within 10 days of intake.

Hermitage House is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. PREA Resident Education Pamphlet "Guide to Preventing and Reporting Sexual Abuse and Harassment"
3. Signed Resident PREA Education Acknowledgement Forms (Intake Education)
4. Signed Resident PREA Education Acknowledgement Forms (10 Day Education)
5. Agreement with Logistics Plus Linguistic Solutions (Interpretation Services)
6. PREA Posters
7. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Intake Staff Interviews
4. Random Resident Interviews

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 499">(a) Hermitage House PREA Policy and Procedure notes the Pennsylvania State Police is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse at Hermitage House which are criminal in nature. The facility has a Memorandum of Understanding with the Pennsylvania State Police (dated May 29, 2020). Hermitage House has also formally asked the Pennsylvania State Police to comply with PREA investigative standards. This was requested in a formal letter requesting investigations be conducted in compliance with the PREA investigative standards (dated October 29, 2021). This auditor was provided with copies of the signed Memorandum of Understanding and formal letter sent to the Pennsylvania State Police to review to confirm compliance with this standard.</p> <p data-bbox="242 530 1469 689">(b) The Pennsylvania State Police is responsible for the investigation of all allegations of sexual abuse and sexual harassment (that are criminal in nature) at Hermitage House. A representative from the Pennsylvania State Police was interviewed by this auditor and stated detectives who conduct investigations have completed various investigative trainings. He was able to describe these trainings to this auditor and stated his agency would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual abuse at Hermitage House.</p> <p data-bbox="242 721 1485 949">(c) The Pennsylvania State Police is responsible for the investigation of all allegations of sexual abuse at Hermitage House that are criminal in nature. Administrative investigations which are not criminal in nature are investigated by the Pennsylvania Department of Human Services. The facility has formally asked the Pennsylvania State Police to comply with PREA investigative standards. This was noted in a Memorandum of Understanding with the Pennsylvania State Police and was also requested in a formal letter to the Pennsylvania State Police requesting investigations be conducted in compliance with the PREA standards. This auditor was provided with copies of the Memorandum of Understanding and formal letter to confirm compliance with this standard.</p> <p data-bbox="242 981 1469 1072">(d) A representative from the Pennsylvania State Police was interviewed by this auditor. This representative was able to confirm detectives who conduct sexual abuse investigations have completed various trainings including investigating sexual abuse allegations in a confinement facility.</p> <p data-bbox="242 1104 1469 1332">In addition, the Facility Director and Agency PREA Coordinator were both able to confirm any allegations of sexual abuse and sexual harassment (that are criminal in nature) are referred to the Pennsylvania State Police for investigation by the Pennsylvania Department of Human Services. The Pennsylvania State Police would then work in conjunction with the Pennsylvania Department of Human Services to complete the investigation. There was one allegation of sexual abuse at Hermitage House during the past 12 months. This auditor was provided documentation noting the allegation was referred to the Pennsylvania Department of Human Services through the Childline Hotline and the Pennsylvania State Police for investigation. This allegation is still under investigation by the Pennsylvania State Police.</p> <p data-bbox="242 1364 754 1393">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1442 975 1536" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Memorandum of Understanding with the Pennsylvania State Police 3. Formal Letter to the Pennsylvania State Police <p data-bbox="242 1568 352 1597">Interviews:</p> <ol data-bbox="276 1646 959 1740" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Interview with Representative from the Pennsylvania State Police

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states “HHYS will ensure that all full time and part time medical and mental health care practitioners who work regularly in the facility are trained in:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” <p>There are currently four mental health staff (three full-time staff and one part-time staff) employed at Hermitage House who have regular contact with the residents at the facility. These mental health staff’s training records were reviewed by this auditor during the on-site portion of the audit. All four of the mental health staff have completed the National Institute of Corrections specialized training titled “PREA: Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting”.</p> <p>(b) There are no medical staff at Hermitage House. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Meadville Medical Center by a SANE/SAFE. The facility has a signed Memorandum of Understanding with Meadville Medical Center that notes forensic examinations would be completed by a SANE/SAFE.</p> <p>(c) This auditor received and reviewed training records and training certificates from the mental health staff at Hermitage House. All mental health staff at the facility completed the National Institution of Corrections specialized training titled “PREA: Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting”. In addition, this auditor interviewed two mental health staff and they confirmed they had received and understood the specialized training they received specific to their job titles.</p> <p>(d) Hermitage House PREA Policy and Procedure, states “Medical and mental health care practitioners at HHYS shall also receive the training mandated for employees or for contractors and volunteers, depending upon the practitioner’s status.”</p> <p>Mental health staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response at Hermitage House. This auditor was able to review mental health staff training records to confirm they received and successfully completed the annual PREA training that all staff at the facility are required to complete. This was also confirmed during interviews with mental health staff at the facility. There are no medical staff employed at Hermitage House.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Memorandum of Understanding with Meadville Medical Center 3. PREA Training Curriculums/Training Logs 4. Mental Health Staff NIC Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Mental Health Staff 2. Interview with Representative from Meadville Medical Center

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1465 394">(a) Hermitage House PREA Policy and Procedure states “Within 24 hours of intake, a resident’s risk of victimization and/or sexually aggressive behavior will be assessed by the Vulnerability Assessment Instrument. The assessment, and any corresponding plan, will be maintained in the file and updated after 30 days of admission and then every 6 months thereafter.”</p> <p data-bbox="240 430 1484 651">This auditor discussed the Vulnerability Assessment Instrument with two staff who complete the screening and the Agency PREA Coordinator. The Vulnerability Assessment Instrument is completed by trained staff upon intake. In addition, residents are reassessed using the Vulnerability Assessment Instrument during their first 30 days at the facility and every six months after the initial assessment. In addition, the Vulnerability Assessment Instrument is administered to any residents who transfer from another facility or if there is a sexual abuse or sexual harassment incident involving the resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at Hermitage House.</p> <p data-bbox="240 687 1477 880">During the past 12 months, there were 31 residents admitted to Hermitage House whose length of stay in the facility was for 72 hours or more. All 31 residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents during their first day at the facility by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment is completed upon intake by interviewing two staff who complete the screening and by reviewing ten resident files. In addition, all residents interviewed stated the Vulnerability Assessment Instrument is completed as noted in the Hermitage House PREA Policy and Procedure.</p> <p data-bbox="240 916 1490 1205">(b) The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident upon admission to the facility, within 30 days of admissions, and every six months after the initial screening is completed. In addition, the Vulnerability Assessment Instrument is administered to any residents if they transfer from another facility or are involved in a sexual abuse or sexual harassment incident. Two staff who administer the Vulnerability Assessment Instrument were interviewed and understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. They both were able to describe how this screening is administered the first day the resident is admitted into the facility and periodically throughout the resident’s stay at the facility (resident is reassessed within 30 days of admission and every six months after that – administered during the resident’s Individual Service Plan Reviews).</p> <p data-bbox="240 1240 1481 1529">(c) Hermitage House PREA Policy and Procedure states “This objective screening instrument obtains information that includes: 1) Prior sexual victimization or abuse; 2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; 3) Current charges and offense history; 4) Age; 5) Level of emotional and cognitive development; 6) Physical size and stature; 7) Mental illness or mental disabilities; 8) Intellectual or developmental disabilities; 9) Physical disabilities; 10) The resident’s own perception of vulnerability; and 11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. As a part of this assessment, a trauma informed assessment is also administered to obtain information surrounding trauma experience and coping responses. Identified risk areas for both parts of the assessment will be addressed in the Health and Safety Plan.”</p> <p data-bbox="240 1565 1487 1787">This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at Hermitage House and confirmed this screening is objective and captures the information required in this standard. A review of ten resident’s files confirmed the Vulnerability Assessment Instrument is being administered within 72 hours of intake and periodically throughout a resident’s stay at the facility (residents are reassessed within 30 days of intake and every six months after their initial assessment). In addition, the Vulnerability Assessment Instrument is administered to any residents who transfer from another facility to Hermitage House or if there is a sexual abuse or sexual harassment incident. These screenings are being completed by trained staff at Hermitage House.</p> <p data-bbox="240 1823 1473 1881">(d) Hermitage House PREA Policy and Procedure states “Information shall also be obtained through conversations with the resident, by reviewing court records, resident files, psychological assessments and other relevant documentation.”</p> <p data-bbox="240 1917 1493 2072">Interviews with the Agency PREA Coordinator and two staff that administer the Vulnerability Assessment Instrument revealed that staff interview each resident upon admission and periodically throughout a resident’s stay at the facility (residents are reassessed within 30 days of intake and every six months after their initial assessment). Staff interviewed that administer the Vulnerability Assessment Instrument also stated they use case history notes and behavioral records, in addition to the face-to-face interview, when completing the initial screening.</p> <p data-bbox="240 2107 1437 2161">(e) Hermitage House PREA Policy and Procedure states “HHYS shall follow appropriate procedures and controls on the dissemination of sensitive information to ensure that information is protected.”</p>

All completed Vulnerability Assessment Instruments are securely kept in the resident's files. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at Hermitage House. All residents interviewed also stated they have been asked these questions again periodically during their stay at the facility. Ten resident's files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening completed within 72 hours of intake and periodically throughout their stay at the facility (within 30 days of intake and every six months following their initial screening).

