

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 4/20/17

Auditor Information			
Auditor name: Karla Vierthaler			
Address: 215 N 19 th Street, Camp Hill PA 17011			
Email: kbreev@gmail.com			
Telephone number: 717-433-1702			
Date of facility visit: May 17-19, 2016			
Facility Information			
Facility name: VisionQuest Blue Ridge Academy and Standing Timbers Academy			
Facility physical address: 213 Blue Ridge Road, Saylorsburg, PA and 35 Keystone Road, Clifton Township, PA			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 814-432-7969			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Peter Ranalli			
Number of staff assigned to the facility in the last 12 months: 38			
Designed facility capacity: 19 (Blue Ridge) 32 (Standing Timbers)			
Current population of facility: 10 (Blue Ridge) 17 (Standing Timbers)			
Facility security levels/inmate custody levels: staff secure			
Age range of the population: 13-18 (Blue Ridge) 11-18 (Standing Timbers)			
Name of PREA Compliance Manager: Michael Horne		Title: Director of Compliance	
Email address: michael.horne@vq.com		Telephone number: 570-498-0936	
Agency Information			
Name of agency: VisionQuest National Ltd.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: Click here to enter text.			
Mailing address: <i>(if different from above)</i> P.O. Box 472, Downingtown, PA 19335			
Telephone number: 610-486-2280			
Agency Chief Executive Officer			
Name: Peter Ranalli		Title: CEO	
Email address: peter.ranalli@vq.com		Telephone number: 610-486-2280	
Agency-Wide PREA Coordinator			
Name: Phyllis Yester		Title: Executive Vice President	
Email address: phyllis.yester@vq.com		Telephone number: 610-486-2280	

AUDIT FINDINGS

NARRATIVE

VisionQuest is an employee-owned, comprehensive national youth services organization that provides intervention services to at-risk youth and families. VisionQuest began in Arizona in 1973 serving six youth. The organization has focused on the incorporation of homesteading, backpacking, and outdoor adventures into their work with youth. Historically, VisionQuest is known for operating a unique Wagon Train program. This program gives youth the opportunity to travel cross-country for some period of time via horseback and covered wagon. VisionQuest has programs in Arizona, Maryland, Delaware, Florida, Pennsylvania, and Texas.

This audit was done with two of the five residential programs in Pennsylvania. The facilities—Blue Ridge and Standing Timbers Academy are two separate facilities that share supervisory staff, policies and procedures, and are located very close to one another (approximately 30 miles) in rural northeastern Pennsylvania.

The auditor, Karla Vierthaler, was in contact with administrative staff from VisionQuest beginning early in 2016. The PREA Compliance Manager is Phyllis Yester. Ms. Yester works closely with two staff around PREA, who do not have formal PREA titles but also do much of the work, Dennis Call and Christina Dertouzos. This team clearly knew the standards well; and had committed time to revising and creating procedures to become complaint, and worked to find the best training and informational materials for residents and staff. Upon receiving the Pre-Audit Questionnaire and relevant forms and documentation, the in-person audit was scheduled for March 22-23, 2017.

When the auditor arrived, she met the staff on-site at Standing Timbers Academy; including Michael Horne PREA Compliance Manager, and Dennis Call, part of the administrative PREA team from VisionQuest. The auditor received a list of the current residents and staff, and after ten from each list were selected (from different facilities and different shifts and roles), interviews began. Then the auditor and staff discussed who who be appropriate to talk to for the job specific interviews. The auditor spent the day at Standing Timbers interviewing staff and residents, reviewing files from both facilities, and touring the facility.

The second day the auditor went to Blue Ridge Academy to conduct interviews with staff and resident and tour the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

VisionQuest Standing Timbers Academy and Blue Ridge Academy are two staff secure residential facilities. Standing Timbers Academy had 17 residents at the time of the audit. It currently operates out of four buildings, although there are six buildings on site. There is a main building that has the school facilities, kitchen, administrative offices, meeting rooms, and one housing unit. Then there is another housing unit, a building that serves as the office and waiting room for therapy, and a gym with additional offices. These buildings are all close together. There are no video cameras at Standing Timbers. The school at the facility has teachers from the local school district as well as employing a Director of Education and a Classroom Assistant.