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Vulnerability Assessment Instrument Template
3. Completed Vulnerability Assessment Instruments
4. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
3. Random Resident Interviews

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1436 365">(a) Hermitage House PREA Policy and Procedure states “HHYS will use information obtained from the Vulnerability Assessment Instrument to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.”</p> <p data-bbox="240 398 1474 555">Interviews with the Agency PREA Coordinator and staff confirmed the Vulnerability Assessment Instrument is completed by trained staff within 72 hours of intake (during the resident's first day at the facility) and living unit, bedroom, program, education, and work assignments are made accordingly to keep all residents at Hermitage House free from sexual abuse and sexual harassment. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate living units and bedrooms to ensure residents are kept safe while residing in the facility.</p> <p data-bbox="240 589 1485 880">A review of completed Vulnerability Assessment Instruments supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. Any residents who were identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, had a Safety Plan developed for them and communicated to all staff to keep them safe. In addition, any residents identified as sexually aggressive from the information noted on the Vulnerability Assessment Instrument also had a Safety Plan developed for them and communicated to all staff to keep all residents safe. Safety Plans for both sexually vulnerable and sexually aggressive residents included increased supervision during waking hours and appropriate bedroom assignments to increase supervision. This auditor was able to review Safety Plans for residents at the facility who were determined to be sexually vulnerable and sexually aggressive to confirm compliance with this standard.</p> <p data-bbox="240 913 1477 1070">(b) It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at Hermitage House. Interviews with the Facility Director and Agency PREA Coordinator confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months as isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.</p> <p data-bbox="240 1104 1485 1227">(c) Hermitage House PREA Policy and Procedure states “Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall HHYS consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.”</p> <p data-bbox="240 1261 1477 1417">There was one resident who identified as LGBTI residing at Hermitage House during the time of the on-site audit. This resident was interviewed by this auditor and confirmed she was not placed in a specific living unit or bedroom basely solely on her sexual identification. In addition, the Facility Director stated that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. She stated residents are placed in appropriate living units and bedrooms by using the results from the Vulnerability Assessment Instrument to ensure safety.</p> <p data-bbox="240 1451 1477 1574">(d) Hermitage House PREA Policy and Procedure states “In reaching a determination of whether to assign a transgender or intersex resident to a facility for male/female residents, as well as in making other housing and programming assignments, HHYS shall consider, on a case-by-case basis, whether a placement would ensure the residents health and safety, and whether the placement would present programmatic management or security problems.”</p> <p data-bbox="240 1608 1461 1731">There have been no transgender or intersex residents admitted to Hermitage House during the past 12 months. Interviews with the Agency PREA Coordinator and Facility Director confirmed a decision on which living unit or bedroom to place any transgender resident is to be made at the administrative level (Facility Director) and be in the best interest of the resident's safety.</p> <p data-bbox="240 1765 1485 1865">(e) Hermitage House PREA Policy and Procedure states “Placement and programming assignments for each transgender or intersex resident shall be reassessed at a minimum of every six months (twice each year) to review any threats to safety that may have been experienced by the resident.”</p> <p data-bbox="240 1899 1485 2112">There have been no transgender or intersex residents admitted to Hermitage House during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. Interviews with the Agency PREA Coordinator and Facility Director confirmed the facility would ensure placement and programming for any transgender or intersex resident would be reassessed by the resident's treatment team at least twice a year while the resident is placed at Hermitage House. It was noted reassessments would occur during the resident's Individual Service Plan Review. Individual Service Plan Reviews involve all members of a resident's treatment team and are conducted every six months while the resident is residing at the facility.</p>

(f) Hermitage House PREA Policy and Procedure states "A transgender or intersex resident's own views with respect to his or her own safety shall be considered seriously."

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

(g) Hermitage House PREA Policy and Procedure states "All residents, regardless of sexual identity, are required to shower, change clothes, and perform bodily functions in a private locking bathroom, separate from others in the unit."

There were no transgender or intersex residents admitted to Hermitage House during the past 12 months. An interview with the Facility Director confirmed any transgender or intersex resident admitted into the facility is given the opportunity to shower separately from the other residents in the program. She stated all residents in the facility shower separately as only resident is permitted in the bathroom at a time when showering.

(h) There were no residents at Hermitage House who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

(i) There were no residents at Hermitage House who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Vulnerability Assessment Instrument Template
3. Completed Vulnerability Assessment Instruments
4. Safety Plans
5. Review of Residents Files

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness
4. Random Staff Interviews
5. Interview with Resident who Identified as LGBTI

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1453 365">(a) Hermitage House PREA Policy and Procedure states "HHYS has established multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents."</p> <p data-bbox="240 398 1485 521">Reporting information is delivered to the residents through the intake process, Resident Handbook, PREA Education pamphlet, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 555 735 582">These methods include making a direct report to:</p> <ol data-bbox="276 633 624 792" style="list-style-type: none"> 1. Administrative staff 2. Various levels of staff members 3. Residential Coordinators 4. Therapists 5. Teachers <p data-bbox="240 826 1453 887">The Resident Handbook also includes a form which can be submitted, anonymously if chosen, to any staff or placed in an accessible locked box located within each living unit. The locked box is checked each shift by the supervisor on shift.</p> <p data-bbox="240 920 1485 1043">Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations internally to staff, supervisors, therapists, teachers, or administrative staff. Several residents also discussed the PREA boxes which are located in each living unit.</p> <p data-bbox="240 1077 1453 1137">(b) Hermitage House PREA Policy and Procedure states "HHYS also provides several external ways for residents to report abuse or harassment to a public or private entity or office that is not part of the agency."</p> <p data-bbox="240 1171 1485 1294">Reporting information is delivered to the residents through the intake process, Resident Handbook, PREA Education pamphlet, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 1328 1453 1451">In addition, the PREA Education pamphlet and the Resident Handbook were reviewed by this auditor, and they contained telephone numbers and addresses for residents to report allegations of sexual abuse and sexual harassment to offices outside of Hermitage House. Both contained the toll-free telephone number to contact the Pennsylvania Department of Human Services through the Childline Hotline.</p> <p data-bbox="240 1485 1485 1579">All residents interviewed were aware of their right to contact the Pennsylvania Department of Human Services through the Childline Hotline. Residents interviewed also confirmed they received this information through posters in their living units and around the facility, the PREA Education pamphlet, Resident Handbook, and PREA education received at intake.</p> <p data-bbox="240 1612 1485 1767">There are no residents placed at Hermitage House solely for civil immigration purposes. However, during an interview with the Facility Director, it was determined the facility would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment. The Facility Director noted any residents at the facility solely for civil immigration purposes would be able to call the National Sexual Assault of the Rape, Abuse, and Incest National Network Hotline at 1-800-656-4673.</p> <p data-bbox="240 1800 1453 1861">(c) Hermitage House PREA Policy and Procedure states "Staff shall document and accept reports made verbally, in writing, anonymously, and from third parties."</p> <p data-bbox="240 1895 1485 2049">Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Incident Report, notify the supervisor on shift or administrative staff, and contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation. Staff interviewed also noted they would complete a CY47 form prior to contacting the Pennsylvania Department of Human Services Childline Hotline.</p> <p data-bbox="240 2083 1453 2143">(d) Hermitage House PREA Policy and Procedure states "Residents shall be provided access to the tools necessary for making written reports of abuse and harassment, retaliation by other residents or staff for reporting incidents, and staff</p>

neglect or violation of responsibilities that may have contributed to such incidents.”

Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the Pennsylvania Department of Human Services by calling the Childline Hotline listed in the Resident Handbook, PREA education pamphlets, and on posters posted throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation. Residents also noted they could anonymously make a report by placing a form in the locked PREA box.

(e) Hermitage House PREA Policy and Procedure states “Staff shall be provided the ability to privately report sexual abuse and/or sexual harassment of residents.”

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they would either contact the Agency PREA Coordinator, Human Resources staff, or the Pennsylvania Department of Human Services via the Childline Hotline to make a private report. Staff interviewed also reported this is reviewed during annual PREA trainings/refreshers at the facility.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. PREA Resident Education Pamphlet “Guide to Preventing and Reporting Sexual Abuse and Harassment”
3. PREA Posters

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Random Staff Interviews
4. Random Resident Interviews

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 398">(a) Hermitage House PREA Policy and Procedure states “HHYS provides residents access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of the local victim advocacy/rape crisis organization. This contact information will be included in the zero tolerance pamphlets and building postings.”</p> <p data-bbox="240 432 1493 689">Hermitage House’s Resident Handbook and PREA Education pamphlet “Guide to Preventing and Reporting Sexual Abuse and Harassment” contain telephone numbers and addresses for victim advocates from Women’s Services, Inc. All residents receive a copy of the Resident Handbook and the PREA Education pamphlet at intake. In addition, Hermitage House has a Memorandum of Understanding with Women’s Services, Inc. This Memorandum of Understanding states, Women’s Services, Inc. will provide any victim of sexual abuse a victim advocate. In addition to residents receiving a copy of the above-mentioned Resident Handbook and PREA Education pamphlet, there are numerous posters posted around the facility with telephone numbers and addresses to victim advocate services (Women’s Services, Inc.). This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility.</p> <p data-bbox="240 723 1477 813">Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual abuse at Hermitage House. Several of the residents noted the telephone numbers in the Resident Handbook and posted throughout the facility on posters.</p> <p data-bbox="240 846 1469 936">(b) Hermitage House PREA Policy and Procedure states “HHYS informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored as well as the requirement of such services to follow mandated reporting laws that apply to disclosures of sexual abuse.”</p> <p data-bbox="240 969 1469 1097">All residents interviewed were aware of the services available to them in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with Women’s Services, Inc. is confidential and private. Residents noted during interviews this information is provided to them during their intake and is noted in the Resident Handbook and PREA Education pamphlet they receive during their intake into the facility.</p> <p data-bbox="240 1131 1469 1187">There were no residents who made an allegation of sexual abuse at the facility to interview during the on-site portion of this audit.</p> <p data-bbox="240 1220 1458 1310">(c) Hermitage House PREA Policy and Procedure states “HHYS maintains a Memorandum of Understanding (MOU) with Women’s Services in Meadville, the county community service provider for victim services and emotional support services related to sexual abuse.”</p> <p data-bbox="240 1344 1474 1534">A Memorandum of Understanding is in place with Women’s Services, Inc. in accordance with this standard. This Memorandum of Understanding is dated October 26, 2021, and confirms each party’s responsibilities regarding this standard. The Facility Director and Agency PREA Coordinator discussed this Memorandum of Understanding and the services that are provided by Women’s Services, Inc. (advocacy services to any victims of sexual assault at Hermitage House). This auditor contacted a representative from Women’s Services, Inc., and she confirmed her agency would provide confidential emotional support services to any victim of sexual abuse as noted in the Memorandum of Understanding.</p> <p data-bbox="240 1568 1466 1695">(d) Hermitage House PREA Policy and Procedure states “HHYS will provide residents with reasonable and confidential access to their attorneys or other legal representation. Residents are also provided reasonable access to their parents or legal guardians, unless limited by the courts and/or county agency. All residents are permitted contact, through phone and visitation, with persons approved for contact at the discretion of the county representative and/or courts.”</p> <p data-bbox="240 1729 1490 1953">Hermitage House provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to their parents or legal guardians on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits (if the family can visit). Residents also stated if there was an incident at the facility, they would be permitted to receive a telephone call or visit with their parents or legal guardian.</p> <p data-bbox="240 1986 1347 2042">The Facility Director and Agency PREA Coordinator confirmed all resident visits with their attorney and/or legal representation would be in private.</p> <p data-bbox="240 2076 756 2103">Reviewed documentation to determine compliance:</p>

1. Hermitage House PREA Policy and Procedure
2. Resident Handbook
3. PREA Education Pamphlet "Guide to Preventing and Reporting Sexual Abuse and Harassment".
4. Memorandum of Agreement with Women's Services, Inc.
5. PREA Posters

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Women's Services, Inc.
4. Interviews with Randomly Selected Staff
5. Random Resident Interviews