Blue Ridge Academy had 11 residents at the time of the audit. The facility consists of one building and houses juveniles who are sex offenders. There is one housing unit, one classroom, and a large meeting room as well as offices. There are a number of cameras throughout the facility, mainly in resident's shared spaces (excluding the bathrooms and bedrooms). Bedrooms do have motion sensors that are turned on during sleeping hours.

Both facilities share management staff, administrative staff, and a therapist.

PREA posters, brochures, and auditor contact information was found in all spaces residents use. Also noticeable throughout the facility was information about the Sanctuary® Model of Trauma Informed Care, which the facility uses as a best practice.

Best described in a letter to parents:

"VisionQuest practices the Sanctuary® Model of Trauma Informed Care, promotes nonviolence and seeks to create a supportive and nurturing environment. We use Seven Commitments to promote safety in our programs

- *Nonviolence-being safe outside (physically), inside (emotionally), with others (socially) and to do the right thing (morally)*
- *Emotional Intelligence-managing our feelings so we don't hurt ourselves or others*
- *Social Learning-respecting and sharing the ideas of the teams*
- *Democracy-shared decision making*
- *Open Communication-saying what we mean and not being mean when we say it*
- *Social Responsibility-together we accomplish more*
- *Growth and Change-creating hope for our clients and ourselves; envisioning what things can be like"*

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

VisionQuest has a comprehensive PREA policy that includes zero tolerance of sexual misconduct, which is defined to include sexual abuse and sexual harassment. Both facilities fall under Facility PREA Compliance Manager and the Director of Compliance, Michael Horne, since they both operate under one administrative staff. Phyllis Yester, Executive Vice President of VisionQuest, is the agency-wide PREA Coordinator. Ms. Yester has a strong team of two additional employees (Dennis Call and Christina Dertouzos) that assist her with all PREA-related duties. With this team approach, Ms. Yester feels she has ample time to fulfill her role as PREA Coordinator and other job responsibilities.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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N/A

Standard 115.313 Supervision and monitoring

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

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Both agencies maintain a staff ratio of at least 1:8 during resident waking hours and 1:16 during resident sleep hours. This is a requirement of the Pennsylvania Department of Human Services (DHS), and the agency has been in compliance since the passage of PREA. The auditor
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reviewed staffing plans, policy (PA RES# II-E-1), annual inspection letters from PA DHS, the annual PREA report, and conducted staff and resident interviews. The auditor also viewed documentation of random unannounced rounds done by intermediate or higher level staff.

Standard 115.315 Limits to cross-gender viewing and searches

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

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The agency has a thorough policy around searches (PA RES # II-E-4) and cross-gender viewing (PA RES # II-E-1) compliant with PREA, but does not conduct searches. They have not conducted searches in the last twelve months. The housing unit bathrooms and other facilities residents use are single occupancy. Staff do not accompany residents inside the bathroom. Staff of the opposite gender announce their presence before entering housing units, under procedure PA RES #II-E-1. All information was confirmed in interviews with staff and residents.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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.

VisionQuest Procedure PA RES #I-E-4 addresses the agency’s responsibility in accommodating residents with disabilities or limited English proficiency. PREA materials are available in Spanish. The agency has agreements with numerous interpreter services, if a resident should need those services. It was clear from conversations with staff and residents that the agency has rarely (if ever) had any residents with needs around interpretation, but staff knew that professional services were available if needed.

Standard 115.317 Hiring and promotion decisions

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

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.

VisionQuest procedures (PA HR # I-I, PA HR # I-D, PA RES PREA # II-H-1) address PREA compliance around employee background screening, hiring new staff, and staff promotions. The auditor viewed random staff files and found all the appropriate background checks.

Standard 115.318 Upgrades to facilities and technologies

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

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.