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 398">(a) Hermitage House PREA Policy and Procedure states “HHYS provides residents access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of the local victim advocacy/rape crisis organization. This contact information will be included in the zero tolerance pamphlets and building postings.”</p> <p data-bbox="240 430 1493 689">Hermitage House’s Resident Handbook and PREA Education pamphlet “Guide to Preventing and Reporting Sexual Abuse and Harassment” contain telephone numbers and addresses for victim advocates from Women’s Services, Inc. All residents receive a copy of the Resident Handbook and the PREA Education pamphlet at intake. In addition, Hermitage House has a Memorandum of Understanding with Women’s Services, Inc. This Memorandum of Understanding states, Pennsylvania Forensic Associates will provide any victim of sexual abuse a victim advocate. In addition to residents receiving a copy of the above-mentioned Resident Handbook and PREA Education pamphlet, there are numerous posters posted around the facility with telephone numbers and addresses to victim advocate services (Women’s Services, Inc.). This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility.</p> <p data-bbox="240 721 1493 813">Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual assault at Hermitage House. Several of the residents noted the telephone numbers in the Resident Handbook and posted throughout the facility on posters.</p> <p data-bbox="240 844 1493 936">(b) Hermitage House PREA Policy and Procedure states “HHYS informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored as well as the requirement of such services to follow mandated reporting laws that apply to disclosures of sexual abuse.”</p> <p data-bbox="240 967 1493 1097">All residents interviewed were aware of the services available to them in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with Women’s Services, Inc. is confidential and private. Residents noted during interviews this information is provided to them during their intake and is noted in the Resident Handbook and PREA Education pamphlet they receive during their intake into the facility.</p> <p data-bbox="240 1128 1493 1184">There were no residents who made an allegation of sexual abuse at the facility to interview during the on-site portion of this audit.</p> <p data-bbox="240 1216 1493 1308">(c) Hermitage House PREA Policy and Procedure states “HHYS maintains a Memorandum of Understanding (MOU) with Women’s Services in Meadville, the county community service provider for victim services and emotional support services related to sexual abuse.”</p> <p data-bbox="240 1339 1493 1570">A Memorandum of Understanding is in place with Women’s Services, Inc. in accordance with this standard. This Memorandum of Understanding is dated October 26, 2021, and confirms each party’s responsibilities regarding this standard. The Facility Director and Agency PREA Coordinator discussed this Memorandum of Understanding and the services that are provided by Women’s Services, Inc. to provide advocacy services to any victims of sexual assault at Hermitage House. This auditor contacted a representative from Women’s Services, Inc., and she confirmed her agency would provide confidential emotional support services to any victim of sexual abuse as noted in the Memorandum of Understanding.</p> <p data-bbox="240 1601 1493 1731">(d) Hermitage House PREA Policy and Procedure states “HHYS will provide residents with reasonable and confidential access to their attorneys or other legal representation. Residents are also provided reasonable access to their parents or legal guardians, unless limited by the courts and/or county agency. All residents are permitted contact, through phone and visitation, with persons approved for contact at the discretion of the county representative and/or courts.”</p> <p data-bbox="240 1762 1493 1991">Hermitage House provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to their parents or legal guardians on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits (if the family can visit). Residents also stated if there was an incident at the facility, they would be permitted to receive a telephone call or visit with their parents or legal guardian.</p> <p data-bbox="240 2022 1493 2078">The Facility Director and Agency PREA Coordinator confirmed all resident visits with their attorney and/or legal representation would be in private.</p> <p data-bbox="240 2110 756 2136">Reviewed documentation to determine compliance:</p>

1. Hermitage House PREA Policy and Procedure
2. HERMITAGE HOUSE Resident Handbook
3. PREA Education Pamphlet "Guide to Preventing and Reporting Sexual Abuse and Harassment".
4. Memorandum of Understanding with Women's Services, Inc.
5. PREA Posters

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interview with Representative from Women's Services, Inc.
4. Interviews with Randomly Selected Staff
5. Random Resident Interviews

115.354	Third-party reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 465">(a) Hermitage House PREA Policy and Procedure states “HHYS accepts third-party reports of resident sexual abuse or sexual harassment. This information is posted publicly within HHYS buildings, website, and agency pamphlets. For any report made directly to staff, they would immediately document on a Significant Incident Report and forward to the Supervisor and subsequently the treatment team and PREA Coordinator.” In addition, this policy also states “HHYS publicly distributes, through agency and website postings, information on how to report resident sexual abuse or sexual harassment on behalf of residents.”</p> <p data-bbox="240 501 1493 622">Hermitage House PREA Policy and Procedure describes multiple methods used to receive third party reports of sexual abuse or sexual harassment and is posted on the agency’s website to inform the public about reporting resident sexual abuse and sexual harassment on behalf of residents. Third party reports can also be made to any staff, Facility Director, Agency PREA Coordinator, Pennsylvania State Police, or Pennsylvania Department of Human Services via the Childline Hotline.</p> <p data-bbox="240 658 1493 748">This auditor was able to review the agency’s website and confirmed multiple methods to file a third-party report are posted on the website. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the visiting area and front lobby of the facility and were observed by this auditor during the tour of the facility.</p> <p data-bbox="240 784 1493 940">Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. They also noted any information from a third-party report of abuse would be documented on a Special Incident Report and reported to the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p data-bbox="240 976 1493 1030">There were no allegations of sexual abuse or sexual harassment filed by third parties at Hermitage House during the past 12 months.</p> <p data-bbox="240 1066 756 1093">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1142 772 1236" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Agency Website 3. PREA Posters <p data-bbox="240 1272 352 1299">Interviews:</p> <ol data-bbox="276 1348 711 1406" style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Random Resident Interviews

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states "HHYS requires all staff to report immediately:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency 2. Any retaliation against residents or staff who reported such an incident 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." <p>All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment or information regarding an incident of sexual abuse, sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline and the Pennsylvania State Police for investigation as they are mandated reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the supervisor on shift to report any information related to sexual abuse or sexual harassment and report the allegation to the proper investigating agencies (Pennsylvania State Police and the Pennsylvania Department of Human Services). Staff also reported they could report any allegations of sexual abuse, sexual harassment, neglect, or retaliation privately by contacting the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p>(b) Hermitage House PREA Policy and Procedure states "HHYS requires all staff to comply with mandatory child abuse reporting laws. Regardless of a direct or third-party report of sexual abuse harassment, the staff receiving the report is required to notify the appropriate Supervisor or Residential Coordinator, complete an agency Significant Incident Report, and complete a Childline report."</p> <p>All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment. The staff were able to describe their role as mandated reporters to this auditor during interviews and were aware of the Pennsylvania Department of Human Services Childline Hotline to report allegations. The staff noted they could either submit the allegation to Childline either by calling the toll-free telephone number or by submitting the allegation electronically.</p> <p>Interviews with the Facility Director and Agency PREA Coordinator revealed that all staff are trained to report any suspicions of child abuse to the Pennsylvania Department of Human Services via the Childline Hotline. They stated staff are also trained that if there is any uncertainty about whether to report, they should always be resolved in favor of making a report.</p> <p>(c) Hermitage House PREA Policy and Procedure states "Apart from reporting to designated supervisors or officials and designated State or local service agencies, HHYS requires staff to abide by confidentiality and not reveal information to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Any breaches of this policy shall result in disciplinary action."</p> <p>Interviews with staff (including mental health staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse. Staff interviewed reported this is reviewed during annual PREA trainings/refreshers.</p> <p>(d) Hermitage House PREA Policy and Procedure states "All staff, including treatment therapists, are required to complete mandatory child abuse reporting training and PREA training regarding reporting incidents of sexual abuse as well and applicable mandatory child abuse reporting laws."</p> <p>There are four mental health staff employed at Hermitage House. Two mental health staff were interviewed by this auditor and indicated that they provide a disclosure statement to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services and periodically during therapy sessions with a resident. In addition, they stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to the supervisor on shift immediately upon learning of an allegation. This information is also reported to the Pennsylvania Department of Human Services (through the Childline Hotline) and the Pennsylvania State Police for investigation.</p> <p>There are no medical staff employed at Hermitage House. Therefore, there were no medical staff for this auditor to interview.</p> <p>(e) Hermitage House PREA Policy and Procedure states "Upon receiving a report of child abuse, the designated reporter shall assume the responsibility and have the legal obligation to report the suspected child abuse to the Pennsylvania Department of Human Services." In addition, Hermitage House PREA Policy and Procedure states "The facility designated reporter will notify the resident's parents, guardian, caseworker, or attorney following an incident of sexual assault or harassment."</p>

All staff interviewed stated that in addition to reporting the allegation to the supervisor on shift, they are also required to report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and document the allegation/incident on a Special Incident Report and CY47 form.

(f) All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or the Pennsylvania State Police for investigation.

It should be noted; all staff are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party. Staff interviewed noted they would document this information on a Special Incident Report and report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline if they received a third-party report.

Interviews with the Facility Director, Agency PREA Coordinator, and staff (including mental health staff) confirmed they are aware of how to report an allegation and were aware all allegations of sexual abuse are investigated by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. The Facility Director and Agency PREA Coordinator were both able to describe the reporting process as well as the investigative process once an allegation is referred to the Pennsylvania Department of Human Services and the Pennsylvania State Police.

There was one allegation of sexual abuse made during the past 12 months at Hermitage House. This auditor was provided documentation (completed CY47 form and HCSIS Report) noting the allegations were immediately referred to the Pennsylvania Department of Human Services via the Childline Hotline. The Pennsylvania Department of Human Services then referred to the allegations to the Pennsylvania State Police for investigation. This allegation is still under investigation by the Pennsylvania State Police.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. CY47 Form
3. HSCIS Report
4. Special Incident Reports

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interviews with Mental Health Staff
4. Interviews with Randomly Selected Staff

115.362	Agency protection duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 434">(a) Hermitage House PREA Policy and Procedure states "When HHYS learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the resident (i.e., action to assess and implement appropriate protective measures without unreasonable delay). These concerns will be immediately discussed by the Supervisor/PREA Compliance Manager, assigned treatment team member, and the Residential Coordinators. The safety outcome is documented in the Health and Safety Plan."</p> <p data-bbox="240 465 1493 658">The Facility Director was interviewed regarding the protective action the agency takes when learning that a resident is subject to substantial risk of imminent sexual abuse. She reported Hermitage House would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser by transferring the resident who is the alleged threat to another living unit in the facility. If a staff is the potential abuser, the staff could also be removed from the living unit and reassigned to another living unit in the facility or placed on Administrative Leave pending an investigation.</p> <p data-bbox="240 689 1461 846">The Facility Director also confirmed staff would be expected to act immediately to separate the resident at risk from the potential abuser/threat. In addition, she reported a Safety Plan would be developed and implemented by the supervisor on shift and/or the Agency PREA Coordinator to ensure the safety of the resident at risk. This Safety Plan would include increased supervisor/monitoring, separation from the potential abuser, and making a bedroom/living unit change if necessary.</p> <p data-bbox="240 878 1485 972">Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to the supervisor on shift. The supervisor on shift would then develop a Safety Plan to ensure the safety of the resident.</p> <p data-bbox="240 1003 1490 1061">There were no residents that Hermitage House determined was subject to substantial risk of sexual abuse during the past 12 months.</p> <p data-bbox="240 1093 756 1120">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1173 772 1200" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure <p data-bbox="240 1232 352 1258">Interviews:</p> <ol data-bbox="276 1312 719 1406" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Interviews with Randomly Selected Staff

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states "Within 72 hours of receiving the allegation, the HHYS Assistant Executive Director, or designee, will notify the head of the facility or the appropriate office of the facility where the sexual abuse is alleged to have occurred."</p> <p>An interview with the Facility Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment involving a resident while in another facility. This was confirmed by this auditor by reviewing HCSIS (The Home and Community Services Information System) reports that were filed during the past 12 months at Hermitage House.</p> <p>(b) Hermitage House PREA Policy and Procedure states "Within 72 hours of receiving the allegation, the HHYS Assistant Executive Director, or designee, will notify the head of the facility or the appropriate office of the facility where the sexual abuse is alleged to have occurred."</p> <p>An interview with the Facility Director confirmed she understood the timeframe to notify the agency/facility where the alleged abuse occurred. She stated that she would contact the head of the facility where the alleged sexual abuse occurred immediately.</p> <p>(c) Hermitage House PREA Policy and Procedure states "The notification shall then be documented on an agency Incident Report."</p> <p>An interview with the Facility Director confirmed she would document any notification of alleged abuse on an Incident Report, generate a HCSIS report, complete a CY47 form, and contact the Pennsylvania Department of Human Services via the Childline Hotline. In addition, she stated, it would be documented in her Incident Report the date, time, and the name of the administrative staff she spoke to at the facility where the alleged abuse occurred to provide documentation of her notification.</p> <p>(d) Hermitage House PREA Policy and Procedure states "Should notification be received from another facility or agency that a resident was sexually abused while a resident at HHYS, the same protocol will be followed with full cooperation with any investigative process."</p> <p>The Facility Director was able to articulate what her responsibilities would be if she received an allegation from another agency/facility that a resident was sexually abused or sexually harassed while residing at Hermitage House. She stated she would immediately generate a HCSIS report, complete a CY47 form, contact the Pennsylvania Department of Human Services via the Childline Hotline, and contact the Pennsylvania State Police to report the allegation of abuse. She stated if the alleged abuser were still residing or employed at Hermitage House, a Safety Plan would be developed immediately to ensure the safety of all residents.</p> <p>Hermitage House did not receive any allegations/notifications from other agencies/facilities that any residents were sexually abused or sexually harassed during the past 12 months. This was confirmed by this auditor by reviewing HCSIS reports that were filed during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. HCSIS Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director

115.364	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states “As a first responder to a sexual abuse/assault, the protocol is as follows:</p> <ol style="list-style-type: none"> 1. Seek assistance. Assess physical/medical condition. If life threatening or safety cannot be maintained call 911. 2. Separate the victim from the alleged perpetrator(s). Separate alleged perpetrators from each other, if more than one. 3. Preserve/protect any crime scene (including alleged victim/perpetrator do not destroy physical evidence). 4. Notify the appropriate supervisory staff for further direction and determine required and immediate notifications. 5. Seek medical services by contacting Meadville Medical Center to confirm presence of SAFE/SANE examiner to perform the forensic exam and notify of impending arrival. If no SAFE/SANE is present, or if the assault was more than 72 hours, seek direction to an alternate location. 6. Document, using the incident report, specific details of what has been seen or heard. Include appearance, demeanor, and behavior of the victim and alleged perpetrator; witnesses; times; language/words used, etc. As a first responder, the role is not to counsel 7. Complete and file all required reports.” <p>During the past 12 months, there was one allegation of sexual abuse at Hermitage House. This allegation did not require staff to act as first responders.</p> <p>Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with Hermitage House PREA Policy and Procedure. All staff noted they have been trained on steps to take as a first responder in the event of an incident of sexual assault at the facility. Staff’s responses were consistent as all staff noted they would separate the victim from the abuser, call for assistance, secure the scene, report the incident to the supervisor on shift, and document the incident on an Incident Report.</p> <p>(b) Hermitage House PREA Policy and Procedure states “Non-direct care youth staff would request the alleged victim to not take any action that could destroy physical evidence and then immediately notify a direct care youth worker.”</p> <p>Non-security staff have been trained appropriately in the above-mentioned duties as a first responder. In addition, all non-security staff are trained to immediately contact a security staff, separate the victim from the abuser, and to secure the scene in the event of an incident of sexual assault at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff
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115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states “HHYS has developed a documented institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. To ensure completion of all required steps, this plan is outlined in a checklist that is to be attached to the Special Incident Report.”</p> <p>Hermitage House has developed two detailed Coordinated Response Plans:</p> <ol style="list-style-type: none"> 1. Staff to Resident Sexual Assault Allegation Coordinated Response Plan 2. Resident to Resident Sexual Assault Allegation Coordinated Response Plan <p>Both plans are easy to read and review. They note the role of direct care staff, administrative staff, medical staff, mental health staff, and investigators in the event of a sexual assault incident. These plans were forwarded to this auditor for review and met the requirements of this standard.</p> <p>Interviews with the Facility Director, Agency PREA Coordinator, and staff indicated that all are knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual abuse. All staff interviewed stated they were familiar with these plans and their duties as they were trained on how to respond and what actions to take in the event of an incident of sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Staff to Resident Sexual Assault Allegation Coordinated Response Plan 3. Resident to Resident Sexual Assault Allegation Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Interviews with Randomly Selected Staff
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1501 367">(a) Hermitage House PREA Policy and Procedure states "HHYS, nor any entity responsible for collective bargaining on HHYS behalf, shall enter into any agreement which limits the agency's ability to remove alleged abusers from contact with residents pending the outcome of an investigation and determination of whether and to what extent discipline is warranted."</p> <p data-bbox="240 396 1469 490">Interviews with the Agency Head and Facility Director confirmed this agency/facility has not entered into any collective bargaining agreements since August 20, 2012. Due to not having a Union for staff at this facility, there were no contracts to review.</p> <p data-bbox="240 519 756 548">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 600 772 629" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure <p data-bbox="240 658 352 687">Interviews:</p> <ol data-bbox="276 736 625 797" style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with Facility Director

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a – e) Hermitage House PREA Policy and Procedure states “HHYS will enforce protection from retaliation by other residents or staff of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. Protection measures may include: housing/room changes for resident victim or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional supports services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Any other individual cooperating with the investigation and who expresses a fear of retaliation, HHYS will also put into effect appropriate measures to protect that individual against retaliation. Following a report of sexual misconduct, administration will assess the circumstances and put into effect protection measures as needed. For a period of at least 90 days, HHYS will monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. If the initial 90 days of monitoring indicates a continuing need, HHYS will continue monitoring. Obligation to monitor will cease once the allegation is determined to be unfounded.”</p> <p>Residential Coordinators are the staff charged with monitoring retaliation at Hermitage House. This auditor interviewed two Residential Coordinators who are responsible for monitoring retaliation. Both confirmed they would monitor retaliation and were educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at the facility. Both stated it is expected that actions would be taken immediately to ensure the resident was safe. It is the expectation of the agency that the resident would be monitored for at least 90 days or longer if deemed necessary at the conclusion of the initial 90-day monitoring period. Residential Coordinators interviewed stated they would monitor a resident and/or staff by completing status checks for at least 90 days per policy. These status checks are made on a weekly basis during check ins with the resident and/or staff and reviewing documentation such as resident disciplinary reports, resident progress notes, housing or programming changes, and staff discipline reports. Both noted if the need would arise, they would continue to complete status checks on the resident for an additional 30 days (or longer), which may exceed the 90-day requirement noted in Hermitage House PREA Policy and Procedure. Documentation of retaliation monitoring is kept on a PREA Retaliation Monitoring form. This auditor was able to review the PREA Retaliation Monitoring forms that are used to track retaliation monitoring after an allegation of sexual abuse or sexual harassment is made to confirm compliance with this standard. It was noted this form requires the staff monitoring retaliation to check in with the resident and/or staff on a weekly basis. If the retaliation monitor does not check in with the resident and/or staff, they are required to review documentation that would be noted on the PREA Retaliation Monitoring form.</p> <p>It was noted that Hermitage House employs multiple measures, such as housing unit 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. Monitoring at the facility continues for at least 90 days following an allegation of sexual abuse or sexual harassment. Items that are monitored include any resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. It was also noted, the facility’s obligation to monitor retaliation would terminate should the allegation be investigated and determined to be Unfounded.</p> <p>There were no incidents of retaliation, known or suspected, during the past 12 months at Hermitage House.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Hermitage House PREA Sexual Abuse Retaliation Monitoring Form Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Persons Responsible for Monitoring Retaliation

115.368	Post-allegation protective custody
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1490 499">(a) Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. This includes Hermitage House and all residential facilities in the Commonwealth of Pennsylvania. Hermitage House PREA Policy and Procedure states “HHYS will not place any resident in isolation for any reason, as mandated by 55 PA Code Chapter 3800 Regulations. Should the less restrictive measure not keep the resident at risk of sexual victimization and other residents safe, an alternative means of keeping all residents safe will be determined through implementation of an applicable safety plan. All safety concerns and the applicable safety plan will be documented and reviewed at a minimum of every 30 days to determine continuing need.”</p> <p data-bbox="240 530 1465 622">Interviews with the Facility Director and Agency PREA Coordinator confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p data-bbox="240 654 756 680">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 732 1058 828" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Pennsylvania Department of Human Services 3800 Child Care Regulations 3. Tour of Facility <p data-bbox="240 860 352 887">Interviews:</p> <ol data-bbox="276 938 719 1034" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Random Resident Interviews