There have been no expansion or modification of either facility. The agency procedure RES # II-E-13 addresses video surveillance, monitoring, and maintenance. VisionQuest has created a form to document consideration of sexual abuse when upgrading facilities and technologies as well as added this consideration to existing policies.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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.

VisionQuest Procedure PA RES PREA # II-H-1 addresses first responder responsibilities, evidence preservation, victim response, and the forensic medical exam. There are also multiple documents (including one that staff carries with them at all times on lanyard) outlining the First Responder Checklist. The agencies have an Memorandum of Understanding (MOU) with the Children's Advocacy Center in Scranton, Pennsylvania, which provides forensic medical examinations. The agency also has an MOU with The Women's Resource Center to provide services to residents as requested.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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.

The agency conducts administrative investigations with specially trained, qualified staff. All staff immediately refers allegations to the Pennsylvania Child Abuse Reporting Line (ChildLine), who will contact the State Police if the act is criminal. If the act is criminal, the Pennsylvania State Police, Pennsylvania Children and Youth Services, and VisionQuest will all investigate the incident. The agency has reached out to State Police to sign an MOU with no avail. They are tracking this communication. If the act is not criminal, Children and Youth and VisionQuest will conduct and administrative investigation. All staff are mandated reporters of child abuse, which is enforced in the annual audit by the Pennsylvania Department of Human Services. The procedure outlined in 115.332 (b) is found here: www.vq.com/prea. The auditor viewed policies, incidence records, and conducted staff interviews.

Standard 115.331 Employee training

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

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.

All staff currently employed at the agency have been trained according to the standard. The auditor reviewed that curriculum, employee records, training records, and conducted interviews. Staff were familiar with PREA and all confirmed receiving the required training.

Standard 115.332 Volunteer and contractor training

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

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.

The facilities contract with a doctor and dentist who provide medical services. Both have signed a form stating they each read and understands the PREA Policy at VisionQuest, and know multiple ways to report abuse.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

All residents at VisionQuest after June 2015 have been educated according to the standard, within the mandated time frame. This is covered in Procedure PA RES PREA # II-H-1. The auditor reviewed that curriculum, resident records, training records, and conducted interviews. Residents were familiar with PREA and all confirmed receiving the required training.

Standard 115.334 Specialized training: Investigations

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

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.

The agency had relevant staff complete specialized training for administrative investigations. Training was documented, and is covered in Procedure PA RES PREA # II-H-1. The auditor reviewed the curriculum, training documentation, staff files, and conducted staff interviews. The agency does not conduct criminal investigation.

Standard 115.335 Specialized training: Medical and mental health care

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

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.

The mental health practitioner received the required training. Training was documented, and is covered in Procedure PA RES PREA # II-H-1. The auditor reviewed the curriculum, training documentation, staff file, and conducted staff interviews.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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.

VisionQuest uses a Vulnerability Assessment from the Pennsylvania Department of Human Services and also one they created themselves to address all areas PREA requires for screening. Screening occurs within the appropriate timeframe. Only necessary staff have access to the information related to the screening process. This is covered in Procedure PA RES # I-A-1, and was confirmed by resident and staff interviews.

Standard 115.342 Use of screening information

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

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.

The information from screening is used to create housing and other decisions around youth placement to ensure safety of all residents. Residents are never isolated at the facility and the appropriate policies around LGBTQI youth are in Procedure PA RES PREA # II-H-1. This was confirmed through staff and resident interviews.

Standard 115.351 Resident reporting

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

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.

The agency has established procedures for residents to report sexual abuse or harassment, retaliation by other residents or staff for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in a number of ways. There is a grievance box (that can be used anonymously) for residents, they have access to their case manager, PREA Manager/Director of Compliance, counselor/therapist, and outside contacts via telephone and mail. Residents and staff may report abuse to Pennsylvania’s ChildLine, and the toll-free 800 number of the agency is posted throughout the facility.

Standard 115.352 Exhaustion of administrative remedies

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

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This is covered under Procedure PA RES #II-B-2 and in PA RES PREA II-H-1.