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 432">(a) Hermitage House PREA Policy and Procedure notes all allegations of sexual abuse must be reported to the Pennsylvania Department of Human Services via the Childline Hotline. The Pennsylvania Department of Human Services will then notify the Pennsylvania State Police of the allegation and the Pennsylvania State Police will take the lead on the investigation. The Pennsylvania State Police will work in conjunction with the Pennsylvania Department of Human Services during any sexual abuse investigation at Hermitage House.</p> <p data-bbox="240 461 1481 656">Interviews with the Facility Director and Agency PREA Coordinator confirmed all PREA related allegations are immediately referred to the Pennsylvania Department of Human Services through the Childline Hotline. Criminal investigations are referred to the Pennsylvania State Police by the Pennsylvania Department of Human Services. Administrative investigations are completed by the Pennsylvania Department of Human Services. There was one sexual abuse allegation reported to the Pennsylvania Department of Human Services via the Childline Hotline and the Pennsylvania State Police for investigation during the past 12 months. This allegation is currently open as it is under investigation by the Pennsylvania State Police.</p> <p data-bbox="240 685 1485 913">(b) Hermitage House does not complete investigations for allegations of sexual abuse. Criminal investigations are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Allegations of sexual harassment which are not criminal in nature are investigated by the Pennsylvania Department of Human Services. If at any time during the investigation of an allegation of sexual harassment, the allegation appears to be criminal, it is immediately referred to the Pennsylvania State Police by the Pennsylvania Department of Human Services. The Pennsylvania State Police will then oversee the investigation. Administrative investigations are completed by the Pennsylvania Department of Human Services.</p> <p data-bbox="240 943 1465 1104">Interviews with the Facility Director and Agency PREA Coordinator confirmed any allegations of sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline. If the allegation is criminal, the Pennsylvania Department of Human Services then refers the allegation to the Pennsylvania State Police for investigation. If the allegation is not determined to be criminal in nature, an administrative investigation is completed by the Pennsylvania Department of Human Services.</p> <p data-bbox="240 1133 1490 1328">An interview with the Agency PREA Coordinator revealed she is a trained investigator at the facility and completes administrative investigations in the event the Pennsylvania Department of Human Services does not complete an administrative investigation. She stated if, at any point of the investigation, the allegation appears to be criminal in nature, the allegation is referred to the Pennsylvania State Police for investigation. This auditor was provided with a training certificate from the National Institution of Corrections for review noting the Agency PREA Coordinator completed the National Institution of Corrections training titled "PREA: Investigating Sexual Abuse in a Confinement Facility".</p> <p data-bbox="240 1357 1473 1420">An interview with a representative from the Pennsylvania State Police confirmed detectives assigned to investigate criminal allegations of sexual abuse at Hermitage House completed a training specific to juvenile sexual abuse victims.</p> <p data-bbox="240 1449 1493 1644">(c) An interview with a representative from the Pennsylvania State Police noted a detective would report to the scene of the allegation immediately after being notified. He stated the detective would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if the agency was notified within 96 hours of the incident. The representative from the Pennsylvania State Police noted the detective assigned to the case would also review the video from the video surveillance system at the facility and interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.</p> <p data-bbox="240 1673 1461 1736">(d) Hermitage House PREA Policy and Procedure states "HHYS will not terminate/request termination of any investigation strictly because the source recants the allegation."</p> <p data-bbox="240 1765 1469 1861">An interview with a representative from the Pennsylvania State Police confirmed investigations are not terminated because the source of the allegation recants the allegation. He noted all allegations are investigated until a determination can be made. This is also noted in the signed Memorandum of Understanding with the Pennsylvania State Police.</p> <p data-bbox="240 1890 1461 1953">(e) An interview with a representative from the Pennsylvania State Police confirmed whenever evidence supports criminal prosecution, he consults with the Crawford County District Attorney to avoid obstacles to subsequent criminal prosecution.</p> <p data-bbox="240 1982 1445 2143">(f) An interview with a representative from the Pennsylvania State Police noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff. The representative from the Pennsylvania State Police also stated all investigations are conducted in the same manner, detectives conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.</p>

There was one allegation of sexual abuse at Hermitage House during the past 12 months. This allegation was reported to the Pennsylvania Department of Human Services through the Childline Hotline and is currently being investigated by the Pennsylvania State Police.

(g) All investigative reports are completed by the Pennsylvania Department of Human Services (non-criminal investigations) and the Pennsylvania State Police (criminal investigations). At the completion of each investigation, the Pennsylvania Department of Human Services conducts an administrative investigation and prepares a Determination Letter that is sent to the Facility Director. The Determination Letter would clearly note if the allegation were determined to be Substantiated, Unsubstantiated, or Unfounded.

There was one allegation of sexual abuse reported to the Pennsylvania Department of Human Services and the Pennsylvania State Police during the past 12 months. This allegation is currently being investigated by the Pennsylvania State Police.

(h) There was one allegation of sexual abuse during the past 12 months at Hermitage House. This allegation is currently being investigated by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Following the completion of this investigation, the Pennsylvania State Police will provide the Pennsylvania Department of Human Services an investigation report noting its findings. The Pennsylvania Department of Human Services then will conduct an administrative investigation and prepare a Determination Letter that will be sent to the Facility Director noting the determination of the investigation.

(i) All substantiated allegations of sexual abuse are referred to the Crawford County District Attorney for prosecution by the Pennsylvania State Police. This was confirmed during an interview with a representative from the Pennsylvania State Police.

During the past 12 months, there were no allegations of sexual abuse referred to the Crawford County District Attorney for prosecution. This was confirmed during interviews with the Facility Director and a representative from the Pennsylvania State Police.

(j) Hermitage House PREA Policy and Procedure states "Any written documentation of criminal investigation will be retained for as long as the alleged abuser is incarcerated/employed by the agency, plus 5 years."

It was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources that all reports are kept on file for a minimum of 5 years.

(k) Hermitage House PREA Policy and Procedure states "Departure of the alleged abuser or victim from employment or supervision shall not provide a basis for terminating investigations."

An interview with a representative from the Pennsylvania State Police confirmed the departure of an alleged abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation. This is also noted in the Memorandum of Understanding with the Pennsylvania State Police.

(l) Hermitage House has a signed Memorandum of Understanding with the Pennsylvania State Police. In addition, the facility also sent a formal letter to the Pennsylvania State Police requesting they comply with the PREA investigative standards when completing an investigation. Both the signed Memorandum of Understanding and formal letter were reviewed by this auditor to confirm compliance.

(m) Hermitage House PREA Policy and Procedure states "HHYS will cooperate with all criminal investigations and shall endeavor to remain informed about the progress of such."

The Agency PREA Coordinator stated she and the Facility Director maintain contact with the Pennsylvania Department of Human Services and the Pennsylvania State Police during an open investigation via telephone calls, emails, and on-site visits.

There was one allegation of sexual abuse or sexual harassment reported in the past 12 months at Hermitage House. The Agency PREA Coordinator noted she has maintained regular contact with both the Pennsylvania Department of Human Services and the Pennsylvania State Police throughout the course of this investigation. In addition, the Agency PREA Coordinator provided this auditor with documentation noting she has been kept up to date with the progress of the open investigation.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Memorandum of Understanding with the Pennsylvania State Police
3. Formal Letter to the Pennsylvania State Police

4. NIC Investigator Training Certificate

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interview with Human Resources Representative
4. Interview with Representative from the Pennsylvania State Police

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1474 365">(a) Hermitage House PREA Policy and Procedure states “HHYS holds no authority in the determination whether allegations of sexual abuse or harassment are substantiated but shall hold no standard higher than a preponderance of the evidence. This falls under the determination of PSP and DHS.”</p> <p data-bbox="242 396 1422 521">Hermitage House has Memorandum of Understanding with the Pennsylvania State Police to comply with the PREA investigative standards. In addition, the facility has sent a formal letter to the Pennsylvania State Police asking them to comply with the PREA investigative standards. Copies of the Memorandum of Understanding and formal letter were forwarded to this auditor to review and to confirm compliance.</p> <p data-bbox="242 553 1490 678">An interview with a representative from the Pennsylvania State Police confirmed all investigations are completed by the Pennsylvania State Police (criminal investigations) and the Pennsylvania Department of Human Services. The Agency PREA Coordinator also noted no standard higher than the preponderance of evidence is used when an administrative investigation is completed by the Pennsylvania Department of Human Services and/or a facility investigator.</p> <p data-bbox="242 710 1490 1037">In addition, an interview with the Facility Director confirmed the Pennsylvania Department of Human Services would send her a Determination Letter noting the determination of the investigation and an investigative report upon the completion of any investigation by the Pennsylvania State Police. She stated that all allegations are reported to the Pennsylvania Department of Human Services through the Childline Hotline. If the allegation is criminal in nature, the allegation is immediately referred to the Pennsylvania State Police by the Pennsylvania Department of Human Services. The Pennsylvania State Police would then take the lead in the investigation and would work in conjunction with the Pennsylvania Department of Human Services throughout the investigation. If the allegation is not criminal in nature, the Pennsylvania Department of Human Services would complete an administrative investigation. Hermitage House also has a staff trained to complete administrative investigations in the event the Pennsylvania Department of Human Services does not complete an administrative investigation.</p> <p data-bbox="242 1068 1481 1162">There was one allegation of sexual abuse during the past 12 months at Hermitage House. This allegation is currently under investigation by the Pennsylvania State Police and determination has not been made at the time of the on-site portion of this audit.</p> <p data-bbox="242 1193 754 1223">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1272 975 1366" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Memorandum of Understanding with the Pennsylvania State Police 3. Formal Letter to the Pennsylvania State Police <p data-bbox="242 1397 352 1426">Interviews:</p> <ol data-bbox="276 1476 959 1570" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Interview with Representative from the Pennsylvania State Police

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">(a) Hermitage House PREA Policy and Procedure states "Once a determination is received from the agency(s) responsible for conducting an investigation of an alleged incident of sexual misconduct, HHYS will inform the resident as to if the incident was substantiated, unsubstantiated, or unfounded."</p> <p data-bbox="240 398 1469 555">All investigations of sexual abuse are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. There was one allegation of sexual abuse at Hermitage House during the past 12 months. This allegation is currently under investigation by the Pennsylvania State Police. Due to the investigation being open, a determination has not been made. An interview with the Facility Director confirmed any resident residing at the facility is notified of the determination at the conclusion of any investigation.</p> <p data-bbox="240 589 1453 745">(b) During the past 12 months, there was one allegation of sexual abuse at Hermitage House. This allegation is currently being investigated by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. The resident victim was from another agency facility and is no longer residing at that facility. Therefore, the facility has no obligation to inform the resident. It should be noted, the Facility Director and Agency PREA Coordinator have maintained contact with the Pennsylvania State Police to remain informed of any developments in the investigation.</p> <p data-bbox="240 779 1493 969">Interviews with the Facility Director and Agency PREA Coordinator confirmed in the event of an incident of sexual abuse or sexual harassment, the resident is notified of the outcome of the investigation through a Resident Notification Form (as long as the resident is still residing at the facility). This form notes the residents name, date of notification, findings of the investigations (Unfounded, Unsubstantiated, or Substantiated), and signature lines for the resident and a witness to sign. The Resident Notification Form is then placed in the resident's file. This auditor was able to review a template of the Resident Notification Form to confirm it met the requirements of this standard.</p> <p data-bbox="240 1003 1493 1193">(c) Hermitage House PREA Policy and Procedure states "Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, HHYS shall subsequently inform the juvenile (unless it has been determined that the allegation is unfounded or the juvenile has been released) whenever the staff member will no longer be posted within the resident's unit, he staff member is no longer employed at the facility, HHYS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or HHYS learns that the staff member has been convicted on a charge related to sexual abuse within the facility."</p> <p data-bbox="240 1227 1485 1350">During the past 12 months, there were no allegations of sexual abuse made by residents against staff at Hermitage House. Therefore, there was no documentation to review. Interviews with the Facility Director and Agency PREA Coordinator confirmed the process noted in the policy would be followed whenever a resident alleges a staff has committed sexual abuse against the resident.</p> <p data-bbox="240 1384 1493 1552">(d) Hermitage House PREA Policy and Procedure states "Following a resident's allegation that he or she has been sexually abused by another resident, HHYS shall subsequently inform the alleged victim (unless it has been determined that the allegation is unfounded or the resident has been released) whenever: HHYS learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or HHYS learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."</p> <p data-bbox="240 1585 1469 1776">During the past 12 months, there was one allegation of sexual abuse made by a resident against another resident at Hermitage House. It was noted the resident victim was residing at another agency facility, and not Hermitage House, at the time of the incident. However, the incident involved a Hermitage House resident and occurred at the facility during a school activity when the two facilities have contact with each other. The resident victim has since been released from the agency facility she was residing at. However, while she was at the facility, she was notified of any updates in the investigation and was informed of her right to pursue criminal charges.</p> <p data-bbox="240 1809 1469 1899">(e – f) Hermitage House PREA Policy and Procedure states "HHYS will document all notifications and maintain such within the resident file; the agency's obligation to provide this information is voided should the alleging resident be no longer be under HHYS supervision."</p> <p data-bbox="240 1933 1477 2089">Interviews with the Facility Director and Agency PREA Coordinator indicated that residents are notified of the results of an investigation in writing. Both stated at the completion of any investigation, the resident receives a Resident Notification Form to sign noting they have received the outcome of the investigation. The process described by the Facility Director and Agency PREA Coordinator was consistent with the agency policy noted above. This auditor was able to review the Resident Notification Form template with the Agency PREA Coordinator during the on-site portion of this audit.</p> <p data-bbox="240 2123 1485 2145">There was one allegation of sexual abuse at Hermitage House during the past 12 months. This allegation was referred to the</p>

Pennsylvania State Police and Pennsylvania Department of Human Services for investigation. It was noted that this investigation is still on-going, and a determination has not been made. Therefore, no residents were notified of the outcome of an investigation during the past 12 months at Hermitage House.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Resident Notification Form Template

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1420 331">(a) Hermitage House PREA Policy and Procedure states “HHYS will enforce disciplinary sanctions up to and including termination for staff violating agency sexual abuse policies.”</p> <p data-bbox="242 360 1484 456">Interviews with the Facility Director, Agency PREA Coordinator, and a representative from Human Resources confirmed any staff will be subject to disciplinary sanctions, up to and including termination, for violation of the Hermitage House PREA Policy and Procedure referring to incidents of and sexual abuse.</p> <p data-bbox="242 486 1474 515">(b) Hermitage House PREA Policy and Procedure states “Termination will occur in all founded allegations of sexual abuse.”</p> <p data-bbox="242 544 1489 640">There were no staff terminated (or resigned prior to termination) for violating the Hermitage House PREA Policy and Procedure by sexually abusing a resident during the past 12 months at this facility. This was confirmed during interviews with the Facility Director and a representative from Human Resources.</p> <p data-bbox="242 669 1461 797">(c) Hermitage House PREA Policy and Procedure states “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”</p> <p data-bbox="242 826 1465 922">During the past 12 months, there have been no staff disciplined or terminated for violation of the Hermitage House PREA Policy and Procedure regarding sexual abuse or sexual harassment. This was confirmed during interviews with the Facility Director and a representative from Human Resources.</p> <p data-bbox="242 952 1481 1048">(d) Hermitage House PREA Policy and Procedure states “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, shall be reported to law enforcement agencies and all relevant licensing bodies as warranted.”</p> <p data-bbox="242 1077 1485 1205">During interviews with the Facility Director and Agency PREA Coordinator, it was reported the Pennsylvania Department of Human Services will contact the Pennsylvania State Police to lead any sexual abuse investigation or any sexual harassment investigation (that appears to be criminal). The Pennsylvania State Police will then work in conjunction with the Pennsylvania Department of Human Services throughout the investigation until a determination is made.</p> <p data-bbox="242 1234 1474 1330">There were no staff reported to the Pennsylvania State Police for violation of Hermitage House PREA Policy and Procedure during the past 12 months at Hermitage House. This was confirmed during an interview with a representative from the Pennsylvania State Police.</p> <p data-bbox="242 1359 756 1388">Reviewed documentation to determine compliance:</p> <ol data-bbox="276 1435 772 1464" style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure <p data-bbox="242 1494 352 1523">Interviews:</p> <ol data-bbox="276 1570 922 1697" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Interview with Human Resources Representative 4. Interview with Representative from Pennsylvania State Police

115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states "HHYS requires that any contractor or volunteer who engages in sexual abuse will be terminated, prohibited from further contact with residents, and shall be reported to law enforcement agencies and to any applicable licensing body."</p> <p>There were no contractors or volunteers reported to the Pennsylvania State Police for engaging in sexual abuse or sexual harassment of residents during the past 12 months at Hermitage House. This was confirmed during interviews with the Facility Director, Agency PREA Coordinator, representative from Human Resources, and a representative from the Pennsylvania State Police.</p> <p>(b) Hermitage House PREA Policy and Procedure states "HHYS shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."</p> <p>Interviews with the Facility Director and Agency PREA Coordinator confirmed that Hermitage House would immediately remove the contractor or volunteer from the facility, contact the Pennsylvania Department of Human Services through the Childline Hotline and the Pennsylvania State Police, and would not allow them to return until the completion of an investigation and a determination is made. There were no reported instances of sexual abuse or sexual harassment by the approved contractors or volunteers during the past 12 months at Hermitage House. This was confirmed during interviews with the Facility Director, Agency PREA Coordinator, and a representative from the Pennsylvania State Police.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Interview with Human Resources Representative 4. Representative from the Pennsylvania State Police
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Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Hermitage House PREA Policy and Procedure states "A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."

During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at Hermitage House. This was confirmed through interviews with the Facility Director, Agency PREA Coordinator, and a representative from the Pennsylvania State Police. However, it was noted during interviews that there was one allegation of resident-on-resident sexual abuse during the past 12 months. This allegation is currently under investigation by the Pennsylvania State Police and a determination has not been made at this time.

b) Hermitage House PREA Policy and Procedure states "Any disciplinary sanctions shall be appropriate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions used for comparable offenses by other residents with similar histories. Isolation is not permitted to be used as a sanction."

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

(c) Hermitage House PREA Policy and Procedure states "Any existing and contributing mental disability or illness will be considered in determination of the sanction used."

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

(d) Hermitage House PREA Policy and Procedure states "HHYS offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not to be conditional on participation in such interventions."

This auditor was able to interview two mental health staff during the on-site portion of this audit. These interviews confirmed Hermitage House would offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse while they are residing at the facility. The mental health staff interviewed stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives. In addition, it was noted the mental health services the resident would be referred to would be designed to address and correct the underlying reasons or motivations of sexual abuse.

There was one allegation of resident-on-resident sexual abuse during the past 12 months at Hermitage House. Records indicated the alleged aggressor was referred to a mental health staff to address and correct the underlying reasons or motivations of the behavior. During follow up sessions with the mental health staff, a Safety Plan was also developed and implemented. It was also noted the alleged aggressor received a full psychiatric evaluation following the allegation.

(e) Hermitage House PREA Policy and Procedure states "For incidents of resident-staff sexual contact, resident sanctions can only be used upon finding the staff member did not consent to such contact."

There were no incidents of resident-on-staff sexual abuse at Hermitage House during the past 12 months. This auditor was able to interview the Facility Director and Agency PREA Coordinator who both confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. In addition, the Resident Handbook notes Hermitage House prohibits all sexual activity at the facility. All residents receive a copy of the Resident Handbook upon their arrival at Hermitage House.

(f) Hermitage House PREA Policy and Procedure states "A report made in good faith and upon reasonable belief the alleged

abuse occurred does not equate to a false report or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation.”

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

(g) Hermitage House PREA Policy and Procedure states “HHYS prohibits all sexual activity between residents and may discipline residents for such activity. HHYS does not define such activity to constitute sexual abuse if it is determined the activity is not coerced.”

Interviews with the Facility Director and Agency PREA Coordinator confirmed all sexual activity between residents is prohibited at Hermitage House. This is also noted in the Resident Handbook that all residents received upon intake into the facility.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Resident Handbook

Interviews:

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Hermitage House PREA Policy and Procedure states "For any resident who has disclosed any prior sexual victimization during the screening at intake, pursuant to § 115.341, HHYS will offer to schedule a follow-up meeting/referral with a medical or mental health practitioner within 14 days of the intake screening."

During the past 12 months, there were 14 residents who disclosed prior sexual victimization while be administered the Vulnerability Assessment Instrument. This auditor interviewed two residents during the on-site portion of the audit who disclosed prior sexual victimization during their intake screenings and both residents stated they were referred to a mental health staff for follow up evaluations within 14 days of being administered the Vulnerability Assessment Instrument. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed prior sexual victimization and there was a Safety Plan developed by a mental health staff noting they assessed the resident following their Vulnerability Assessment. It was noted during interviews with the Agency PREA Coordinator and mental health staff that all residents are referred to a mental health staff for an assessment/evaluation during their first week at the facility (residents are referred to a mental health staff if they disclosed prior sexual victim or not).

(b) Hermitage House PREA Policy and Procedure states "Residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, will be offered to schedule a follow-up meeting/referral with a mental health practitioner within 14 days of the intake screening, unless placed at HHYS specifically to receive treatment associated with a sexual offense/behavior."

During the past 12 months, there were 14 residents who disclosed previously perpetrating sexual abuse while be administered the Vulnerability Assessment Instrument. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed previously perpetrating sexual abuse and there was a Safety Plan developed by a mental health staff noting they assessed the resident following their Vulnerability Assessment. It was noted during interviews with the Agency PREA Coordinator and mental health staff that all residents are referred to a mental health staff for an assessment/evaluation during their first week at the facility (residents are referred to a mental health staff if they disclosed previously perpetrating sexual abuse or not).