Standard 115.353 Resident access to outside confidential support services

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

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.

Blue Ridge Academy and Standing Timbers Academy are in different counties and are served by different rape crisis centers. Blue Ridge Academy does not yet have a signed MOU from Women’s Resources of Monroe County, but the auditor received an email from the director saying they were working together. Women’s Resource Center, Inc. in Lackawanna County, which serves Standing Timbers Academy, has signed an MOU with VisionQuest. Both of these relationships are new, and hopefully they develop to benefit residents. The policies related to working with rape crisis centers are outlined in Procedure PA RES PREA #II-H-1. Residents also have access to their attorney or other legal representation and their parents or guardians via confidential telephone and mail, and this was confirmed in staff and resident interviews.

Standard 115.354 Third-party reporting

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

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Parents, guardians, and other third parties can make reports via the the website, which has an online submission form, an email, and administrative staff telephone number. Parents and guardians also receive a letter with the name, phone number, address, and telephone number tocontact VisonQuest staff at each facility.

Standard 115.361 Staff and agency reporting duties

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

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.

The agency’s policies around reporting (PA RES #II-D-1) and training procedures to ensure compliance are effective. All staff interviewed knew the reporting process.

Standard 115.362 Agency protection duties

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

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This is covered in procedure PA RES PREA # ii-H-1, and was answered according to the standards in all staff interviews.

Standard 115.363 Reporting to other confinement facilities

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

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.

This is covered in Procedure PA RES PREA # II-H-1 and is compliant with the standard.

Standard 115.364 Staff first responder duties

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

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.

This is also covered in Procedure PA RES PREA # II-H-1 and was widely understood by staff and management in interviews. Staff carried a card with the steps for first responders on their lanyards at all times.

Standard 115.365 Coordinated response

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

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The administration created a coordinated response plan to PREA incidences, which involved staff were aware of and could discuss.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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N/A

Standard 115.367 Agency protection against retaliation

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

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This is covered in HR IV-E and PA RES #II-B-2.

Standard 115.368 Post-allegation protective custody

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

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N/A

Standard 115.371 Criminal and administrative agency investigations

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

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This is covered under PA RES PREA # II-H-1.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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This is covered under PA RES PREA # II-H-1.

Standard 115.373 Reporting to residents

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

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.

This is also covered under PA RES PREA # II-H-1. The agency has a form for residents to sign indicating that they have been notified about the investigation and actions taken by the agency.

Standard 115.376 Disciplinary sanctions for staff

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

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.

This is covered under PA RES PREA # II-H-1.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

This is covered in PA RES PREA # II-H-1.

Standard 115.378 Disciplinary sanctions for residents

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

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.

This is covered under PA RES PREA # II-H-1 and PA RES # II-A-1.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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.

This is covered under PA RES PREA # II-H-1. During interviews, medical and mental health staff were familiar with the procedure of follow up meeting upon disclosure.

Standard 115.382 Access to emergency medical and mental health services

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

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.

This is also covered under PA RES PREA # II-H-1

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

This is covered under PA RES PREA # II-H-1. Staff seemed familiar with the procedure to take residents immediately offsite for the forensic rape exam.

Standard 115.386 Sexual abuse incident reviews

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

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.

This is covered under PA RES PREA # II-H-1. Appropriate forms to document the review were viewed and the incident review team included the appropriate staff.

Standard 115.387 Data collection

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

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.

This is covered under PA RES PREA # II-H-1. The agency is currently collecting data for each incident of sexual abuse. There is an annual report of PREA reporting data on the VisionQuest website.

Standard 115.388 Data review for corrective action

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

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.

This is covered under PA RES PREA # II-H-1. The agency created an annual report of data, analysis of incidents, and will create a corrective action plan based on the information if necessary. The agency posted this information to their website.

Standard 115.389 Data storage, publication, and destruction

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

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.

The agency securely retains records and is compliant with the standard. This is covered under PA RES PREA # II-H-1.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Karla Vierthaler

4/20/17

Auditor Signature

Date