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

Interviews with the Facility Director, Agency PREA Coordinator, and two mental health staff confirmed any information from the Vulnerability Assessment Instrument is limited to administrative staff, counselors, and mental health staff. It was noted any information from the Vulnerability Assessment Instrument relayed to direct care staff is done so only for safety and security reasons and this information is documented in a Safety Plan to ensure the safety of the residents. This auditor was also able to review completed Safety Plans for residents who disclosed prior sexual victimization and previously perpetrated sexual abuse during the administration of the Vulnerability Assessment Instrument to confirm compliance with this standard.

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

During interviews with the Facility Director, Agency PREA Coordinator, mental health staff, and intake staff, it was noted they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon intake of their reporting duties.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Resident Files
3. Completed Vulnerability Assessment Instruments
4. Safety Plans

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interviews with Mental Health Staff
4. Interviews with Intake Staff

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Hermitage House PREA Policy and Procedure states "Resident victims of sexual abuse shall 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."

Interviews with the Facility Director and the Agency PREA Coordinator confirmed any resident victims of sexual abuse will receive timely, unimpeded medical treatment at Meadville Medical Center and crisis intervention services through Women's Service, Inc.

There were no residents at Hermitage House who reported sexual abuse with penetration during the past 12 months. Therefore, there were no records to review and no residents to interview. There was one allegation of sexual abuse at the facility during the past 12 months. However, this allegation did not include penetration. This auditor was able to review the Incident Reports from the allegation and it was noted the alleged victim did not reside at Hermitage House. However, the alleged perpetrator did reside at the facility. The incident occurred in the school setting where two different programs/facilities attend school.

This auditor was provided a signed Memorandum of Understanding that Hermitage House has with Meadville Medical Center and Women's Services, Inc. to review.

(b) Hermitage House PREA Policy and Procedure states "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners."

All staff at Hermitage House are trained annually on their responsibilities to protect the victim and to preserve evidence. All staff interviewed during the on-site portion of this audit were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. All staff stated they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the supervisor on shift, preserve any evidence at the scene, and document the incident on a Special Incident Report. The supervisor on shift will then notify administrative staff and will arrange for the alleged victim to be transported to Meadville Medical Center for a forensic examination.

(c) Hermitage House PREA Policy and Procedure states "Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

During an interview with the Agency PREA Coordinator, she stated any resident of sexual abuse at Hermitage House would be offered timely information and access to emergency contraception and sexually transmitted diseases while at Meadville Medical Center and during follow-up appointments while they are residing in the facility. She noted a medical practitioner in the community would oversee the case and ensure all follow up recommendations from the hospital are followed through. In addition, during an interview with a representative from Meadville Medical Center, it was noted they would provide any resident victim of sexual abuse timely information and access to emergency contraception and sexually transmitted diseases.

(d) Hermitage House PREA Policy and Procedure states "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

This auditor was able to interview the Facility Director and Agency PREA Coordinator during the on-site portion of this audit and they both confirmed that any victim of sexual abuse with penetration would be transported to Meadville Medical Center and receive medical and mental health treatment at no cost as noted in the Hermitage House PREA Policy and Procedure.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Memorandum of Understanding with Meadville Medical Center
3. Memorandum of Understanding with Women's Services, Inc.

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interviews with Randomly Selected Staff
4. Interview with Representative from Meadville Medical Center

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states “HHYS shall 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.”</p> <p>Interviews with the Facility Director, Agency PREA Coordinator, and mental health staff confirmed any resident admitted into Hermitage House who has been sexually abused in a confinement facility is referred to a medical and/or mental health practitioner immediately upon learning such information. There were no resident victims of sexual abuse at other confinement facilities admitted into the facility during the past 12 months. Therefore, there were no residents at Hermitage House who were victims of sexual abuse at a confinement facility to interview during the on-site portion of this audit.</p> <p>(b) Hermitage House PREA Policy and Procedure states “Evaluation and treatment of such shall include, as appropriate: follow-up services, treatment plans, and, when necessary, referral for continued care following interagency transfer or discharge from the facility.”</p> <p>Two mental health staff were interviewed by this auditor and noted all residents admitted into the facility receive an assessment from a mental health staff with recommendations within their first week at the facility (if they have been a victim of sexual abuse in a confinement facility or not). If a resident victim of sexual abuse was being released from the facility, a referral would be made immediately for community-based services and recommendations would include specific follow up services. They were both able to describe the process in the event any resident was the victim of sexual abuse to this auditor during their interviews.</p> <p>(c) Hermitage House PREA Policy and Procedure states “HHYS shall provide such victims with medical and mental health services consistent with the community level of care.”</p> <p>Two mental health staff were interviewed and stated they feel the services offered to residents meet the community level of care because the residents have immediate access to an outpatient medical practitioner in the community and mental health staff at the facility while residing at Hermitage House.</p> <p>(d) Hermitage House PREA Policy and Procedure states “Female residents will be offered pregnancy tests and comprehensive information about and timely access to all lawful pregnancy-related medical services.”</p> <p>There were no incidents of sexual abusive vaginal penetration at Hermitage House during the past 12 months. This auditor was able to interview the Facility Director and Agency PREA Coordinator, and both confirmed that any resident who is a victim of sexual abusive vaginal penetration would be offered a pregnancy test as part of the follow up to the incident with a medical practitioner in the community.</p> <p>(e) Hermitage House PREA Policy and Procedure states “Female residents will be offered pregnancy tests and comprehensive information about and timely access to all lawful pregnancy-related medical services.”</p> <p>Interviews with the Facility Director and Agency PREA Coordinator confirmed any resident who would become pregnant as a result of a sexual assault at the facility would receive timely and comprehensive information about all pregnancy-related medical services available to them during follow-up consultations with a medical practitioner in the community during outpatient follow-up appointments.</p> <p>(f) Hermitage House PREA Policy and Procedure states “All residents alleging an incident of sexual abuse shall be offered forensic medical exams, conducted by a SAFE or SANE, which includes applicable testing for: sexually transmitted infections as medically appropriate.”</p> <p>Interviews with the Facility Director and Agency PREA Coordinator confirmed any resident who is a victim of sexual abuse at Hermitage House would be offered timely follow-up for sexually transmitted diseases as part of follow up appointments in the community with a medical practitioner. This would occur if the victim was tested at Meadville Medical Center or not.</p> <p>(g) Hermitage House PREA Policy and Procedure states “All treatment services shall be provided to the resident without financial cost to them and regardless of whether the abuser is named, or they cooperate with any investigation arising out of the incident.”</p> <p>Interviews with the Facility Director and Agency PREA Coordinator confirmed treatment services would be offered to the victim without financial cost regardless if they named the abuser or cooperated with the investigation.</p> <p>(h) Hermitage House PREA Policy and Procedure states “For a resident alleged to have committed the abuse, the county</p>

representative will be consulted to discuss and determine the next course of action as to if the resident will remain for evaluation/treatment for sexual offending behavior, be placed in a different facility/agency, or be referred to a community service agency for evaluation.”

Interviews with the Facility Director, Agency PREA Coordinator, and mental health staff confirmed any resident-on-resident abuser would be assessed by a mental health staff and referred for an evaluation. The resident would then receive a psychiatric and/or psychological evaluation. This evaluation would be conducted by a psychiatrist or psychologist and recommendations would be included in each psychiatric and/or psychological evaluation.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interviews with Mental Health Staff
4. Interview with Representative from Meadville Medical Center

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states “HHYS will complete a sexual abuse incident review within 30 days of the conclusion of all investigations, unless the allegation has been determined to be unfounded.”</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed they are aware a Sexual Abuse Incident Review must be completed at the conclusion of every sexual abuse investigation that has been determined to be Substantiated or Unsubstantiated. The Agency PREA Coordinator noted that she would head the Sexual Abuse Incident Review.</p> <p>During the past 12 months, there were no allegations of sexual abuse at Hermitage House that were determined to be Substantiated or Unsubstantiated. Therefore, there have been no Sexual Abuse Incident Reviews. There was one allegation of sexual abuse at the facility during the past 12 months. However, this allegation is still under investigation by the Pennsylvania State Police and a determination has not been received.</p> <p>(b) Hermitage House PREA Policy and Procedure states “HHYS will complete a sexual abuse incident review within 30 days of the conclusion of all investigations, unless the allegation has been determined to be unfounded.”</p> <p>An interview with the Agency PREA Coordinator confirmed any Sexual Abuse Incident Review would be completed within 30 days of the conclusion of an investigation of an allegation of sexual abuse if the allegation was determined to be Substantiated or Unsubstantiated.</p> <p>During the past 12 months, there have been no allegations of sexual abuse at Hermitage House that were determined to be Substantiated or Unsubstantiated. Therefore, there have been no Sexual Abuse Incident Reviews.</p> <p>(c) Hermitage House PREA Policy and Procedure states “This review will be conducted by a review team that includes upper-level management members and input from the unit supervisor and treatment team members.”</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed the Sexual Abuse Incident Review Team includes upper-level management officials (Facility Director, Residential Coordinator, and Unit Supervisors), Agency PREA Coordinator, counselors, mental health staff, and education staff.</p> <p>(d) Hermitage House PREA Policy and Procedure states “From this review, a report of the findings and determinations will be prepared and take into consideration:</p> <ol style="list-style-type: none"> 1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Whether physical barriers in the area may enable abuse; 4. Whether staffing ratios are adequate; 5. Whether monitoring technology should be deployed or enhanced to supplement staff supervision; and 6. Prepare a report of its findings and include recommendations for improvement.” <p>(e) Hermitage House PREA Policy and Procedure states “The agency head/designee and unit supervisors(s) will receive the report and the recommendations for improvement will be implemented or the reasons for not doing so documented.”</p> <p>There were no Sexual Abuse Incident Reviews at Hermitage House during the past 12 months. Interviews with the Agency PREA Coordinator and Facility Director confirmed both are on the Sexual Abuse Incident Review Team and they both stated any Sexual Abuse Incident Reviews would be documented by the Agency PREA Coordinator on a Sexual Incident Review Form. Any recommendations would also be documented on the Sexual Incident Review and implemented in the facility to prevent further incidents of sexual abuse and a means to educate staff. This auditor was able to review a template of the Sexual Incident Review form that would be completed by the Agency PREA Coordinator following any Sexual Abuse Incident Review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Sexual Incident Review Form Template

Interviews:

1. Interview with Facility Director
2. Interview with Agency PREA Coordinator
3. Interviews with Incident Review Team Members

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states Hermitage House will collect uniform data for all allegations of sexual abuse and sexual assault. This information must be entered into the Hermitage House PREA Database titled "HHYS Sexual Violence Summary" using standardized data fields and standardized definitions. The Hermitage House PREA Database is the central repository for all information regarding allegations of sexual abuse and sexual assault. The Agency PREA Coordinator is responsible for ensuring all allegations of resident-on-resident sexual abuse and staff sexual misconduct/sexual harassment are entered into the Hermitage House PREA Database.</p> <p>This auditor was able to interview the Agency PREA Coordinator who confirmed she collects uniform data for all allegations of sexual abuse and sexual assault and enters this data into the Hermitage House PREA Database. This data is then reviewed and included into the Agency's Annual PREA Report. There was one allegation of sexual abuse at Hermitage House during the past 12 months noted in the PREA Database.</p> <p>(b) Hermitage House PREA Policy and Procedure states "For every allegation of sexual abuse, HHYS will collect and maintain data using a database to be annually analyzed."</p> <p>An interview with the Agency PREA Coordinator confirmed she is responsible for gathering data on each reported incident of sexual abuse and sexual assault to aggregate an annual report. This auditor was able to review the 2020 – 2021 Annual PREA Report. This report covered the period of October 1, 2020, through September 30, 2021. This PREA Annual Report provided in-depth information regarding PREA implementation. The Annual PREA Report notes allegation statistics, definitions, and corrective action taken.</p> <p>(c) Hermitage House PREA Policy and Procedure notes the PREA Database will include at a minimum the data necessary to complete the United States Department of Justice Survey of Sexual Victimization. The 2020 Survey of Sexual Victimization was completed and submitted to the Department of Justice. This auditor received a copy of the 2020 Survey of Sexual Victimization which was completed and submitted to the Department of Justice to confirm compliance.</p> <p>(d) Hermitage House PREA Policy and Procedure states "HHYS shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews."</p> <p>During an interview with the Agency PREA Coordinator, this auditor confirmed Hermitage House utilizes data collected from incident reports, reports, investigation files, and incident reviews on a PREA Database titled "HHYS Sexual Violence Summary". This information is then used to formulate the Agency's Annual PREA Report each year. This auditor was able to review the Hermitage House PREA Database and there was one allegation of sexual abuse during the past 12 months at the facility listed on the database.</p> <p>(e) This substandard is not applicable to Hermitage House as they do not contract with private facilities for the confinement of its residents.</p> <p>(f) Hermitage House PREA Policy and Procedure states "All data will be analyzed annually and provided for the required time periods for submission to required/identified agencies and further forwarded to state and federal entities, including the Department of Justice, upon request."</p> <p>The Agency PREA Coordinator is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. The 2020 United States Department of Justice Survey of Sexual Victimization was completed and submitted to the Department of Justice as requested.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Hermitage House PREA Database 3. 2020 Hermitage House PREA Annual Report 4. 2021 Hermitage House PREA Annual Report 5. 2020 United States Department of Justice Survey of Sexual Victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 398">(a) Hermitage House PREA Policy and Procedure states “HHYS will review and analyze the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, and training. This will then be used to compile an annual report that will identify problem areas and any corrective actions for each facility as well as the agency as a whole, and then compare this to previous years to assess progress in addressing sexual abuse.”</p> <p data-bbox="240 434 1485 591">This auditor interviewed the Agency PREA Coordinator and she stated she reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. She stated Hermitage House ensures the data collected is securely retained in the PREA Database. This auditor was able to review the PREA Database as it was created to retain data collected and aggregated following each allegation of sexual abuse. There was one allegation of sexual abuse at the facility listed on the PREA Database during the past 12 months.</p> <p data-bbox="240 627 1485 712">(b) Hermitage House PREA Policy and Procedure states “This will then be used to compile an annual report that will identify problem areas and any corrective actions for each facility as well as the agency as a whole, and then compare this to previous years to assess progress in addressing sexual abuse.”</p> <p data-bbox="240 748 1485 940">Hermitage House completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This auditor was able to review the 2020 – 2021 PREA Annual Report and this report included statistics and corrective actions from the current year. However, this annual report did not include a comparison of the current year’s data and corrective actions with those from prior years. This will be addressed during the Corrective Action period as the Agency PREA Coordinator stated the facility is going to begin completing annual reports for calendar years (January 1st through December 31st) instead of the current reporting period of October 1st through September 30th.</p> <p data-bbox="240 976 1485 1034">(c) Hermitage House PREA Policy and Procedure states “After approved by the agency head, the annual report will then be readily available to the public at least annually through its website.”</p> <p data-bbox="240 1070 1485 1155">The Annual PREA Report is approved by the Agency Head. However, after reviewing the agency website, it was noted the Annual PREA Report has not been made available to the public through the agency’s website. This will be addressed during the Corrective Action period.</p> <p data-bbox="240 1191 1485 1276">(d) Hermitage House PREA Policy and Procedure states “Personal identifiers will not be included for publication and HHYS may retract material when such information could jeopardize the safety and security of the facility; however, the nature of the material omitted shall be indicated.”</p> <p data-bbox="240 1312 1485 1469">The Agency PREA Coordinator was interviewed and stated information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in the Hermitage House PREA Policy and Procedure. This auditor was able to review the 2020 – 2021 Annual PREA Report, and any personal information that would present clear and specific threats to the safety and security of the program, as well as personal identifiers, was redacted.</p> <p data-bbox="240 1505 440 1532"><u>Corrective Action:</u></p> <p data-bbox="240 1563 1485 1648">When completing the 2021 PREA Annual Report, Hermitage House will include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="240 1684 1485 1742">Hermitage House will ensure the Annual PREA Report is made readily available to the public by posting the report on its website.</p> <p data-bbox="240 1778 368 1805"><u>Resolution:</u></p> <p data-bbox="240 1836 1485 1962">During the Corrective Action period, Hermitage House was able to revise the 2020-2021 Annual PREA Report and complete a 2020 Annual PREA Report and a 2021 Annual PREA Report. Both Annual PREA Reports were specific to calendar year they reported on and included a comparison of the current year’s data and corrective action with those from prior years. In addition, each Annual PREA Report included an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="240 1998 1485 2123">Both the 2020 and 2021 Annual PREA Reports were approved by the Agency Head and posted on the agency website. The Agency PREA Coordinator notified this auditor of the 2020 and 2021 Annual PREA Reports being posted on the agency website on 3/28/2022. This auditor viewed the agency website on that date to confirm that the 2020 and 2021 Annual PREA Reports were made readily available to the public by being posted on the agency website.</p>

Hermitage House is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Hermitage House PREA Policy and Procedure
2. Agency Website
3. Hermitage House PREA Database
4. 2020 Hermitage House PREA Annual Report
5. 2021 Hermitage Housse PREA Annual Report

Interviews:

1. Interview with Agency PREA Coordinator

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House PREA Policy and Procedure states “HHYS will maintain the security of incident specific and aggregated data.”</p> <p>All data collected at Hermitage House is securely retained on the PREA Database titled “HHYS Sexual Violence Summary”. This data is imputed by the Agency PREA Coordinator. Access to the PREA Database is limited to the Agency Head, Facility Director, Agency PREA Coordinator, and Administrative Assistant. This was confirmed during interviews with the Facility Director and Agency PREA Coordinator, and by reviewing the PREA Database.</p> <p>(b) Hermitage House PREA Policy and Procedure states “Aggregated data will be provided at least annually on the agency’s website and will exclude all personal identifiers.”</p> <p>The agency’s Annual PREA Report is reviewed and approved by the Agency Head. However, Hermitage House does not make all aggregated sexual abuse data available to the public on its agency website. This will be addressed during the Corrective Action period.</p> <p>(c) Hermitage House PREA Policy and Procedure states “Aggregated data will be provided at least annually on the agency’s website and will exclude all personal identifiers.”</p> <p>This auditor was able to review the 2020 – 2021 Annual PREA Report to confirm all personal identifiers were removed prior to posting on the agency website. An interview with the Agency PREA Coordinator confirmed all personal identifiers are removed from the Annual PREA Report prior to posting on the agency website.</p> <p>(d) Hermitage House PREA Policy and Procedure states “All sexual abuse data collected will be maintained for a minimum of 10 years unless otherwise required by Federal, State, or local law.”</p> <p>An interview with the Agency PREA Coordinator confirmed Hermitage House maintains sexual abuse data collected for at least 10 years on the agency PREA Database. This auditor was also able to view the PREA Database to confirm compliance with this standard.</p> <p><u>Corrective Action:</u></p> <p>Hermitage House shall make all aggregated sexual abuse data readily available to the public at least annually through its website.</p> <p><u>Resolution:</u></p> <p>During the Corrective Action period, Hermitage House was able to make all aggregated sexual abuse data available to the public. This was accomplished by the agency posting its 2020 and 2021 Annual PREA Reports on its website. Both Annual PREA Reports contained aggregated sexual abuse data at Hermitage House from 2020 and 2021.</p> <p>The Agency PREA Coordinator notified this auditor of the 2020 and 2021 Annual PREA Reports being posted on the agency website on 3/28/2022. This auditor viewed the agency website on that date to confirm that the 2020 and 2021 Annual PREA Reports were made readily available to the public by being posted on the agency website.</p> <p>Hermitage House is now in compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House PREA Policy and Procedure 2. Agency Website 3. Hermitage House PREA Database 4. 2020 Hermitage House PREA Annual Report 5. 2021 Hermitage House PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Agency PREA Coordinator

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Hermitage House was audited during the first year of the 2nd three-year PREA cycle (audited on July 17 – 18, 2017, and was found to be fully compliant on August 17, 2017). This audit report is posted on the agency website. This re-audit occurred during the third year of the 3rd three-year PREA cycle on November 29 – 30, 2021.</p> <p>(b) Hermitage House has met this standard by having its facility audited during 2nd three-year PREA cycle. This facility is a stand-alone facility as it is the only facility the agency oversees. This audit was performed during the third year of the 3rd three-year PREA cycle (November 29 – 30, 2021).</p> <p>(h) This auditor had unimpeded access to all areas of the facility during the on-site portion of this audit. The administrative team at Hermitage House accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documents from the Agency PREA Coordinator in a timely fashion during the pre-audit phase, on-site portion of the audit, and the post-audit phase.</p> <p>(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit. All interviews were conducted in a private conference room in the Administrative Building.</p> <p>(n) PREA Audit notifications were posted in all housing units, visiting areas, and lobby six weeks prior to the on-site portion of this audit (posted on September 17, 2021). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Photographs were emailed to this auditor on the date the notifications were posted to confirm they were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents or staff prior to, during, or after the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Hermitage House Pre-Audit Questionnaire 2. PREA Audit Notification 3. Photographs of PREA Audit Notification 4. Tour of Facility 5. Agency Website
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115.403	Audit contents and findings
	<p data-bbox="244 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 273 1497 331">(f) This auditor confirmed that Hermitage House has published the Final Audit Report from the 2nd PREA cycle on the agency website. The facility was not audited during the 1st PREA cycle.</p> <p data-bbox="244 367 756 394">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 443 472 470" style="list-style-type: none"> 1. Agency Website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes