

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

Interim Final

Date of Report June 18, 2019

Auditor Information

Name: Louis Folino	Email: lsf168@verizon.net
Company Name: Louis Folino LLC	
Mailing Address: 168 Big Horn Rd	City, State, Zip: Pittsburgh, PA 15239
Telephone: 412-354-1557	Date of Facility Visit: May 6-10, 2019

Agency Information

Name of Agency: Renewal, Incorporated	Governing Authority or Parent Agency (If Applicable): N/A
Physical Address: 339 Blvd of the Allies 704 Second Ave.	City, State, Zip: (339) Pittsburgh, PA 15222 (704) Pittsburgh, PA 15219
Mailing Address: Renewal Inc. Corporate Office	City, State, Zip: 601 Grant Street, Pittsburgh, PA 15219
Telephone: 412-690-2469	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Agency mission: “Dedicated to helping individuals in the criminal justice system transition back to families and communities. Through a range of preventions, early intervention, programming and treatment approaches, Renewal empowers individuals to change their lives for the better.”	
Agency Website with PREA Information: www.renewalinc.com	

Agency Chief Executive Officer

Name: Doug Williams	Title: CEO
Email: dwilliams@renewalinc.com	Telephone: 412-690-2451

Agency-Wide PREA Coordinator

Name: Scott Johanson		Title: VP Human Resources and Compliance	
Email: sjohanson@renewalinc.com		Telephone: 412-690-2469	
PREA Coordinator Reports to: Renewal CEO		Number of Compliance Managers who report to the PREA Coordinator: Two: 1. Bldg. 339 2. Bldg. 704	
Facility Information			
Name of Facility: Renewal Inc.			
Physical Address: 339 Blvd. of the Allies, Pittsburgh, PA 15222; 704 Second Ave. Pittsburgh, PA 15219			
Mailing Address (if different than above):			
Telephone Number: 412-690-2445			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Private not for Profit
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission: "Dedicated to helping individuals in the criminal justice system transition back to families and communities. Through a range of preventions, early intervention, programming and treatment approaches, Renewal empowers individuals to change their lives for the better."			
Facility Website with PREA Information: www.renewalinc.com			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Shelly Thayer		Title: VP Programs	
Email: sthayer@renewalinc.com		Telephone: 412-713-9618	
Facility PREA Compliance Manager			
Name: Melissa Breckenridge (704) Frank DeClair (339)		Title: Mental Health Case Manager Supervisor (704) Director of Work Release (339)	
Email: mbreckenridge@renewalinc.com fdeclair@renewalinc.com		Telephone: 412-304-2864 (Bldg. 704) 412-690-2445 Ext. 2806 (Bldg. 339)	

Name: Jim Galus		Title: Clinical Director	
Email: jgalus@renewalinc.com		Telephone: 412-246-2783	
Facility Characteristics			
Designated Facility Capacity: Bldg. 339 - 384 Reentrants Bldg. 704 - 298 Reentrants		Current Population of Facility: Bldg. 339 - 131 Bldg. 704 – 276 = Total 407 (May 6, 2019)	
Number of residents admitted to facility during the past 12 months:			2,371
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			Not Known
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1,797
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2,257
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population: 18 - 83	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles - None	<input checked="" type="checkbox"/> Youthful residents - None
Average length of stay or time under supervision: 110 Days			
Facility Security Level: Community Corrections			
Resident Custody Levels: Minimum-Community Corrections			
Number of staff currently employed by the facility who may have contact with residents: 139			
Number of staff hired by the facility during the past 12 months who may have contact with residents: 53			
Number of contracts in the past 12 months for services with contractors who may have contact with residents: 2			
Physical Plant			
Number of Buildings: Two		Number of Single Cell Housing Units: None	
Number of Multiple Occupancy Cell Housing Units:		Bldg. 339 - Seven Bldg. 704 - Six	
Number of Open Bay/Dorm Housing Units: Bldg. 339 – 34 Dorm Style Rooms/ Bldg. 704 – 30 Dorm Style Rooms			
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are over 200 cameras combined that are appropriately positioned within the two buildings. The main monitoring stations/Control Centers are located on the First Floor of each Building (339 and 704). Additional monitoring capability is available to multiple management/security personnel, and building/floor security staff. Video retention has been reported to range from 5-7 months, dependent upon multiple recording factors.			
Medical			

Type of Medical Facility: Renewal primarily utilizes community medical facilities for treatment of residents.	Renewal, Inc. has a contracted Physician and Psychiatrist, and two Renewal Nursing staff (1 Registered Nurse (RN) and 1 Registered Nurse Supervisor (RNS)). Services provided are physical exams, medical advice and referrals.
Forensic sexual assault medical exams are conducted at:	Mercy Hospital, Pittsburgh, PA
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	44
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	Five – for Allegheny County PREA's, only.

Audit Findings

Audit Narrative

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

A Prison Rape Elimination Act, PREA, audit was conducted of Renewal, Incorporated from May 6th through May 10th, 2019. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012.

The entry meeting was conducted at the corporate offices of Renewal, Inc. on May 6, 2019. In attendance were auditor Louis Folino, PREA Coordinator/Vice President of HR and Compliance Scott Johanson, Vice President of Programs Shelly Thayer, PREA Compliance Manager/704 Mental Health Case Manager Supervisor Melissa Breckenridge, PREA Compliance Manager/339 Work Release Director Frank DeClair, Director of Facilities and Food Service Ron Postreich, Human Resources Director Linda Hoover, Human Resources Generalist Richard Shenk and Recreation Coordinator Amy White. At the meeting auditor provided an overview of the three phases of the audit and described the Site Review objectives and proposed schedule for the week. Auditor explained the pre-audit processes which had already been completed, and the post-audit evidence review and report compilation procedures.

Immediately following the staff meeting, auditor was provided a tour of all facility areas of the 339 Building/Second Avenue housing facility. Areas of on-site review included all resident housing unit floors and rooms, dayrooms, bathrooms/showers, kitchen/cafeteria, program areas, staff offices/work areas, ground floor laundry and weight room, and first floor control station. Auditor noted the posted PREA signage, locations of CCTV cameras/security equipment, staff presence and supervision, blind spots, resident demeanor, staff and resident interaction, general housekeeping/sanitation, resident basic privacy/security for showering/toileting and resident telephone access. Auditor engaged both staff and residents in conversation during the on-site review. Auditor detected no signs of tension among the resident population or staff morale issues. Auditor informally conversed with multiple residents concerning PREA during the tour of the housing and dayroom areas. All residents readily responded to auditor's greeting and introduction and advised auditor that they felt sexually safe at Renewal. Auditor also successfully tested two of the four resident telephone Hotlines in 339. Auditor initiated both specialized and random staff formal interviews in 339 the afternoon of the first day of the audit.

On Tuesday, May 7, 2019, auditor conducted a thorough Site Review of Building 704/Boulevard of the Allies, noting conditions and procedures as the day prior, and informally engaging staff and residents during the site review. Auditor initiated both random and targeted resident interviews at the 339 location the second day. Auditor returned to 339 in the early morning hours of the third day and completed additional random interviews of all security shifts (11-7, 7-3 and 3-11), specialized staff, and random and targeted residents. Auditor throughout the week continued the resident interviews through the 4th

day, i.e. Thursday May 9, 2019. Auditor reported to the Renewal Corporate headquarters on May 10, 2019, finished all required specialized staff interviews, and conducted a review of all PREA investigations conducted during the last 12 months.

While on-site, auditor attended a regular weekly PREA Orientation conducted by designated personnel attended by seven residents that had been admitted during the last week. Auditor attended the Intake processing of one resident and observed the PRAT (PREA Risk Assessment Tool) being administered. Auditor subsequently interviewed both of the Intake Coordinators who regularly conduct the initial PREA risk assessments in 339 and 704, and the Recreation Coordinator who regularly conducts the PREA Orientations in 339.

While on-site, auditor interviewed 26 total residents. This consisted of 13 random residents, one resident that had reported a sexual abuse, four physically disabled, two cognitively disabled, three reported prior victims, one transgender, three gays, one bisexual, and one lesbian resident. There were no Limited English Proficient residents available to interview. The residents interviewed were male and female (8 white males, 8 black males, 4 white females, 2 black females, 3 Hispanic males and 1 Hispanic female). At least one resident from each floor of each building/unit was interviewed, to include residents from each jurisdiction, i.e. Federal Bureau of Prisons (FBOP) Allegheny County Jail (ACJ) and Pennsylvania Department of Corrections (PADOC). Residents housed on Work Release, on the Alcohol and Other Drugs Unit (AOD), and Mental Health Unit were interviewed.

Thirty-eight total staff/volunteer/contractor/community agency interviews completed consisted of 12 random staff selected from all shifts, the Director Designee (VP of Programs), four staff that conduct risk screenings, two Intake staff, two mental health, two medical, two Incident Review Team members, one PADOC PREA Investigator, one Renewal PREA Investigator, the agency PC, two PCMs, two security first responders, two non-security staff first responders, two retaliation monitors, two volunteers, one contracted staff and one contract administrator. Staff interviewed included white males and white females, and black males and black females. Auditor interviewed on-site at Mercy Hospital, Pittsburgh, PA the ER Nurse Leader; the Center for Victims VP/Chief Program Officer; a Victim Advocate and the Victim Services Supervisor of the Pittsburgh Action Against Rape (PAAR); and the PADOC BCC Contract Facility Coordinator (CFC).

During Site Review, the auditor observed all facility areas to be in excellent condition concerning organization and sanitation. Auditor noted the spartan nature of the housing units. Staff work areas and resident program areas evidenced a cooperative atmosphere, with good staff and resident interaction. No tension or loud communications was observed or overheard. Required PREA postings were well organized, consistent and numerous on all building floors. Resident facility phones were accessible and available during various time periods dependent upon programming restrictions. Many unit phones are available to the residents 24-7, e.g. Work Release. Auditor notes that the majority of residents are able to have their personal cell phones, contingent upon their adherence with the agency Cell Phone Agreement restrictions.

Auditor conducted an exit briefing with Renewal personnel at 1:00 pm on Friday May 10, 2019. This meeting was attended by VP Johanson (PC), VP Thayer, PCMs DeClair and Breckenridge, Security Director Kennedy, Facilities and Food Services Director Postreich, HR Director Hoover and HR Generalist Shenk. The auditor extended appreciation to VPs Thayer and Johanson, and their PREA Team for their hospitality and professionalism extended to auditor during the entire audit process. Agency personnel were quite effective in facilitating all aspects of the Site Review. Special recognition

to the core PREA Team Members lead by VP Scott Johanson, for all their efforts in implementation of policy and procedures and ensuring that documentation and practices are compliant with the PREA standards. Renewal staff were very resourceful in dealing with the auditor's many requests in order to conduct a thorough audit of Renewal's operations. Auditor noted the positive agency culture and professionalism of personnel throughout the agency and during the week. Auditor notes that the resident population has responded in-kind to the respectful treatment, services and safe and sanitary environment provided daily by Renewal personnel.

Auditor reviewed the areas of facility policy and procedures, and physical plant noted during Site Review where auditor noted blind spots existing within several areas, and where either policy or practices were not in compliance with the PREA standards. Prior to auditor's departure from Renewal, several areas and conditions had already been addressed by the Renewal administration during the audit week to bring the agency into compliance with several standards noted and discussed with the PREA Coordinator and VP of Programs.

Facility Characteristics

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

Renewal, Incorporated, is a private, non-profit organization incorporated in 1976 providing alternative housing and community corrections services to individuals in Allegheny County, the State of Pennsylvania and the Federal Criminal Justice System. The focus of this PREA Audit are the residential confinement operations located in two major housing facilities in the downtown section of the City of Pittsburgh, Pennsylvania. The corporate offices of Renewal, Inc. are located at 601 Grant Street, 5th Floor, Pittsburgh, PA 15219.

Renewal houses male and female adult offenders from the Federal Bureau of Prisons (FBOP), Pennsylvania Department of Corrections (PADOC)/Pennsylvania Board of Probation and Parole, (PBPP), and the Allegheny County Jail, (ACJ). The community confinement facility located at 339 Boulevard of the Allies, Pittsburgh, PA, 15222, houses only male offenders, with 286 being housed there on May 6, 2019, the first day of this five-day audit. The second community confinement facility is located at 704 Second Avenue, Pittsburgh, PA, 15219. The Second Avenue facility, 0.4 mile from the Boulevard facility, houses both male and female offenders, and housed a total of 226 residents on May 6, 2019.

The Second Avenue and Boulevard of the Allies structures, commonly referred to as 704 and 339, respectively, are eight story business office buildings renovated to house offenders in a residential housing program. Residents live in dormitory style rooms. They have access to lounge/TV areas, pay telephones, recreation areas and full-service cafeterias. All facilities are handicap accessible.

The program or jurisdiction population at Renewal, Inc consists of approximately: 42% PA DOC; 32% ACJ; and 21% FBOP. The reported racial demographics of the population are: 53% Caucasian; 45% African American; 1% Hispanic; 2% other (Bi-racial, Native American, other).

Residents at Renewal participate in work release, school release, drug and alcohol programming, mental health treatment, reintegration/family reunification/furloughs, a job training program, Life Skills, a 12-week Parenting curriculum, and more.

The Mission Statement of Renewal, Inc: Dedicated to helping individuals in the criminal justice system transition back to families and communities. Through a range of preventions, early intervention, programming and treatment approaches, Renewal empowers individuals to change their lives for the better.

The Vision: Renewal Inc. wants to be known for achieving the highest standards in the community corrections industry and reducing the rate of recidivism.

Renewal Inc. emphasizes Core Values of: Safety, Diversity, Leadership, Teamwork, Innovation, Empowerment and Professionalism.

Renewal is accredited by the American Correctional Association, ACA, with the most recent successful audit conducted in October 2017, attaining 100% of the 32 Mandatory and 208 Non-Mandatory applicable standards. Renewal has been continuously accredited by ACA since 1999. Renewal is audited annually by the Division of Drug and Alcohol Licensure Audits, and the Allegheny County Health Department. Renewal also undergoes an annual audit/inspection by the PADO, ACJ and FBOP. Other announced and unannounced monitoring visits/walk-through/inspections are conducted throughout the year by the three jurisdictions. The PADO Bureau of Community Corrections (BCC) Director visits Renewal annually, with the regional BCC Contract Facility Coordinators (CFC) visiting Renewal approximately weekly in conjunction with their regular PADO and Renewal responsibilities.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 9

115.218; 115.221; 115.241; 115.242; 115.251; 115.253; 115.264; 115.273. 115.283

Number of Standards Met: 30

115.211; 115.212; 115.213; 115.215; 115.216; 115.217; 115.222; 115.231; 115.232; 115.234; 115.233; 115.235; 115.252; 115.254; 115.261; 115.262; 115.263; 115.265; 115.266; 115.267; 115.271; 115.272; 115.276; 115.277; 115.278; 115.282; 115.286; 115.287; 115.288; 115.289.

Number of Standards Not Met: 0

Summary of Corrective Action (if any): Auditor includes discussion within the individual standards concerning the standard deficiencies noted below. Auditor has confirmed through personal observation, digital photographs, and documentation that the below noted corrective actions have been implemented.

1. 115.213: Agency took prompt action while auditor was conducting Site Review to initiate purchase requests to obtain additional CCTV coverage/reassign CCTV coverage due to several areas determined to present increased risk for sexual abuse, and to enhance staff supervision.
2. 115.215: During Site Review the agency replaced several shower curtains in Building 704 which did not afford residents fundamental privacy while allowing staff to conduct proper security rounds. Cross gender viewing was possible with the replacement clear shower curtains installed within several shower stalls on several floors (male and female) of Bldg. 704.
3. 115.217 While on-site, the agency-initiated procedures to require all staff candidates for promotion to submit applications which include the PREA inquiries included in accordance with paragraph (a) of this standard. The same PREA inquiries are now incorporated into any promotional interviews conducted as well. HR forms have been revised to include these changes of procedure and auditor has reviewed a recent promotional candidates' application and the PREA inquiries asked during the promotional interview.
4. 115.233 The agency included the *What you Need to Know* PREA video into the regular resident PREA education sessions conducted in Buildings 339 and 704. The PREA acknowledgement forms signed by the residents upon completion of the PREA orientation have been revised to reflect this inclusion.
5. 115.234 The agency has required and completed additional approved specialized investigative training for the five Renewal PREA investigators.
6. 115.252 The agency has developed and implemented a separate and distinct policy and procedure for PREA Grievance handling. The policy language was issued to personnel in the form of an Addendum, will be incorporated into the agency PREA Compliance Manual during the next annual review, and includes all the requirements of the PREA standard.
7. 115.278 The agency revised the Reentrant Handbook, page 3, to include specific language prohibiting any resident sexual activity with other residents or staff, and any fraternization with personnel.

PREVENTION PLANNING

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

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

115.211 (a)

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, auditor has reviewed the agency PAQ, the agency PREA Policy, **Renewal, Inc. PREA Compliance Manual (P-PCM), Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, A. Prevention**, page 2-1; and **Glossary of Terms**, pages 1-6. Auditor reviewed the agency **Pre-Audit Questionnaire** and

fulfilled the requirements of the PREA inquiries within the Auditor Compliance Tool (ACT). Auditors' review has determined that the agency has written policy which includes all requirements of the PREA standard.

The agency policy establishes **ZERO Tolerance** (P-PCM-Sec. 2, pg. 2-1), and designates an agency PREA Coordinator (PC) tasked with implementing and maintaining agency adherence with the requirements of the PREA standards. The PC is an upper-level, agency-wide administrator (Vice President of HR and Programs). The agency has further designated two PREA Compliance Managers (PCM) that are assigned to either Building 704/Renewal #2 or Building 339/Renewal #1. Their duties and responsibilities are established in the P-PCM, pages-2-4, consistent with the requirements of the standard. The PCMs report directly to the PC concerning PREA. The PC reports directly to the agency CEO.

During interview, the PC advised auditor that he has sufficient time to perform his oversight PREA duties. The PC collaborates with the two PCMs and security staff to ensure Renewal maintains compliance with the requirements of the PREA standards. The activation of individual PCMs to buildings 339 and 704 has proven effective in implementing and maintaining Renewal's PREA program.

During auditors' five days of Site Review, it was evident to auditor that the PC, PCMs and Senior Security staff have excellent working relationships, and are motivated to ensure compliance with all the applicable PREA standards. Based upon auditor's interviews of personnel, it is confirmed that the PCMs are familiar with their buildings' (339 or 704) residents, and assigned staff are familiar with the duties of the PC and PCMs. The residents are similarly aware of the responsibilities of the PCMs concerning their PREA roles and responsibilities.

Based upon auditors' review of the agency P-PCM, PAQ, and PC interview, auditor has determined that Renewal is in compliance with the standard.

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Renewal does not contract with private agencies or other entities for the confinement of their residents.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance auditor reviewed the agency PREA Compliance Manual (P-PCM), Section 2, **B. PREA Coordinator – Renewal, Inc.** pages 2-1, 2-2, and **C. PREA Compliance Manager (PCM) Duties – Renewal, Inc.** pages 2-2, 2-3. Policy requires the PC to develop and document a staffing plan that provides adequate levels of staffing, considering video monitoring, the physical layout of the agency buildings, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and other relevant factors. The Renewal policy further includes all requirements of the PREA standard concerning staffing and provides responsibilities for the agency PREA Compliance Managers.

Since August 20, 2012, the average daily number of residents housed at Renewal is reported as 420. The staffing plan is predicated on an average daily population of 640 residents. The PAQ reports no instances during the last 12 months where the staffing plan was not complied with. The PC has reported to auditor in supportive documentation provided that there have been no deviations from the established staffing plan. Auditor has reviewed established staff/shift schedules to ensure security coverage is scheduled for all shifts (7-3,3-11,11-7) on an ongoing basis.

Auditor has reviewed the Executive Management Agenda, June 20, 2018, during which management personnel reviewed the agency staffing plan. The PREA Plan is also annually reviewed and approved at this June executive staff meeting.

Auditor interviewed the Agency Director/designee, the VP of Programs, who informed auditor that the agency was experiencing a lack of applicants to fill vacant positions. Overtime/double time has therefore been authorized to fill vacant staff security positions. Renewal utilizes Community Corrections Monitors (CCM), Treatment Aides (TA), Counselors, Case Managers and Supervisors to provide the necessary supervision and staff presence. Staff tours are conducted every 60 minutes at minimum, by utilizing the Guard 1 security pipe system, with the security rounds completed being recorded, downloaded and reviewed by security supervision to ensure compliance.

The PC advised auditor during interview that Renewal has approved overtime to fill vacant staff positions in order to comply with the staffing plan. The PC advised auditor that the Case Managers can fill open shift security slots of line staff as needed, i.e. CCM or TA. There have been no cases where the staffing plan was not followed.

The Guard 1 security system utilizes contact points strategically placed in the rear of each housing unit dorm/rooms, and in the rear of the resident bathrooms/showers, which requires security personnel to conduct their rounds throughout those areas. Recently, all staff have been issued duress cards to

further enhance staff and resident safety. This initiative was the result of one resident's inappropriate conduct in a staff office with a staff member. As a result, the agency directed that all offices/furnishings be arranged in a specified way, and the duress cards were implemented. Auditor was provided an orientation of the duress cards which appear to be a normal staff electronic reader card which activates an alarm to the building Control Center by pulling down on the duress card. A panel then identifies the exact location of the duress alarm received, with staff being dispatched to the location of the alarm. The PC stated Renewal consults with and utilizes a security tech firm (TYCO), and works with building architects when renovating areas of their buildings. Agency renovation is again intended with plans to acquire an additional 8 story building in the vicinity of Building 339. Auditor has received and reviewed multiple documents evidencing the purchase of TYCO electronic monitoring equipment purchased and deployed by Renewal and within the last 12 months. The PC is a member of the Executive Management team, which enables him to discuss possible upgrades of staffing or technology as a result of a PREA Incident Review. The PC as VP of HR and Compliance can seek such approvals by utilizing the monthly Executive Management Meeting process or by seeking direct approval from the VP of Administration or the CEO, depending on the issues involved.

Based upon auditors' review, auditor has determined that the agency is in compliance with the standard. During Site Review auditor has observed and evaluated the building's comprehensive CCTV plan, which is utilized in conjunction with hourly staff security checks/Guard 1 tours, and the recent deployment of the staff duress cards. Renewal has a regular and credible PREA review process conducted by the PCMs, PC and security management. Monthly PREA administrative tours required by the P-PCM (Section 2, C.10, Page 2-3), are completed and documented by the PCMs. The PREA Administrative tours completed are documented within the 2016, 2017 and 2018 Annual Reports reviewed by auditor. Auditor notes that an Incident Review Team has not been conducted since 2017, due to the infrequency of sexual abuse allegations/incidents. Auditor has observed that the agency takes a proactive approach with PREA in striving to protect residents from sexual abuse.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (d)

- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the agency PREA Compliance Manual (P-PCM), Section 2, H. **Cross-Gender Searches**, pages 2-5, and I. **Cross-Gender Supervision**, page 2-6. Policy language includes all requirements of the standard concerning cross-gender viewing and searches. The PAQ reports that the facility does not conduct cross-gender strip, body cavity or pat-down searches of female residents. The PAQ reports zero instances of such searches in the last 12 months. The PAQ reports no instances of transgender or intersex searches conducted solely for the purpose of determining that resident's genital status.

Auditor has reviewed three in-service training rosters/sign-in sheets for Security Overview training conducted in 2018-2019 which included resident search methods. Random staff interviews conducted have served to confirm that Renewal has provided the required cross-gender pat-down search training, either at initial basic training or "Boot Camp," at in-service training provided by PADOC at a Greentree, Pennsylvania training site, at the Renewal Corporate offices in the large conference room, or in the group room on the 4th Floor of 704. The training was reportedly presented by PADOC personnel (Lieutenant or Sergeant), or the senior security staff at Renewal. All of the random staff interviewed asserted that female residents are never denied any access to programs due to a lack of female staff to conduct pat-down searches, as female staff are always available on-shift. Auditor was advised by random staff interviewed that only female staff can pat-down the female residents. One employee offered that there may actually be a shortage of male staff at times in 704, which requires the shift Security Supervisor to make staff scheduling/assignment adjustments.

The P-PCM (Sec. 2. I. 2.) requires cross-gender announcements, e.g. "Female on the unit" when security or non-security staff, volunteers, visitors, vendors and interns enter a housing unit. During Site Review, such appropriate verbal announcements were made by escorting personnel upon entering every housing unit floor, and prior to entering any resident dorms/rooms and bathrooms/showers.

During Site Review auditor observed multiple replacement shower curtains in Building 704 that provided insufficient privacy for residents while showering. All bathroom and shower areas were toured by auditor and observed to be well organized and equipped, allowing for resident privacy and staff security. It was explained to auditor by agency officials that the nearly clear replacement shower curtains were provided by the vendor when they had exhausted their supply of the commonly known "cat's eye" shower curtains, which were in use in the majority of the showers in Bldg. 704 and all of the resident showers in 339. The "cat's eye" shower curtains are frosted/acceptable PREA shower curtains, providing the required privacy for the residents while enabling staff to view a body outline within the showers, thereby allowing staff to conduct their required security checks without viewing the residents body parts. Auditor discussed the mandatory need for shower curtains which are in compliance with the standard with agency PREA officials. By the fourth day of the audit the majority of the deficient shower curtains present on several floors of 704 had been replaced with a back-up supply from Building 339. On the final day of the audit, all showers in 704 were equipped with the appropriate and acceptable "cat's eye" shower curtains. Auditor emphasized to agency officials that utilization of non-PREA curtains, which did not meet the requirements of the PREA standard could not be defended. Auditor

encouraged that other vendor sources should be utilized as necessary in order to furnish all shower areas properly. Auditor notes that several of the shower rooms contained up to 8 showers, thereby enabling residents to also choose not to use a shower with a clear plastic shower curtain installed on several showers on several floors in 704.

Auditor interviewed 13 random residents in order to assess agency compliance. All targeted residents were also asked the PREA inquiries utilized for the random residents. All of the residents housed in 339 (all male residents) advised auditor that female staff announce their presence and that they are never naked in full view of female staff. In 704, three residents (2 male and one female) interviewed reported the absence of privacy due to several clear shower curtains in-place on the 5th and 8th Floors of 339 (Second Avenue). At 704, 24 residents interviewed stated that the opposite gender staff announced their presence when entering their units, with several volunteering that they do this “always” or “all the time.” One resident stated opposite genders do not announce when entering the unit but do announce when entering the bathrooms. Another resident advised that announcements are made “sometimes.”

Random staff interviewed were aware of the prohibition of not strip-searching a transgender or intersex resident for the sole purpose of determining that resident’s genital status. The one transgender resident interviewed advised auditor that he was never searched for the sole purpose of determining his genital status. The facility has effectively communicated the gender (female) of staff that are authorized to conduct searches of this transgender resident.

Based upon auditor’s review of agency policy, PAQ and training documentation; staff and resident interviews; and auditors’ Site Review observations with Renewal’s quick corrective action to address the replacement clear shower curtains, auditor has determined that the agency is in compliance with the standard. Personnel have indicated to auditor that they have received the proper training and are aware of the searching restrictions contained within the PREA standards and agency policy. It is confirmed by auditor that agency procedures are in accordance with the varied requirements of the standard.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance auditor reviewed the agency policy, P-PCM Section 2 – **Sexual Abuse/Sexual Harassment Prevention and Training**, G. page 2-5; Renewal's PAQ; and **PADOC's Bureau of Community Corrections Language Line** Information.

Policy language requires Renewal to provide "Reasonable Accommodations for Inmates with Disabilities" in accordance with PADOC DC-ADM 006. The agency is to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency plan to prevent, detect and respond to sexual abuse and sexual harassment.

The Renewal policy provides for the use of staff interpreters to provide translation for offenders. Only qualified staff members or qualified contractors provide translation for offenders. In the absence of qualified personnel, the "AT&T Language Line" or equivalent service must be utilized. The AT&T **Call for an Interpreter** instructions include the toll-free number, agency Account Code, Caller ID guidance, and reporting instructions, i.e. filing form DC-121, Part 3-BCC Extraordinary Occurrence.

Auditor interviewed random personnel in order to access staff knowledge and compliance with the standard. Ten random staff were fully aware of the agency's restriction against using resident translators to translate sexual abuse allegations/reports. Two staff were either uncertain or unaware of the prohibition against using inmate interpreters to translate a sexual abuse or sexual harassment allegation. Auditor discussed the authorized procedures with personnel during interview and described the process and effectiveness of the contracted telephone language line to be utilized in the absence of qualified staff translators.

Auditor interviewed 4 physically disabled and 2 cognitively disabled residents. All residents advised auditor that they understood their rights under PREA and how to report incidents of sexual abuse or

harassment. They recalled the PREA Orientation provided by Renewal. One recalled receiving a PREA brochure and another stated he had also had the orientation at the county jail. There were no Limited English Proficient residents housed at the agency available to interview. During Site Review, auditor observed all PREA Posters, parent agency PREA information and Hotline phone number signage is also posted in Spanish.

Auditor attended one of the two weekly PREA Orientation sessions conducted in 704 on May 8, 2019. This session was attended by 7 female residents and facilitated by personnel. Upon completion, all residents were asked if they understood the materials presented, and they signed their PREA Acknowledgement forms indicating that they had received their PREA brochure and attended the orientation. Auditor subsequently formally interviewed one of the session attendees.

Auditor's review has determined that the agency is in compliance with the PREA standard based upon review of agency policy, interview results obtained from personnel and residents, and review of the language line translation instructions/services available.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Auditor has reviewed the application for employment form utilized by Renewal Inc. which notifies applicants of restrictions concerning the hiring of prior sexual abuse offenders, and includes the PREA inquiries concerning prior criminal convictions, civil/administrative adjudications and prior sexual harassment allegations. This form is signed and submitted by all applicants and includes a Centralized Clearance Check Information Request, PADOc 1.1.4 Centralized Clearances, Attachment 4 A.

Auditor interviewed the Director of Human Resources and Compliance in order to determine agency compliance with the standard. The HR Director advised auditor that all Act 33 (Minor and Child Abuse) and Act 34 (FBOP and PADOc) require all new hires to undergo a criminal background record check. Both FBOP and PADOc must approve an applicant prior to hire, based upon the background checks conducted. All applicants must complete a Centralized Clearance Form which is forwarded to the PADOc Bureau of Community Correction (BCC) for approval. The PADOc requires the agency to submit a Centralized Clearance Form on every agency employee annually during the employee's anniversary month of hire. This submission initiates an annual criminal background records check. All staff are fingerprinted every five years.

r promotions, the agency reviews the employee work history, evaluations and resume. Candidates for promotion are not required to submit documentation in writing that they have not engaged in any criminal/administrative or civil sexual abuse or sexual harassment conduct, and candidates are not queried about such activity during promotional interviews.

Employees are required to report previous misconduct (continuing affirmative duty to report) in accordance with the agency Code of Ethics which is reiterated annually at training presented by the HR Director and/or HR Generalist. If another agency requests information on a former employee, Renewal would provide such information subsequent to receipt of a signed Release of Information authorization from the former employee. Every five years, on the employees' anniversary month, a completed

Centralized Clearance Form is faxed to the BCC for an in-service background check as required by the PREA standard. The HR Director advised that material omissions or falsifications are grounds for denial of employment and termination.

The PAQ reports 53 persons hired in the last 12 months who may have contact with residents who had criminal background record checks conducted. Two contracted staff had such background record checks conducted, as reported by the PAQ.

Auditor has reviewed multiple Training Attendance Records and Attachment 2-D's, PREA Employee Training and Understanding Verification Forms to confirm such annual trainings provided. Auditor reviewed sample email documentation concerning a request for information (PREA) received and processed involving a former employee. Auditor reviewed multiple sample applications for employment and a sample denial letter based upon a criminal background record check conducted.

During Site Review the agency was found not to be satisfying all of the requirements of the standard in that applicants for promotion were not required to submit, in writing, an affirmation concerning any previous criminal convictions, civil or administrative adjudications, or past institutional sexual abuse or sexual harassment conduct, and were not queried during promotional interviews concerning these matters. Auditor had reiterated to agency officials the need to codify all requirements of standard 115.217 into agency policy, in order to officialize required agency actions and expectations and to provide guidance to personnel. The agency recognized this deficiency and took prompt administrative action to address this deficiency by implementing the standard PREA inquiries form utilized for all new applicants, which is now required of all candidates for promotion. The PREA inquiries for promotional applications and during the promotional interview process were officially incorporated into agency policy subsequent to auditors' Site Review and were verified by auditor as implemented with a May 2019 promotional candidate.

Based upon auditors aforementioned review, auditor has determined the agency to be in compliance with the standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor has reviewed the agency policy, P-PCM Section 2, F. pgs. 2-4, **Upgrades to Facilities and Technologies**. Policy language mirrors that of the PREA Standard.

During Site review, auditor observed over 200 cameras strategically placed throughout both housing unit buildings of Renewal Inc. Auditor received a personal orientation of the CCTV system provided by the Security Director. Multiple key management/administrative personnel have monitoring station capability through the facility computer system, in addition to the Security Supervisors. Consideration has clearly been given to providing the best surveillance views possible, while also ensuring resident fundamental privacy. The installation and placement of the cameras in-place provide a significant enhancement to the facility's security program, providing deterrence, detection and retention capability. Auditor has noted appropriate placement of cameras to unit hallways, dayrooms, program and work areas, resident kitchen/dining, facility lobbies/metal detectors, and building basements. Renewals' existing CCTV system is extensive, and similar in deployment and capability to a minimum or medium security prison/jail. The several areas noted by auditor considered to be weaknesses, or to possibly provide "blind spots" for resident/staff unauthorized activities were discussed with agency PREA officials, security management and the Director of Facilities. Agency staff were receptive to auditor's comments and suggestions provided in order to further strengthen the facilities security concerning PREA, and for overall general security.

Auditor has received and reviewed the purchase documents with Tyco Integrated Security LLC ("Tyco") relating to the major electronic upgrade which was developed, approved, purchased and installed in 2017-2018. The auditor has received and reviewed documents verifying the purchase and installation of one additional camera to an area identified as presenting increased risk. This camera was installed in 2019, with several other existing cameras relocated/repositioned. The Purchase Order/Estimate documents that: "Views need changed to eliminate blind spots in conjunction with the new cameras." During Site Review, the administration held discussions based upon auditor input, and processed an agency purchase request to equip several facility areas with additional cameras/mirrors.

Auditor interviewed the Agency Director/Designee who advised auditor that the agency has added three additional cameras in 2019 to provide coverage to more areas due to recognizing a need and in response to staff input. The Director-Designee advise that more cameras are now planned in response to auditor tour and comment, and staff discussion.

Based upon auditor's review of agency policy and purchase orders, administrative staff interview, the CCTV orientation provided by the Security Director, and auditors' Site Review of all facility areas, auditor has determined that the agency exceeds the requirements of the standard. Renewal, Inc. takes a very systematic approach to evaluating their electronic security systems, is receptive to input from personnel and this auditor, consults with contracted electronic and architectural firms, reviews proposals at Executive Management, and strives to improve safety and security where necessary.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

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The Renewal PREA Policy, **Section 5 – Responding to Reports of Sexual Abuse, B. Medical**, pages 5-1 thru 5-2, document the agency's actions required when a resident reports an allegation of sexual abuse involving penetration of vaginal, oral, and/or anal penetration by a body part or inanimate object, and the most recent act occurred within the last 96 hours. Such a report would require he/she to be immediately transported to Mercy Hospital to be examined by a medical professional who is skilled and experienced in the use of a rape kit for the collection of forensic evidence. Policy requires a staff member to accompany the victim to the hospital and to stay with the victim until seen by medical personnel, and to wait for the victim and escort back to the center. The policy provides additional direction for staff consistent with the standard.

Auditor has reviewed the Memorandum of Understanding (MOU), dated October 1, 2018, with the City of Pittsburgh Police Department for the provision of necessary law enforcement investigation and reports pertaining to allegations of sexual abuse occurring at Renewal, Inc. Auditor reviewed the MOU, dated October 17, 2018, with Mercy Hospital, Pittsburgh, PA for the provision of a forensic examination for an alleged victim of sexual abuse while committed to a community corrections contract facility (Renewal). The resident must be escorted to the hospital within 96 hours of the alleged incident. Hospital agrees that any such examination will be performed by a certified sexual assault nurse examiner. Auditor reviewed an internal Renewal memo which reiterates the agency's commitment to ensuring that any necessary SAFE/SANE services would be provided to any resident for free. Auditor reviewed the MOU with Center for Victims, Pittsburgh, PA, dated October 18, 2018, to provide confidential supportive services, victim advocacy, and to accompany the victim to court proceedings concerning an alleged sexual assault. Renewal has agreed to accommodate Center for Victims representatives into Renewal to meet with the resident victim. Renewal Incorporated staff members do not provide victim advocacy services to the resident population.

Auditor interviewed the Mercy Hospital representative concerning the MOU and the SANE services agreed to be provided to reporting Renewal victims of sexual abuse. The ER Nurse Leader advised auditor that there are many SANE certified RNS at Mercy in the ER. If there is not one on duty and there is a need, they are on-call and would come in as needed. Auditor was advised that in the event

that a SANE could not be available, all the ER RNs have been trained to conduct such forensic examinations. This action has not occurred to the knowledge of the ER Nurse Leader, as SANE staff are always either on duty or on-call and available to respond. Concerning the provision of victim advocate services in the event that a Renewal resident or citizen was admitted to the ER, auditor was advised that Mercy Hospital has Social Workers on duty 24 hours a day for the purpose of attending to victim needs. The Center for Victims information and phone number is readily available for the ER staff to call also, as necessary.

The PAQ reports no forensic examinations of a Renewal resident conducted at Mercy Hospital in the last 12 months.

Auditor interviewed 12 random staff members who evidenced a strong knowledge of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The majority of the random staff interviewed were aware of the roles and responsibilities of the 339 and 704 PCMs concerning PREA and conducting investigations. Auditor educated the several staff who were unaware or uncertain of the names/positions of the five agency personnel that had recently obtained the specialized investigative training and were now authorized to conduct Allegheny County administrative investigations.

Auditor interviewed the PC who advised auditor that the MOU with Center for Victims provides for the required services to a victim. The PC noted that in one recent facility case the PCM accompanied the reported victim to an outside medical facility. The PC advised that Renewal initially met with the Center for Victims and PADOE to establish for the required provision of services. This meeting was hosted by Renewal in 704 in the 4th Floor Group Room. Renewal provided a tour of the facility for the Center for Victims staff.

Auditor interviewed the Center for Victims (CV) Vice President/Chief Program Officer who advised auditor that CV dispatches a Victim Advocate to the ER at Mercy Hospital to support/assist through required interviews and examinations/evidence collection. The CV provides the victim ongoing victim support and crisis counseling, meeting with the resident either at the CV offices or at Renewal.

Auditor interviewed the Pittsburgh Action Against Rape (PAAR) Victim Services Supervisor and a Victim Advocate employee concerning services available to the residents of Renewal. Both PAAR staff members advised auditor that a victim advocate would report to Mercy Hospital within an hour to provide the required victim support services and would be available to provide on-site supportive services at Renewal for the resident victim.

Auditor interviewed a resident that reported a sexual abuse within the last 12 months. The resident advised auditor that the abuse was reported verbally to the PCM. The resident learned at PREA Orientation that the PCM could be contacted about any sexual abuse or sexual harassment incidents. The resident declined immediate medical services or mental health intervention and reported that the sexual abuse did not occur within the last 96 hours, or at Renewal. The resident did not request a phone call. The PCM made all required notifications, completed **BCC-ADM 008, Section 4, Responding to a Report of Sexual Abuse, Attachment 4-E, "If you are the Reported Victim of Sexual Abuse"** form, where the resident indicated that medical, mental health and rape crisis services was declined at that time (2019). The PCM subsequently met several more times with the resident and provided personal escort of the resident into the community for medical counseling/services, at the request of the resident.

Auditor has concluded that the agency exceeds the requirements of the standard based upon auditors review of the agency policy and audit PAQ; the MOUs with the PSP, PPD, Mercy Hospital, and Center for Victims; the services available from PAAR: the interviews with the agency PC and Director/Designee; interview of Mercy Hospital SANE; interviews of the CV VP and PAAR staff members; interview of a reported victim of sexual abuse; and interview of the PCM that received and processed a recent sexual abuse allegation.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance auditor reviewed the agency **PREA Compliance Manual, Section 4 - Responding to and Investigating Allegations of Sexual Harassment, A. Conducting the Administrative Investigation**, page 4-1; and **Section 5 – Responding to Reports of Sexual Abuse, A. First Responder Duties**, page 5-1. Agency policy requires personnel to notify the respective jurisdiction of sexual abuse or sexual harassment allegations received, i.e. PADO or FBOP. Renewal has recently activated five staff investigators following completion of the required specialized investigative training. The five Renewal PREA Investigators have authority to conduct Allegheny County administrative investigations. Criminal PREA allegations or incidents would be investigated by the Pittsburgh City Police Department (PPD).

Auditor interviewed the Director/Designee who advised auditor that Renewal notifies the respective jurisdiction (FBOP or PADO) of any PREA allegations. Typically, it is outside agencies investigating. Renewal investigators can only investigate Allegheny County resident allegations. Anything criminal is referred to law enforcement, the Pittsburgh Police Department (PPD) or the Pennsylvania State Police (PSP) for PADO residents.

Auditor interviewed a PCM who had recently (2019) received the specialized training to conduct PREA investigations, along with four other appropriate, experienced agency personnel (HR Director and HR Generalist, Security Manager and the second PCM). The PCM advised auditor that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations (PPD or PSP). While conducting Site Review, auditor reviewed two pending PREA cases currently under investigation by the PSP. Both cases were properly referred by Renewal/PADO authorities in accordance with policy.

Auditor interviewed the PADO Investigator (Lieutenant) regularly assigned to conduct investigations of Renewal's PADO residents' allegations. The Lieutenant advised that any criminal level allegations are referred to the PSP. Auditor reviewed with the Lieutenant the two open investigations presently being investigated by the PSP, resulting from resident allegations reported to Renewal staff in the last 12 months.

Auditor interviewed the FBOP Residential Reentry Manager (RRM) who advised that Renewal staff notify her office of any allegations received from FBOP residents. The RRM gathers information and reports the allegation/incident to the eastern Sector management Team (ESMT). Allegations against

staff are referred to the FBOP Office of Internal Affairs, who assist in determining the route of the investigation. If an allegation is resident-on-resident, the RRM coordinates with agency staff the investigation into the allegation and take steps to ensure the safety of all parties.

During Site Review, auditor reviewed the 10 PREA investigations conducted in the last 12 months. The cases included PADO and Allegheny County resident allegations, with the investigations being conducted by either a PADO investigator, or law enforcement (PPD and PSP). All of the cases were determined to be either unsubstantiated or substantiated, with proper referrals made to law enforcement. The agency maintains case files of all allegations received and investigations conducted. Auditor has suggested to the agency PC that a comprehensive spreadsheet be developed both for tracking purposes and for ease of reference by personnel of all jurisdictional (FBOP, PADO, Allegheny County) investigations conducted, either completed or pending. Such a spreadsheet could include residents' name/number, jurisdiction, date allegation received, assigned investigator, criminal referral, medical/mental health services, retaliation monitoring, victim notification, date completed, determination (Unfounded, Unsubstantiated, Substantiated), Incident Review Team, etc. Subsequent to auditor's Site Review, the agency developed and implemented an investigative spreadsheet to be utilized by the Renewal PC/PCMs in tracking and documenting PREA allegations/investigations.

Based upon auditor's aforementioned review of agency policy and all investigations of allegations received in the last 12 months; interviews with one agency investigator and one PADO investigator, the agency Director/Designee interview, and one resident who had reported a sexual abuse, auditor has determined that the agency is in compliance with the standard. Despite multiple jurisdictional procedures concerning reporting, referral and investigating, Renewal has managed to properly process all allegations received. Interviews with personnel have confirmed that staff are aware of the multi-jurisdictional factors, and that any criminal allegations or incidents are immediately referred to the respective agency PCM, parent jurisdiction and the appropriate law enforcement agency, i.e. PPD or PSP.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No?

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the P-PCM **Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, K. Training**, pages 2-8 thru 2-10. Agency policy includes detailed requirements for Basic Staff Training, Ongoing Training and Training Verification of staff and Volunteers, vendors and Interns.

The PAQ reports Renewal to be in compliance with all requirements of the standard. The PAQ reports 139 staff currently employed by the facility who may have contact with residents who were trained or retrained on the PREA requirements. During Site Review auditor reviewed multiple Training Attendance Records of PREA trainings conducted in 2018/2019 by agency Human Resources, PCMs and security staff, and by PADOC personnel who have Bureau of Community Corrections adjunct training responsibilities. Such in-service trainings are generally presented at Renewal Corporate headquarters in downtown Pittsburgh, or at 704 in the 4th Floor Group Room.

Auditor reviewed the various PREA trainings utilized by Renewal: the PREA Basic Training Power Point curriculum; the comprehensive Sexual Violence & Community Corrections curriculum; the PREA Resource Center PREA Power Point; and the Medical-Mental Health power point. Staff training at Renewal is geared to male and female gender residents, as all staff can work with either gender, based upon the staff assignments to either Building 339 or 704, and the housing of both male and female residents.

Auditor interviewed 12 random staff concerning their PREA training experiences. All personnel had an excellent awareness of the agency's zero tolerance, personnel's reporting responsibilities, the residents rights concerning sexual abuse and sexual harassment, prohibitions against retaliation (staff and residents), avoiding inappropriate relationships, the dynamics of sexual abuse and sexual harassment in confinement, common reactions and detecting and responding to signs of threatened and actual sexual abuse, and communicating effectively with all residents, including LGBTI.

Random staff described their trainings to include the one-week Basic Training or "Boot Camp" as is commonly referred-to. Basic Training was either conducted at PADOC's Elizabethtown Academy, or most recently at the training site of the PADOC BCC Region 3 Offices in Greentree, PA. Staff recalled receiving hands-on and annual classroom trainings provided by agency personnel, BCC staff and

PADOC staff, at Corporate Headquarters. Staff related that in-service trainings were conducted multiple times earlier in 2019.

Auditor has determined that Renewal meets the requirement of the standard based upon auditors' review of all agency policy documentation, training curriculums, staff training records and verification forms, and staff interviews conducted.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency PREA policy, **Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, K. 5**, page 2-10, provides for the required training/orientation of Volunteers, Vendors, and Interns. The level of such training is based upon the level of resident contact, i.e. High-level contact, Moderate level contact and Sporadic contact.

The agency PAQ reports 44 volunteers and contractors who have contact with residents that have received training in agency PREA procedures regarding sexual abuse/harassment prevention, detection, and response. Auditor has reviewed the **PADOC PREA Orientation & Verification Form, BCC-ADM 008, Attachment 2-E**. Auditor reviewed the 32-slide power point PREA curriculum utilized for the Volunteers and Contractors.

Auditor reviewed a December 2018 Volunteer Orientation training form reporting 5 volunteers in attendance. Auditor requested, received and reviewed the two **Volunteer PREA Employee Training and Understanding Verification Forms, Attachment 2-D**, April 2019, verifying the required orientation of the most recent clinical medical and mental health staff professionals hired by Renewal, and interviewed by auditor during Site Review.

Auditor interviewed two volunteers who advised auditor that they had received the PREA orientation at Renewal Corporate headquarters. The training included PREA definitions, zero tolerance, fraternization and reporting responsibilities. Both volunteers stated that they signed for the orientation received.

Auditor interviewed a contracted mental health professional and a medical clinician to ensure they each had received the required PREA Orientation. During interview the contracted staff advised auditor that they both had received the required orientation, had receipted for the training and understood their responsibilities concerning the PREA legislation. The MH staffer advised auditor that he was provided the PREA orientation in paper form, and he had also personally visited the PREA Resource Center website and viewed the power point program and three videos in order to obtain additional information for himself.

Based upon auditors' aforementioned review, it is concluded that the agency meets the requirements of the standard.

Standard 115.233: Resident education

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

115.233 (a)

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

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the P-PCM **Section 2, L. Offender Education**, page 2-10, which directs that every offender receives PREA information concerning their rights and reporting instructions. Every offender is to be provided a **PREA Brochure** immediately upon arrival into the facility. Additional information is then provided at PREA Orientation which is offered weekly in both 339 and 704. A staff member must be present during the PREA Orientations to facilitate discussion and to answer questions. Resident attendance is to be documented by using the **PREA Offender Training and Understanding Form**, **PREA Compliance Manual**, Acknowledgement 11. The form is then to be maintained in the offender's file.

Section G. Access to Information for Special Populations, P-PCM Section 2. Pages 2-5 and 2-6. requires that reasonable accommodations for residents be consistent with the PADOC **DC-ADM 006, "Reasonable Accommodations for Inmates with Disabilities."** Services are therefore provided as needed, in alternative formats. During interview with 4 physically disabled and 2 cognitively disabled residents, auditor was assured that each resident had a good understanding of their rights and reporting procedures. None of the residents interviewed stated that they required assistance in order to understand the information as presented to them at Intake, during PREA Orientation or by viewing the posters and signs on the walls of the facility. Renewal utilizes the AT&T Language Line for contracted translation services as needed. During the audit, there no LEP residents housed at the agency, in either building.

Auditor reviewed four **PREA Resident Training Sign-In Sheets** documenting resident PREA Orientations conducted in 339 and 704 attended by a combined 47 male/female residents. During Site Review, auditor attended the weekly PREA Orientation conducted on Wednesday, May 8, 2019 in 704, attended by seven female residents. Auditor notes that 3 residents entered late and had missed the first 5-8 minutes of the Power Point program. The staff facilitator, at the conclusion of the scheduled orientation, directed that the 3 late arrivals remain to view the beginning of the orientation that they had missed. The staff person asked if anyone had any questions, and then processed the PREA signature forms to verify their attendance and understanding. Auditor has discussed with the agency PREA Coordinator that the agency should look to employ a quality video into their PREA Orientations, such as: **PREA: What You Need to Know**, or other similar videos utilized nationally. Auditor found the present format of presentation of a narrative/power point recording presented on a computer laptop in building 704 to not be effective. The auditor notes that the PREA video, **What You Need to Know**, was found included in the agency curriculum for resident PREA orientations but was apparently at some point discontinued as part of the PREA education/orientation. The incorporation of a quality PREA production, of approx. 20 minutes duration, would not significantly extend the current time period allotted for the PREA Orientations. One male resident interviewed acknowledged that he had received the PREA Orientation presented in 704 in April 2019 but commented that the orientation "...was not meaningful, bare minimum." This straightforward resident response was consistent with auditors' observations and conclusion.

The agency PAQ reports that 2,371 residents were admitted into Renewal in the last 12 months, with 100% receiving the PREA information at Intake. During Site Review, auditor observed an intake processing of a male resident in 704 on May 8, 2019. During this individual process with the resident the Intake Coordinator reviewed the residents' personal data/history/employment/AOD and suicidal history. The PREA risk assessment or PRAT (PREA Risk Assessment Tool), was administered, with the resident being queried about prior adult convictions, sexual orientation, prior sexual victimization or abusive history, feelings of vulnerability and his safety while at Renewal. The Intake Coordinator also made a subjective assessment of the residents' demeanor and physical build and documented this on the PRAT. The resident received for the PRAT, PREA Brochure and the entire intake process (general rules and regulations, etc.) prior to departing the office.

Auditor interviewed the Intake Coordinator of 339 on May 7, 2019 to assess facility compliance. The Intake Coordinator stated that the PREA Brochure is provided to all incoming residents, and they sign-off for it on a form. The PREA Brochure is issued along with the Rulebook. The Intake Coordinator asks if they understand and the resident is informed about the PREA Orientation that he will attend (Auditor Note: Only males are housed in 339). The residents are made aware of their rights concerning PREA within 72 hours, but it is usually the same day or the next day. The Intake Coordinator advised that the PRATS are also completed within 72 hours of admission during the initial intake process. Both Intake Managers who oversee the Intake Coordinators were interviewed during Site Review to assess agency compliance with the standards concerning resident education and initial risk assessment.

Interview of the 26 residents housed at Renewal has served to confirm that both the 339 and 704 facilities have a consistent intake processing practice of providing the PREA information verbally and in conjunction with the PREA Brochure. One male resident advised auditor that "I don't pay attention to that" as such activity does not happen at the facility or to him. If he needed the information, he knew that he could get it. A female resident advised auditor that she did not receive the PREA information upon admission. Auditor requested the intake forms from 704 which verified that this resident had received the PREA information upon intake and had a PRAT conducted. Auditor has confirmed through agency documentation that this resident was properly in-processed in May 2019 from the county jail.

During Site Review, auditor encountered numerous residents informally, in both 339 and 704. Residents were asked about their feelings of safety in the facility, and their awareness of the reporting methods should they want to report a situation involving themselves or another resident. All residents so engaged expressed that there were no such sexual abuse issues at Renewal. They advised that PREA information was posted and available for resident use, e.g. "everywhere." Auditor's personal observations, based upon the on-site review conducted, is that Renewal has an established practice of resolving doubt by placing an abundance of PREA Posters, postings of agency Hotlines, i.e. PAAR, Center for Victims, FBOP, PA Crime Stoppers, and the PADOH Headquarters address. Auditors **Notice of Audit** was prominently posted 6 weeks in advance of the Site Review in all resident traffic areas, housing hallways, dayrooms, Lobbies, staff areas, etc. Knock and Announce and Cross-Gender notifications of staff presence were also posted similarly.

Subsequent to auditor's Site Review, the agency incorporated the orientation video, **PREA: What You Need to Know**, into the regular PREA education sessions provided to the residents. Auditor has reviewed the revised curriculum and the modified resident signature forms utilized by facilitating personnel. The PREA Auditor has determined that Renewal meets standards concerning their compliance with this standard. As stated above, the agency has ensured that all incoming residents are properly oriented and educated, that there exists documentation to evidence their provision of such information to the resident population, and that key PREA information is continuously and readily

available or visible to residents through posters, resident handbooks, and framed notices/PREA Standards/memos.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 115.221(a).] Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the P-PCM, **Section 6 – Investigating Allegations of Sexual Abuse, A. Responsibilities – Renewal, Inc.** pages 6-1 and 6-2. This agency PREA Policy authorizes agency personnel who have received specialized investigative training to conduct any PREA related allegation/incident filed by an Allegheny County jail resident. The PADOc residents' allegations will be investigated by either the PADOcs BCC Security Division or the PADOcs Office of Special Investigations and Intelligence (OSII). FBOP residents' allegations will be investigated by the FBOP.

Policy language is in compliance with the standard and includes PREA policy **Section 6 – Investigating Allegations of Sexual Abuse, A. 6.** page 6-2, requiring all agency staff to fully cooperate in any administrative or criminal investigation conducted by the FBOP, Allegheny County Jail (ACJ), PPD, PADOc, Pennsylvania Board of Probation and Parole (PBPP), or PSP.

In January 2019, the agency authorized five key staff persons to attend a one-day PREA Investigators Training course. All five employees (HR Director, HR Generalist, two PCMs and the Security Manager) received Certificates of Achievement resulting from their attendance. The purpose of this initiative was to enable Renewal investigators to conduct administrative investigations received from Allegheny County residents, only. The PADOc and the PSP would continue to have jurisdiction concerning state-sentenced residents, and the FBOP would continue to investigate allegations received from federal residents. Auditor has reviewed the training curriculum utilized by the instructor to train the Renewal investigators. It is a power point program developed by the PREA Resource Center and NCCD for use in providing specialized investigative training to personnel.

In order to make a determination of compliance, auditor interviewed one of the five newly appointed agency investigators, the PADOc Lieutenant who normally conducts investigations of allegations received from PADOc residents, and the FBOP Residential Reentrant Manager (RRM). Auditor also interviewed a second Renewal investigator as a random staff selection. During interview with both Renewal investigators, auditor was informed that they believed that the specialized training did not relate sufficient information or make them comfortable or confident to conduct administrative investigations. Auditor discussed this matter with the agency PC and suggested additional CBT Investigative courses to fortify the initial training and the employees' prior extensive community corrections experience. The PC was advised of the additional investigative trainings available from the National Institute of Corrections (NIC), PADOc, or other sources, e.g. Just Detention International, The Moss Group, etc.

On June 3, 2019, auditor received agency documentation and copies of individual Certificates of Completion verifying the completion of the NIC online courses by the Renewal five investigators. The PADOc investigative CBT curriculum is also intended to be provided in June-July to the five agency PREA investigators upon identification of a qualified instructor.

Based upon auditors' review of policy and audit PAQ; review of the specialized investigative curriculums; interviews with agency investigators and parent agency investigators; and the agency mandate that facility agency investigators successfully complete additional approved investigative courses, the auditor has determined that the agency meets the requirements of the standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- 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? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- 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? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor has reviewed the agency PREA **Policy, Section 2. K. 3. Specialized Staff Training**, page 2-9 which requires specialized training as required by the standard.

The agency employs 2 medical personnel (RN and RNS) and 2 contracted clinicians (Medical Doctor and Psychiatrist). Auditor has reviewed the training records for all 4 medical/mental health staff to confirm that they have received the required specialized training.

Auditor has interviewed 2 medical staff in order to make a determination of staff compliance. The two medical staff advised auditor that any required forensic examination would be conducted at Mercy Hospital by a qualified SANE. The hospital and Pittsburgh Police would collect evidence. Medical staff advised that they had received the specialized PREA training in the form additional PREA modules presented during in-class annual training. This training covered detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and the reporting of sexual abuse or sexual harassment allegations or suspicions. One medical staff informed auditor that she has had prior experience as a SANE while employed as a Hospital Emergency Room Nurse.

Auditor interviewed three mental health personnel who advised auditor that they had received the specialized training at Corporate during annual training. One of the three staff persons interviewed assisted the Renewal Administration in the formulation of the in-class the specialized CBT curriculum for medical/mental health staff in 2016, and currently assists with the presentation of the training to other staff.

Auditor reviewed the MOU with Mercy Hospital to provide SANE services in the event Renewal received an allegation of sexual abuse was received. Forensic examinations are not conducted at Renewal by medical personnel. Any victim would be escorted to Mercy Hospital by facility personnel or the Pittsburgh Police Department. In the last 12 months there have been no allegations of sexual abuse that required a SANE examination.

Based upon auditors' review, it is determined that the agency meets the requirements of the standard. Auditor has interviewed a mental health staff person who assisted with the development of the in-class specialized training for medical and mental health personnel. Auditor has reviewed the specialized curriculum provided to staff, and the most recent March 2019 Training Attendance Records documenting, with signatures of the 13 attendees, the specialized training provided. All medical and mental health personnel interviewed have advised auditor that they receive the specialized training annually at Corporate.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency PREA Compliance Manual (P-PCM) **Section 2. J. Screening for Risk of Victimization and Abusiveness**, Page 2-6 through 2-8, directs that all requirements of the PREA standard be followed. The PAQ reports agency compliance with the standard, and reports that 2,371 residents were admitted in the last 12 months, with 100% receiving the required risk screening, i.e. **PREA Risk Assessment Tool (PRAT)** required by PADOB BCC and the agency PCM.

During Site Review, auditor observed an intake processing of a male resident in 704 on May 8, 2019. During this individual process the Intake Coordinator reviewed the residents' personal data/history/employment/AOD and suicidal history with the resident. The PREA risk assessment or PRAT (PREA Risk Assessment Tool), was administered, with the resident being queried about prior adult convictions, sexual orientation, prior sexual victimization or abusive history, feelings of vulnerability and his safety while at Renewal. The Intake Coordinator also made a subjective assessment of the residents' demeanor and physical build and documented this on the PRAT. The resident received the PRAT, PREA Brochure and the entire intake process (general rules and regulations, etc.) prior to departing the office.

The 704 Intake Coordinator was interviewed by auditor on May 8, 2019. The staff person stated she completes the PRAT with the resident in her office and performs visuals to report their build and ask whether they feel comfortable or vulnerable at the facility. This is done within 72 hours and the Case Managers do a reassessment between 20 and 30 days. Another PRAT is done in one year if the resident is still here. All housing moves are directed by Intake. The PCMs have the PREA risk scores of the residents. Auditor interviewed the Intake Coordinator of 339 on May 7, 2019 to assess facility compliance. The Coordinator described to auditor the intake process and the administering of the PRAT. In addition to asking the inquiries on the form, she observes and reports the residents' physical build/appearance on the PRAT. The hard-copy form is maintained in a locked file cabinet in the Intake Office. It is used by the Intake Coordinator to determine housing and program assignments. The residents are administered the PRAT a second time by their Case Manager between 20-30 days after their arrival.

Auditor interviewed the Intake Managers who supervise the Intake Coordinators in each building. Both Managers described the intake process as performed by the Intake Coordinators. All confidential risk assessment information is locked in a lockbox in a secure cabinet in Intake. The information is not routinely shared. The Case Managers do a reassessment between 20-30 days and may do another PRAT if there was an issue or incident. The PRAT scores are used by Intake to determine housing assignments, by not mixing high risk victims with high risk abusers. Any past victimization or serious high scores are reported to the PCM. A resident is not disciplined in any way for refusing to respond or not disclosing information at Intake, but an Intake Manager noted that if they decline to respond to 5 or more inquiries it can impact their PRAT/risk score due to the number of unknown factors which we are required to assess. Any transgender that arrives is reported to the PCM, who conducts a gender review at video conference prior to the residents' arrival if has arrived from another facility. The Managers advised that transgenders are given consideration concerning their own views concerning housing and showers. Auditor discussed with the Intake Manager of one building the adjustment history of the one transgender currently housed at Renewal and interviewed by auditor.

Auditor interviewed a random Case Manager (CM) in order to assess compliance with the standard. The CM advised that the residents are risk-screened at Intake upon arrival, and then reassessed between 20 and 30 days by the CM, and again at one year if they are still here. Housing is assigned by Intake based upon the residents' risk levels. Transgenders own views of his or her safety are given consideration in housing placement, programming, and showering.

The PC advised during interview that the resident's initial PRATs stay at Intake locked in the office where they remain. The PCMs receive the PRAT scores, and Intake alerts appropriate staff of higher risk scores/residents.

Random resident interviews have confirmed to auditor that both the initial risk screenings and reassessments are occurring in accordance with policy. The vast majority of the 26 residents (random and targeted) selected by auditor, were able to recall the location and dates that the PRAT questions were asked of them, and by whom. They also recalled approximately when they were reassessed, and by whom. Auditor requested agency verification concerning three residents (male and female/Buildings 339 and 704) who had advised auditor that they were not initially assessed/reassessed. The completed PRATs processed both for initials and 30-day reassessments were confirmed by auditor to have been completed as required. In addition, auditor requested and received 6 additional PRATs to confirm the required intake processing of other residents interviewed by auditor, e.g. LGBTI, Reporter of Sexual Abuse and Disabled (cognitive and physical).

Based upon auditor's aforementioned review, auditor has concluded based upon the evidence that Renewal exceeds the requirements of the standard. The agency has routinized their efforts concerning the intake processes and administration of the required risk screenings. Auditor has observed personnel during Site Review working well together and being aware of each other's duties pertaining to this standard. Auditor has met and interviewed numerous key PREA employees who are very knowledgeable and dedicated to the sexual safety of the residents within the facility.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency PREA Manual **Section 2. J. Screening for Risk of Victimization and Abusiveness**, Page 2-6 through 2-8, directs that all requirements of the PREA standard be implemented and maintained by agency personnel. The agency PAQ has reported compliance with the requirements of the standard.

Auditor interviewed the agency PC who advised auditor that facility staff conduct a Gender Review Committee meeting via videoconference with the sending agency prior to the arrival of a transgender or intersex resident to Renewal. This has been done only with PADOc inmates/residents to-date, and there has been very few. There are required PADOc forms that have to be completed in conjunction with this videoconference meeting. Renewal considers the residents safety and personal views concerning their housing, programming and showering procedures. "If we cannot accommodate due to security concerns, we would inform the resident, and could work with the parent agency to resolve. A transfer may be required to address issues. We consider room types and sizes when making housing assignments and have approved separate showering times for transgender residents."

Auditor interviewed three staff persons responsible to conduct risk screenings of residents. Auditor was informed that the PRATs are used by Intake to make appropriate housing assignments of residents based upon their risk scores. The PCMs have spreadsheets with the residents' scores and room assignments to assist them in making housing moves through Intake. Staff take into consideration transgender and intersex resident's own views concerning their safety and concerns. During Gender Review, the resident can specify their preferences, which are reviewed and considered by the PCMs and other staff. The residents have the ability to change their preferences subsequent to the Gender Review Committee or during their time at the agency.

Random line staff interviewed were familiar with the confinement handling of transgender residents and expressed knowledge of the agency-directed of staff to be utilized during any pat/strip searches conducted of the transgender resident.

Auditor interviewed a transgender resident who advised auditor that Renewal staff have asked her questions about her personal safety, at video conference at the Gender Review Committee before transfer from the state prison and since his arrival. Staff asked him about being placed in male or female housing. The resident chose female housing at the videoconference. He advised that he was previously provided showers at the end of the shower period at the state prison when the inmate count was started. Resident stated the shower curtains here “are a little too clear.” He is pretty sure he could get separate showers if he requested them, but he feels “...very comfortable here and respected. They treat me well just like everyone else. I appreciate it so much. You have no choice but to respect them back cause they give you that respect.” The resident stated he was asked the risk assessment questions at Intake the day after he arrived (arrived in late PM the day prior) and he was interviewed by the PCM his second day here and the PCM asked if he was okay. The PCM reportedly asked the resident “those questions again” i.e. the PRAT, since he has been at Renewal.

The transgender resident was very familiar with the PREA policy and procedures concerning the confinement of transgender inmates/residents. He advised auditor that the facility where he was previously confined conducted Gender Review meetings every 3 to 4 months.

The 1 lesbian, 1 bisexual and 3 gay residents interviewed denied being placed in a housing unit/room strictly used for such LGBTI purposes. All advised auditor that they felt sexually safe at Renewal.

The 704 Intake Coordinator was interviewed by auditor on May 8, 2019. The staff person stated she completes the PRAT with the resident in her office and performs visuals to report their build and ask whether they feel comfortable or vulnerable at the facility. This is done within 72 hours and the Case Managers do a reassessment between 20 and 30 days. Another PRAT is done in one year if the resident is still here. All housing moves are directed by Intake. The PCMs have the PREA risk scores of the residents.

The PCM that conducted the Gender Review Committee meeting via video conference with the PADOB facility prior to the admittance of the transgender resident to Renewal was interviewed. The PCM advised auditor that she asked the resident about his preferences for housing and showers. “We accommodate as we can, separately, or with a requested shower time change.” Auditor was informed that the facility conducts PRATs on transgender and intersex residents upon arrival, at 20-30 days after arrival, at 6 months and then yearly.

Auditor interviewed the PADOB BCC Contract Facility Coordinator (CFC) responsible for Renewal’s 704 facility. The CFC stated that her office conducts Gender Review Committee (GRC) videoconferences with Renewal staff and the sending PADOB facility. This GRC would generally be conducted at the BCC’s Region 3 Office in Greentree, PA. Renewal staff would escort the resident to the meeting. Staff would review showers, housing and any other issues with the inmate that would be arriving to Renewal. The CFC would conduct a follow-up at Renewal after the resident’s admission to ensure there were no issues. Auditor notes that the CFC interviewed is one of two CFCs assigned to Renewal by PADOB BCC. The second CFC has responsibility for Building 339.

Auditor has reviewed all PREA-related agency documentation concerning the confinement of the transgender resident in the last 12 months. Auditor has reviewed the initial PRAT; the Renewal **PREA Receipt and Understanding Verification Form**; the **PREA Resident Training and Understanding Verification Form**; the PRAT Reassessment conducted; the release summary from the sending agency; the Mental Health evaluation conducted 12 days following reception; parole documents; and the **Gender Review Committee (GRC) Checklist (Attachment 9-A of BCC-ADM 008)**. A PRAT

Reassessment had not yet been conducted as the inmate was only at Renewal for one week when interviewed by auditor.

Auditor has determined that the agency exceeds the requirements of the standard based upon the effective utilization and protection of risk assessment information by personnel. Staff are very well informed of the requirements for conducting such assessments and execute them in a timely manner. The monitoring of the transgender resident is being accomplished in accordance with the standard and agency policy. Random staff are aware that female personnel are required to pat-search the transgender resident and to be utilized for any urine collections. Staff have expressed to auditor their comfort and appreciation with the PADOE Gender Review process, and the policy requirement to document their staff actions on to the respective forms, in order to officialize their actions in an organized and easily retrievable manner.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

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

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

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

Auditor Overall Compliance Determination

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

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The agency PREA Policy, P-PCM **Section 3 – Reporting Sexual Abuse and Sexual Harassment, A. General Information, B. Methods of Reporting for Offenders and Other Assigned Residents (OAR), C. Methods of Reporting for Friends, Family and General Public**, pages 3-1 and 3-2. Auditor has reviewed policy and confirmed that the requirements of the standard concerning resident reporting are included within the agency policy. The agency PAQ reports compliance with the standard.

Auditor interviewed the PC who advised auditor that any resident or family, friends and general public can report incidents of sexual abuse or sexual harassment. The residents can do so by using any of the four telephone Hotlines, which connect to the FBOP, PAAR, Center for Victims, or Crime Stoppers. The PADOC address is similarly posted along with the other agency phone numbers along the housing unit walls with the resident telephones. Reports can be received verbally or in writing. Grievances can be submitted by the residents to the unit Case Manager or to any staff member. All Grievances including PREA, are given to the PCM for First Level Review. The Case Manager Supervisor is Second Level Review and then to the Director. Reports can be submitted anonymously. The PCM would work with the parent jurisdiction of the resident, i.e. FBOP, PADOC or Allegheny County.

The two PCMs were interviewed and advised that the telephones could be used by the residents to call the PSP, FBOP, or Center for Victims. There are posters with contact information posted on every unit. There are Hotlines to the agencies. Reports can be made anonymously. The residents can report directly to the PCMs any incidents or allegations of sexual abuse or sexual harassment.

All 26 residents interviewed were asked about their knowledge concerning reporting procedures. The residents' responses indicated a good understanding of PREA, their rights to report, who could report, anonymous reporting and the various methods to report incidents of sexual abuse or sexual

harassment that happened to them or someone else. The residents advised auditor that they would tell a staff member what happened; report to staff (Supervisor or Case Manager); have someone else report it for me; call the Hotline; go to First Floor or use phone; talk to or write the Security Director; see the PREA Lady (PCM); go to PCM or Case Manager; tell somebody (staff); use phone or tell Case Manager; to Counselor and Parole Officer; file a grievance, talk to Counselor, call PADO or Pennsylvania Prison Society; talk to on-duty staff, talk to Counselor or call the phone numbers; use Hotline; use PREA line; report to closest staff member or use phone to report, even if about others (being victimized); use Toll-Free number, file grievance, talk with staff, scream. One male resident stated he would be too scared to report an incident and another male resident stated that he didn't know whether he would report it to anyone. One resident who had reported a sexual abuse that had allegedly occurred at another facility informed auditor that the PCM was notified verbally of the resident's allegation, in the PCM office.

Random staff interviewed provided responses that have confirmed their training and understanding of reporting methods available to them and the resident population. Their responses for staff privately reporting included: Could use the 1-800 PREA Hotline Number; contact the PCM; go to supervisor, contact either of the PCMs or PC; submit an anonymous note; go to immediate supervisor; report verbally up the chain of command or use Hotlines as well. Staff were aware of the resident's use of the Hotlines for reporting, and by informing a PCM or any staff member, filing a grievance form, going to a supervisor, or submitting anonymous notes.

During Site Review, auditor observed the prominent posting of PREA Posters, PREA Hotline phone numbers (PAAR, Center for Victims, FBOP and Crime Stoppers) at all resident phone locations. The Notice of Audit was also posted in multiple areas on each floor of each housing unit building (339 and 704). Six weeks prior to the audit, the agency provided auditor with ten digital photographs evidencing the posting of the required Notice of Audit throughout Renewal, Inc. Auditor requested and received digital photographs to evidence the postings of the PREA Hotline numbers/addresses for all agencies which are posted in the resident telephone areas of all housing floors in each building. Auditor has reviewed the resident Handbook which includes an additional address for the residents to report sexual abuse or sexual harassment to the Pennsylvania State Police, at: **BCI/PREA Reporting**, 1800 Elmerton Avenue, Harrisburg, PA 17110.

Based upon auditor's review of agency policy and PAQ, site review observations, and interviews with the PC, PCMs, random staff and all the residents interviewed, auditor has concluded that the agency exceeds the requirements of the standard. Renewal has effectively trained personnel and educated the resident population concerning all reporting methods. It is evident to auditor that the agency has established a quality correctional environment, with favorable staff and resident interaction and the absence of facility tension or threat. Based upon this positive organizational culture, the residents feel safe and secure and are sufficiently familiar with personnel which would result in the likelihood of them making verbal or written reports to staff, for themselves or on the behalf of others. Auditor's informal interaction and discussion with the resident population has confirmed that the established agency practices, and personnel, have prompted compliance and cooperation from the resident population. No resident encountered or interviewed expressed any concern for their sexual safety of themselves or others. The agency's emphasis on Zero Tolerance and the multiple reporting methods are well communicated to the staff and residents.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor has reviewed the agency PREA policy, **Section 3 – Reporting Sexual Abuse and Sexual Harassment, B. 4.** Page 3-2. which provides for the resident filing of a sexual abuse grievance. Policy states that the grievance officer shall immediately contact the BCC Operations Center Shift Commander, FBOP, ACJ, as applicable, for direction. The offender will be notified of this action.

At Renewal, the resident's Case Managers are designated as Grievance Officers. Should a PREA grievance be filed, the CM would notify the respective PCM, who would take immediate action as necessary and contact the parent jurisdiction (FBOP or PADO) if the resident was not an Allegheny County offender. The agency PAQ reports 0 number of grievances filed within the last 12 months that alleged sexual abuse.

Auditor interviewed a resident that had reported a sexual abuse. This report was presented verbally to staff, the resident's building PCM. The allegation did not involve a staff member or resident of the facility/Renewal. As this was a recent report, the resident had not been notified of a decision by the PCM. The resident was unaware that the facility is supposed to inform the resident of any decision within 90 days of the filing of the report. The auditor informed the resident of this PREA standard requirement.

Auditor was unable to locate policy language which included the multiple requirements of the standard concerning time limits to respond, the processing of an emergency grievance, the prohibition of an informal grievance requirement, etc. as contained within the standard. Following discussion with the agency PC, Renewal implemented a PREA Policy Manual Addendum No 1, on May 22, 2019 which incorporates all requirements of the PREA standard, i.e. 115.252 Exhaustion of administrative remedies; Third-party Reporting; and Emergency Grievances. This policy addendum review was distributed for staff review and information in June 2019 and will be incorporated into the agency PREA Policy during the next annual review scheduled in 2019.

Based upon auditor's review it is determined that the agency meets the requirements of the standard. There were 0 sexual abuse grievances filed in the last 12 months. The implementation of the P-PCM Addendum serves to provide a separate administrative reporting method, incorporating all elements of the PREA standard concerning resident and third-party reporting. The agency acted promptly and effectively in response to this reported policy deficiency.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Auditor has reviewed the P-PCM, **Section 5 – Responding to Reports of Sexual Abuse, C. Offender Access to Outside Supportive Services**, pages 5-2 and 5-3; and **D. Continuity of Care**, page 5-3:

C. Offender Access to Outside Supportive Services

1. Renewal, Inc. works in collaboration with the Center for Victims (CFV) and its member centers. The center CFV, in conjunction with Renewal, Inc.'s PREA Coordinator, has worked to establish a **Rape Crisis Center Letter of Agreement for CCF** with the local rape crisis centers where all centers are located.
2. The center PCM shall ensure that offenders are provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a community confinement setting. Supportive services may be provided via a variety of methods including in person, over the phone and/or in writing. The preferred service delivery method is in person.
3. An offender will be offered the opportunity to talk with a victim advocate and receive continued care when they have been a victim of sexual abuse, no matter if they reported the abuse immediately or made a delayed disclosure.
 - a. If the offender is taken to a local hospital for forensic examination, the victim advocate will meet the victim at the hospital.
 - b. If the offender does not receive medical attention at a hospital, the PCM shall make arrangements for the victim advocate to meet with the offender, if the victim wishes to speak with an advocate. This should occur off-site if possible.

D. Continuity of Care

Ongoing medical and mental health treatment shall be available for offenders who have been victimized by sexual abuse. This includes appropriate follow-up services and, when necessary, referrals for continued care following their transfer to other facilities and/or their release from Renewal, Inc.

Auditor has reviewed the Center for Victims (CV) brochure which is posted on all resident bulletin boards at the telephone stations and described in agency policy. The CV brochure also includes a 24-Hour Crisis Hotline number, 1-866-644-2882, and the mailing address for CV. The Hotline was successfully tested by auditor on May 6, 2019.

The CV provides a range of victim's services to Renewal residents and all residents of Allegheny County, i.e. victim advocacy, victim rights information, medical advocacy and accompaniment, legal support- accompaniment and advocacy, victims compensation assistance and offender release information and notification. Renewal maintains an MOU with CV. Auditor interviewed the Vice President/Chief Program Officer by telephone and discussed the victim services which would be provided to a Renewal resident. CV is a comprehensive victim services agency that has conducted trainings for Renewal personnel inside Renewal. Renewal has also provided tours of their facility areas to CV staff members.

During Site Review auditor observed postings in all resident areas for PAAR (Pittsburgh Action Against Rape). PAAR operates a Rape Crisis Center in the community, and maintains a 24 - Hour Confidential Helpline, 1-866-END-RAPE, (1-866-363-7273). Auditor successfully tested the Helpline on May 29, 2019. Auditor interviewed a Victim Advocate and the Victim Services Supervisor of PAAR, who described to auditor the victim services available to the residents of Renewal. The Supervisor informed auditor that PAAR has conducted individual and group counseling sessions in Renewal and has provided training to Renewal staff.

A PREA Brochure, Sexual Abuse Awareness, End The Silence, is provided to all admissions to Renewal. In addition to defining sexual abuse, providing Tips for Avoiding Sexual Abuse, and reporting instructions and Hotline phone numbers, the brochure provides the address for the Pennsylvania Coalition Against Rape, P.O. Box 400, Enola, PA for residents' use seeking victim services referral. Residents must sign the **PREA Sexual Abuse Awareness, End The Silence Brochure Receipt and Understanding Form** upon admission, and the **PREA Resident Training and Understanding Verification Form** upon completion of the Intake process and PREA Orientation.

Auditor interviews with residents has confirmed that the residents have been informed about the services available through the Center for Victims. Many were able to describe some of the various victim services available in the community, while others could not specifically recall the services available, but knew services were available and could be obtained by contacting those agencies. Many of the residents noted to auditor that the Center for Victims brochure was posted by the resident telephones.

Auditor interviewed a Resident who Reported a Sexual Abuse. The resident was aware of the community services available and that there was a toll-free number to call. The resident stated that the PCM and the Unit Counselor informed the resident that they could be contacted by the resident at any time if there were any needs.

Based upon auditors' review of agency policy, the MOU with CV, the additional services available from PAAR, the posting of the available services by CV and PAAR, the presentation of the required PREA orientation and resident awareness of such services available, and auditor interviews with CV and PAAR staff persons, auditor has determined that the agency exceeds the requirements of the standard. There are multiple community agencies available/presently providing services to Renewal residents. The agency has properly communicated the availability of these resources in the community.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Renewal PREA policy provides for multiple methods of third-party reporting of sexual abuse or sexual harassment. The Policy, **Section 3 – Reporting Sexual Abuse and Sexual Harassment, B. Methods of Reporting for Friends, Family and General Public, and C. Methods of Reporting for Staff & Interns**, page 3-2, provides direction for residents or the public to use the Website www.tipsubmit.com or to use the PA Crime Stoppers Tip line at 1-800-472-8477. The contact information for both agencies is posted in the residents' housing units.

Auditor has reviewed the Renewal website at www.renewalinc.com and notes that the agency PREA Compliance Manual is posted for the public's information. The policy contains the contact information to enable third party reports directly to the agency, or to the www.tipsubmit.com or the PA Crime Stoppers Tip line.

Based upon interviews with residents, auditor has determined that the agency has been providing the required orientation and education due to the residents' awareness that sexual abuse or sexual harassment reports could be made by third parties.

The agency meets the requirements of the standard by establishing methods for third-party reporting, and communicating this information to the residents, staff and the public through the residents' orientation/education, staff training, policy language, and posted materials.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Auditor has reviewed the agency PREA policy, **Section 3, A. General Information**, page 3-1., and **D. Methods of Reporting for Staff and Interns**, page 3-2 and 3-3., which directs staff and agency reporting responsibilities resulting from the receipt of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

In order to make a determination of compliance auditor interviewed random staff who informed auditor of their awareness of their duty to report and that such information concerning reports of sexual abuse or sexual harassment were to be kept confidential. Auditor was advised that staff would not share the information beyond reporting to the PCM, or with the PC. All random staff were knowledgeable concerning their mandatory reporting responsibilities and maintaining confidentiality.

The Director/Designee advise auditor that reports received are forwarded to proper staff and the respective parent agencies. Renewal does not house anyone under 18 and any vulnerable adult allegations would be addressed by the unit PCM.

Auditor interviewed 2 medical and 2 mental health staff who advised auditor that they would disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident that had made allegations of sexual abuse. Interviewed personnel stated they would report allegations received that came to their attention to the PCM and their immediate supervisor, e.g. Clinical Program Director. None of the 4 staff interviewed have ever become aware of such incidents in the past.

Auditor has reviewed all eight PREA investigative reports resulting from PREA allegations in the last 12 months. The investigative reports confirm that line staff have been properly reporting and documenting verbal reports received, and that the agency has taken immediate action to report allegations received to their parent jurisdictions.

Auditor has concluded based upon the aforementioned review that Renewal is in compliance with then standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA policy, **Section 5 – Responding to Reports of Sexual Abuse, A. First Responder Duties**, page 5-1, provides for first responder and the PCM to take specific action to separate and protect the victim resulting from an incident or an allegation of sexual abuse received.

The PAQ reports 1 allegation of sexual abuse received in the last 12 months. This allegation was not a situation that alleged that the resident was subject to risk of imminent sexual abuse. Staff received the report and conducted an immediate investigation, which is still ongoing. Auditor interviewed the Director/Designee who reported to auditor that the facility would take action to ensure the residents safety upon learning that a resident was subject to a substantial risk of imminent sexual abuse. The resident would be moved to a single room or another floor or another building (which has been done in past due to resident separation issues). The resident could also be transferred to another community facility.

Random interviews with staff resulted in responses which have served to confirm that personnel have an excellent working knowledge of their responsibilities in such circumstances. Responses consistently included immediately separating the alleged victim from the alleged perpetrator, remove victim from scene, call/notify PCM, secure the scene, follow up to ensure safety, possibly move the victim to a single room on the first floor for safety.

Interview results indicate the administration and line staff are aware of the need for immediate action to separate and make safe a victim or an alleged victim of sexual abuse. Policy and first responder training have been effectively implemented and presented to personnel. Despite the absence of sexual violence or abuse at Renewal, personnel are aware of the immediate response measures to be taken to address such incidents or the receipt of such allegations. Auditor has determined that the agency meets the requirements of the standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the PREA Policy, **Section 3 – Reporting Sexual Abuse and Sexual Harassment, G. Reports Received about Other Confinement Facilities**, and **H. Reports Received from Other Confinement Facilities**, page 3-4.

Agency policy has incorporated the requirements of the PREA standard, with the exception that Renewal does not contact the other facility directly if a resident has alleged he/she has been the victim of sexual abuse or sexual harassment. Due to the three agencies housing residents at Renewal, facility officials are required to notify the BCC Operations Center in all cases, and to notify the parent agency of the resident, whether an allegation has been made about another facility or alleging an incident of sexual abuse or sexual harassment that has previously allegedly occurred at Renewal. Allegations received would be documented upon a **DC-121, Employee Report of Incident Part 3-BCC** by the Renewal PCM. Allegations involving FBOP or PADOC residents would be investigated by their agency investigators. Allegheny County resident allegations would be investigated by Renewal investigators.

The PAQ reports that in the last 12 months there was 1 report of a resident allegedly being abused at another facility and 1 report of a resident having been allegedly abuse while confined at Renewal. Auditor has reviewed the investigative files and has determined that staff actions in response to receiving information from residents has been in compliance with the standard.

Auditor interviewed the Director/Designee who advised auditor that Renewal would work together with the other facility to investigate an allegation that a resident had been abused previously while confined at their facility. The same investigative protocols would be followed as with any other PREA investigation. The Designee advised auditor that there were no examples of another agency reporting such prior incidents that allegedly occurred at Renewal.

Auditor interviewed a resident that verbally reported to the PCM a sexual abuse that occurred at another facility prior to being admitted to Renewal. The resident was interviewed by the PCM who completed the required PADOC paperwork and immediately notified the BCC MOC (Management Operations Center). An investigation was initiated by the PSP, the agency that conducts criminal investigations resulting from PADOC resident sexual abuse incidents/allegations. Auditor reviewed all documentation available concerning this residents' intake processing through the time of auditor's interview with the resident.

In another case, auditor reviewed all documentation available concerning a 2019 Intake processing where a resident reported being sexually abused at a prior facility. The Intake Coordinator made the proper notifications to her supervisor and PCM and submitted a **DC-121 Part 3-BCC Employee Report of Incident; a If you are the Reported Victim of Sexual Abuse form (BCC-ADM 008 Attachment 4-E;** and resident's written statement (**Commonwealth Reentrant Statement**). In this case, the resident declined medical, mental health and rape crisis services, and declined to write a statement.

Based upon auditors' review of agency policy and compliance with the requirements of the standard and policy, auditor has determined that the agency is in compliance with the standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance auditor reviewed the PREA policy, **P-PCM Section 5 – Responding to Reports of Sexual Abuse, A. First Responder Duties**, page 5-1.

The agency PAQ reports that Renewal is in compliance with the standard and that one resident reported an alleged sexual abuse in the last 12 months. The reported abuse allegedly occurred at a prior facility, was not reported within 96 hours of the abuse thereby eliminating the possibility of

evidence collection. The resident reported the alleged abuse verbally to a non-security staff member (PCM) several days following the residents' arrival to Renewal. The PCM immediately interviewed the resident in accordance with agency policy, and notified the parent jurisdiction, filing both a **Report of Incident** and the **BCC-ADM 008, Attachment 4-E, If you are the Reported Victim of Sexual Abuse**. **The PAQ reports there**

Auditor interviewed the PCM concerning her recollection and actions of the reported sexual abuse noted above. The PCM advised auditor that the resident had come to her office directly from her scheduled PREA Orientation. The PCM corroborated the residents' version of the filing of the report to the PCM and the interview by law enforcement within days of verbally notifying the PCM.

Two security staff first responders were interviewed, with their responses demonstrating an excellent knowledge of the PREA standards requirements/facility policy. They indicated they would separate the residents, ensure safety, remove from scene. If there was an actual incident, secure the scene and preserve evidence, like clothing, etc. Call 911 if is a rape. Call authorities and appropriate jurisdiction. The PCM would be there for the victim to provide facility support. They would ask the victim if they needed medical help. The two non-security staff provided similar required and appropriate responses, reflecting knowledge of priorities of resident separation, safety, medical attention if warranted, staff notifications, and the preservation of evidence.

Random staff interviewed provided responses in accordance with the standard and local policy, e.g. remove from danger, separate individuals, activate PREA process, remove victim from scene, provide medical attention and offer assistance, take to hospital if necessary, clear other residents out of the area, report it to PCM, secure the scene, remove perpetrator from the area, get information and report it, preserve evidence/property, don't remove anything and wait for the police.

During Site Review, auditor reviewed all 8 PREA investigations conducted during the last 12 months. Both uniformed and non-uniform staff acted as first responders, with the documents within the investigative report evidencing the first responders' proper initial actions upon receiving a report or complaint about sexual abuse or sexual harassment. In the last 12 months there were no actual incidents of sexual violence at Renewal.

Auditors thorough review of this standard has concluded that Renewal staff are well trained, which is supported by the extensive and accurate HR training documentation maintained by the agency. Auditor has determined that the agency exceeds standards concerning staff preparedness and first responder knowledge. Instances of staff response in the last 12 months, whether to an actual incident or an unsubstantiated allegation, were all found to be in accordance with the standard and performed in a timely manner.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Renewal, Inc. PREA Compliance Manual, Reviewed/Revised June 21, 2018, provides for the coordinated response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, agency and parent jurisdiction investigators, PPD and PSP, and facility leadership. The development of the Renewal agency policy has taken into consideration the PREA standards' requirements, with MOUs formally established with multiple community agencies (Pittsburgh Police Department, Mercy Hospital, Center for Victims, and Pennsylvania State Police (coordinated through PADOC for state-sentenced residents) to provide the services necessary in order to effectively and timely respond to an incident of sexual abuse.

Auditor interviewed the Director/Designee who advised auditor that the agency coordinates actions in response to an incident of sexual abuse, or an allegation of sexual abuse, with Mercy Hospital (SANE), the Center for Victims, Pittsburgh and State Police, and the facilities PREA Compliance Managers.

Auditor has determined that the agency meets the requirements of the standard based upon the agency's development of the MOUs with critical community service agencies to provide needed medical and mental health care and crisis intervention services. Staff training has been developed to meet the requirements of the standard in order to effectively train personnel in the immediate actions to be taken in the event of a sexual abuse incident or report of sexual abuse. Auditor's interviews with random and specialized agency staff have established to auditor that staff have received and understand the first responder training and are familiar with the duties of each other (Renewal staff, PPD/PSP, Mercy and CV). Interviews with the community agencies have confirmed that the required medical/mental health and crisis intervention services are available and would be provided in accordance with the standard.

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency PAQ reports that Renewal, Inc. has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.

The PC has provided an agency document notifying auditor that there are no collective bargaining units operating at Renewal, Inc. There are therefore no limitations on 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.

The agency has the ability to reassign staff as necessary to other floors or buildings, or to another shift and have taken such actions in the past. Based upon auditor's review, there is nothing that restricts the agency's ability to remove alleged staff sexual abusers from contact with residents pending investigation.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

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

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the P-PCM, **Section 2, C. PREA Compliance Manager (PCM) Duties – Renewal, Inc.**, page 2-3. The policy outlines the procedural requirements to be implemented to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation by other residents or staff and designates the PCMs as the two staff members charged with monitoring retaliation. The policy includes all requirements of the standard.

The PAQ reports 0 occurrences of retaliation that has occurred in the last 12 months.

In order to make a determination of compliance auditor interviewed one staff member responsible to monitor for retaliation. The PCM informed auditor that he would follow-up with the resident for a

minimum of 90 days. Depending on the situation, monitoring could be longer, as needed. Call them down once a month or more to check on them. Watch for resident behavior, any changes, going to the hospital or being suicidal. Both the PCMs receive all Incident Reports that are filed daily. If necessary, the resident could be moved to another floor or the other building, or staff could be reassigned away from a resident. The PCM would monitor for incident reports concerning that resident. The contacts would be documented on the Monthly Report.

Auditor interviewed the Director/Designee who advised auditor if retaliation may be suspected the facility can order housing changes by rooms, floors or buildings and possibly a transfer to another community facility. Staff could be reassigned to another building away or order a change of shift to be separated from the resident. We could order increased tours of that area. We would confer with each other and continue monitoring.

During Site Review, auditor reviewed all PREA investigations conducted in the last 12 months. Within the investigative package of reports, auditor noted and reviewed two 2018 **Retaliation Monitoring** forms, **BC-ADM 008, Attachment 5-A** completed by the residents' respective PCM for several weeks for each resident. There were no instances of retaliation reported and there were no other protective measures instituted.

Auditors review has determined that Renewal, Inc. is in compliance with the standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

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

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance auditor reviewed the **PREA Compliance Manual, Section 4 - Responding to and Investigating Allegations of Sexual harassment, A. Conducting the Administrative Investigation**, page 4-1, and **Section 6 - Investigating Allegations of Sexual Abuse, A. Responsibilities - Renewal, Inc.** pages 6-1 and 6-2. Agency policy describes the staff responsibilities concerning notifications to the parent jurisdictions, and the investigative procedures/requirements in addressing both administrative and criminal sexual abuse and sexual harassment allegations.

Auditor interviewed one Renewal staff PREA Investigator who may be tasked with conducting an investigation of an Allegheny County residents' allegation of sexual abuse or sexual harassment. The

PCM advised auditor that all 5 designated staff employees had received specialized training earlier in 2019 in order to conduct investigations as part of their duties (HR, PCMs and Security Manager). The one-day training was described as not too extensive. The training reportedly did not include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The PCM advised that an investigation would be initiated immediately upon learning of an allegation of sexual abuse or sexual harassment. The PADOE MOC (Management Operations Center) or parent jurisdiction (FBOP or Allegheny County Jail) would be notified and provide direction. The facility will take no investigative action unless directed by the Parent Jurisdiction. Criminal cases would be referred to the PPD or PSP, dependent upon the incident or findings of the investigation. The PCM described very accurately the investigative process for auditor, and stated that all allegations received, no matter the source, would be investigated, and the basis for credibility would be the evidence available. Evidence collection would also involve reviewing logs, videotapes and staff tour reports, obtaining statements from residents and staff. An investigative report would be filed at the conclusion of an investigation and the victim notified by issuance of a state form which includes the finding whether the allegation was determined to be substantiated, unsubstantiated or unfounded. The PCM was uncertain of the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment. When the standard of evidence required (preponderance of evidence) was discussed by auditor, the PCM described it as "more likely than not" which indicated to auditor an understanding of the level of proof required.

Auditor interviewed a PADOE PREA investigator who normally conducts the investigations involving PADOE residents. The auditor discussed with the Lieutenant the status of the two open PREA investigation cases at Renewal, and the staff feedback concerning the specialized training conducted for the five Renewal investigators. The investigator advised auditor that he has been to the specialized investigative training several times, and also attends the PCM and risk assessment trainings when those trainings are conducted. He informed auditor in detail the content of the specialized curriculum. He stated Renewal notifies the PADOE Management Operations Center (MOC), with a DOC Captain numbering the investigation and assigning it to a Lieutenant to investigate. He stated the first responder duties were to get the resident to the hospital, notify MOC, offer services, start investigation, notify PSP for PADOE resident cases due to the MOU between PADOE and the PSP. If is not a criminal level abuse, the investigator would interview the alleged victim, then witnesses, then the subject (perpetrator). All witnesses are considered credible unless proven otherwise. Anonymous allegations are investigated the same way. Concerning evidence, we look at video, documentation, training, employee records-anything to support the outcome. The standard of evidence is a preponderance of evidence. The victim is notified of the findings at the conclusion of the investigation by issuance of the required policy attachment form.

During random interviews, auditor interviewed a random security management employee who also attended the 2019 specialized investigative training. He described the in-class training as not providing the attendees with sufficient information to conduct a proper investigation. Upon return to his agency he immediately reviewed the hard-copy training curriculum for his personal awareness of proper/required investigative procedures, techniques, etc.

Auditor interviewed the Director/Designee who advised that typically it is an outside agency (PADOE, FBOP, PPD or PSP) conducting sexual abuse investigations. These are coordinated with the outside agencies through the two facility PCMs. The residents are notified of the outcome of the investigation.

The PC advised auditor during interview that the PC would contact the parent jurisdiction to remain informed of the progress of a sexual abuse investigation. The PC would work with the PCMs to get

follow-up information. Auditor interviewed the PADOC Bureau of Community Corrections Contract Facility Coordinator (CFC), who advised auditor of how the CFC office may coordinate or facilitate for agency investigators, as requested, the taking of statements from staff or residents, or providing documentation requested. But the CFC stated her office does not investigate PREA allegations.

Random residents interviewed resulted in auditor obtaining a mix of those that were aware, those that were unaware, and those that were uncertain whether a polygraph could be required by the agency prior to proceeding with a sexual abuse investigation. Auditor informed and clarified the prohibition of use of a polygraph with all residents that were either uncertain or unaware of this standard requirement and policy restriction.

A resident that had reported a sexual abuse informed auditor that she was unaware that a polygraph could not be required as a condition of proceeding with a sexual abuse investigation. Auditor discussed this prohibition with the resident to ensure she understood this standard requirement.

During Site review auditor reviewed every investigation (10) conducted during the last 12 months. This includes 2 cases ongoing or pending, 2 substantiated, 3 unsubstantiated, 0 unfounded, and 3 Other (not determined to be PREA by investigator/agency). The investigations conducted were determined to be conducted in a thorough and systematic manner, following established agency procedures. Report findings included staff and resident (**Commonwealth Reentrant Statement**) witness statements, evidence relied upon, **Incident Reports** and staff communications related to the allegation, and other respective forms utilized, e.g. **Reentrant Notification, Attachment 8-A; Attachment 4-E, If you are the Reported Victim of Sexual Abuse; Attachment 3-C, Sexual Harassment; Parole Violation Warning, PBPP No. 348; and Attachment 5-A, Retaliation Monitoring.**

Subsequent to the investigator staff interviews auditor reviewed the specialized investigative training curriculum utilized by the instructor during the training and certification of the five Renewal personnel in January 2019. The training utilized was a power point program, **Specialized Training: Investigating Sexual Abuse in Correctional Settings** developed by the PREA Resource Center and The Moss Group, Inc. All participants were also provided a paper copy of the power point program. The review of the power point program was reportedly facilitated by the instructor in conjunction with a lecture presentation. Auditor discussed the verbal reports received from the two recently certified agency investigators that the auditor had interviewed with the agency PC and the PADOC investigator. It was auditor's opinion that additional investigative training should be required and provided to the staff by utilizing additional available training resources in order to reinforce and enhance the training received in January 2019. Auditor has recommended to Renewal, Inc. that the National Institute of Corrections, www.nicic.gov, online investigative course (**PREA Investigating Sexual Abuse in a Confinement Setting Course**) could be utilized for this purpose, and/or the PADOC curriculum utilized to provide the required specialized to all PADOC PREA staff investigators, to assist the agency in meeting the requirements of PREA.

Based upon auditors' review of agency policy, PAQ, investigations conducted in the last 12 months, staff and resident interviews, and the NIC online specialized investigative training provided to designated agency personnel subsequent to auditors Site Review, auditor has determined that the agency is in compliance with the standard. The agency had designated five experienced management personnel to receive the specialized investigative training in January 2019. Due to interview results obtained with two of those recently certified to conduct PREA investigations, auditor recommended to the PC that additional specialized training be provided to their staff investigators. The agency promptly initiated and completed NIC online courses for their five investigators, and further intends to present the PADOC specialized investigative curriculum for their investigators, to provide the additional training

determined to be required in order to properly train their staff and to meet the requirements of the standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the agency policy, **P-PCM Section 4 – Responding to and Investigating Allegations of Sexual Harassment, A. 3. Conducting the Administrative Investigation**, page 4-1, which states: ...Renewal, Inc. shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual harassment are substantiated.

Auditor interviewed a PCM who has received specialized investigative training and is assigned as a staff PREA Investigator to conduct administrative investigations. The PCM was not aware of the proper language/term used to describe the standard of evidence required i.e. preponderance of evidence but did state that she was aware of the "more likely than not" level of evidence required. Auditor interviewed the PADOE Investigator regularly assigned to conduct PREA investigations at Renewal resulting from allegations of PADOE residents confined there. The Lieutenant had attended multiple specialized investigative training sessions and has significant investigative experience. He advised auditor that a preponderance of evidence was the standard to be applied in order to substantiate allegations of sexual abuse or sexual harassment.

Auditor reviewed the investigative curriculum (**Specialized Training: Investigating Sexual Abuse in Correctional Settings**) presented to the five Renewal personnel in January 2019. The standard of

evidence is included in the power point program presented to agency personnel and provided to them in paper form. Subsequent to the Site Review conducted by auditor, the agency has proceeded to provide agency investigators with additional approved investigative training i.e. NIC online and PADOE PREA investigative courses, to ensure staff have been properly trained in accordance with the standard.

Based upon auditor review of agency policy and PAQ, the PREA investigations conducted in the last 12 months, staff interviews, and Renewal's actions to provided additional investigative training as noted, it is determined that the agency is in compliance with the standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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 No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the PREA Policy Manual, Section 8. A Notification to Offenders, A. pages 8-1 and 8-2. The policy language mirrors that of the PREA standard. The PAQ reports the agency to be in compliance with the requirements of the standard. In the last 12 months there were 2 allegations of sexual abuse that were investigated by an outside agency. Both of those allegations remain under investigation/pending, with the resident not-yet notified of the investigations' determination of their allegations.

In order to make a determination of compliance auditor the agency Director/Designee who advised auditor that the PCM provides the required notification to the resident at the conclusion of an investigation of sexual abuse. The PCM brings them down, notifies them, and the notification form (**PREA Investigation – Reentrant Notification, BCC-ADM 008, BCC Procedures Manual, Section 8, Attachment 8-A**) is issued and receipted for.

During Site Review auditor reviewed all PREA Investigations conducted in the last 12 months. There were no investigative cases of sexual abuse conducted that were concluded in the last 12 months. Two remain pending. Renewal did issue 4 Reentrant Notification forms to resident's based upon PREA investigations conducted into their sexual harassment allegations. Three were in 2018 and one in 2019. All Notification forms were issued by the respective PCMs and receipted for by the resident. Two of the cases were unsubstantiated and two were substantiated. Two additional notification forms were completed but not issued due to the resident's being released from Renewal prior to issuance. Auditor had reviewed documentation issued by the PADOCC Captain directing investigations to be conducted by subordinate personnel, with the further direction that the residents be provided the required notification at the conclusion of the investigation conducted.

Auditor interviewed a resident who has made a sexual abuse allegation in the last 12 months. This investigation is on-going. The resident has therefore not-yet been notified of the outcome of the investigation. When interviewed by the auditor, the resident was not aware that the agency is required to provide notification whether the allegation was substantiated, unsubstantiated or unfounded. Auditor informed the resident of the standard and agency policy requirement to provide such notifications to residents following the conclusion of an investigation. The resident advised auditor that the investigation into the allegation reported has not yet been resolved and is pending.

The two investigators interviewed advised auditor that the agency is in compliance with the directive. The Renewal Investigator stated that she completes the state form required and provides the notification to the resident. The PADOCC investigator advised auditor that the residents who have made sexual abuse allegations are notified whether the investigation has determined their allegations to be substantiated, unsubstantiated or unfounded.

Auditor has determined that the agency exceeds the requirements of the standard by issuing Reentrant Notifications to any resident who has made a sexual abuse or sexual harassment allegation. The agency exceeds the standard by requiring notifications be made concerning PREA investigations of sexual harassment. Auditor has reviewed 4 notifications processed and documented concerning sexual harassment. Two sexual abuse allegations remain open/pending without a notification provided as of the date of auditor's Site Review. Staff investigators interviewed (Renewal, Inc. and PA DOC) have advised auditor that they are aware of the standard and policy requirement to issue resident notifications.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Agency **PREA Compliance Manual** policy, **Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training, Section A. Prevention**, page 2-1, provides for disciplinary sanctions for staff misconduct, up to and including dismissal. Incidents of sexual misconduct will also be referred to law enforcement when applicable.

The PAQ reports 0 staff disciplined, terminated or reported to law enforcement or licensing boards for violating agency sexual abuse or sexual harassment policies in the last 12 months.

Agency PREA policy further requires staff cooperation concerning cooperation during administrative or criminal investigations:

Renewal, Inc. PREA Compliance Manual
Section 6 – Investigating Allegations of Sexual Abuse

1. All staff shall fully cooperate in any administrative or criminal investigation conducted by the BOP, ACJ, Pittsburgh Police, PA DOC, PBPP, PSP or other outside law enforcement agency. Failure to cooperate may result in disciplinary action and/or criminal prosecution.

Based upon auditors’ review, it has been determined that Renewal, Inc. is in compliance with the standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, auditor has reviewed the agency PREA policy, **PREA Compliance Manual, Section 2, A. Prevention and ZERO Tolerance**, page 2-1 provides for discipline up to and including dismissal for employees, contractors and volunteers.

The agency PAQ reports 0 contractors or volunteers reported to law enforcement for engaging in the sexual abuse of residents in the last 12 months.

Auditor interviewed the agency Director/Designee who advised auditor that in any cases of violation of sexual abuse or sexual harassment policies by a contractor or volunteer, the agency would prohibit further contact with residents by banning them from the agency buildings.

Based upon auditor's review of agency policy and PAQ, and interview with the agency Director/Designee, it is auditor's conclusion that the agency properly orients the contractors and volunteers to the rules and regulations of the agency, and to PREA, prior to granting authorization to have contact with residents. The agency has in-place a policy to discipline them or remove them based upon misconduct.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

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

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Renewal Inc. PREA policy applies to all employees, contractors, volunteers and offenders (P-PCM, **Section 2, A. Prevention and ZERO Tolerance**, page 2-1.

The agency PAQ reports 1 pending case of an administrative PREA investigation allegedly involving resident-on-resident sexual abuse which has been referred for criminal investigation which has occurred in the last 12 months.

Auditor interviewed the Director/Designee who informed auditor that any resident-on-resident sexual abuse would be reported to the parent jurisdiction of the resident involved. PADOE would come to pick them up to be removed from Renewal. The County or FBOP advise us to call the police. It depends upon the details of the case, but generally, the residents are transferred out of Renewal due to their conduct.

Auditor interviewed two mental health personnel who advised auditor that Renewal provides mental health therapy, counseling and intervention to residents at the RTI Building (Renewal Treatment, Inc.) on Fifth Avenue in the City of Pittsburgh. The residents' participation is not used as a condition of access to the programming. The mental health therapy is open to all unconditionally. The therapy available is voluntary, and everyone is offered such mental health services.

The PAQ reports that the agency prohibits sexual activity between residents and prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. The PC has advised auditor that there are no records of resident disciplinary sanctions of resident conduct involving personnel in the last 12 months. During the last 12 months there were 0 misconducts issued for bad faith reports, based upon unsubstantiated investigative results. Based upon auditors' review of the 10 PREA investigations conducted in the last 12 months, there were no unfounded results.

Subsequent to Site Review, the agency revised the Reentrant Handbook, page 3, to incorporate language which clearly prohibits any sexual activity between residents or with staff. Auditor has concluded based upon the aforementioned review of agency policy and PAQ, staff interviews and review of investigative records, that the agency is in compliance with the standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency P-PCM, **Section 5 – Responding to reports of Sexual Abuse, Section B. Medical**, pages 5-1 through 5-3, provide for all services as required by the standard. The agency PAQ reports the agency provides the residents timely and unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infections prophylaxis without financial cost to the victim.

Auditor interviewed two security and two non-security staff first responders who provided thorough responses concerning first responder duties, whether to the scene of an incident or whether to allegations received by a resident.

Medical and mental health staff interviewed advised auditor that information and access to emergency contraception and sexually transmitted infection prophylaxis are offered at the hospital Emergency Room.

Auditor has reviewed a 2019 mental health referral processed by staff at the request of a resident that had made a sexual harassment allegation. The allegation was investigated by PA DOC staff, and the BCC PREA Report of Sexual Harassment was reviewed by auditor. The one-meeting mental health intervention was provided by Renewal Treatment, Inc (RTI), 700 Fifth Avenue, Pgh. PA. providing mental health professionals utilized by Renewal, Inc. RTI had been previously noted to auditor by a Renewal mental health practitioner as the agency utilized to provide such mental health interventions/services to renewal residents.

A resident who had reported a sexual abuse advised auditor that staff escorted the resident to a community health facility where the resident was referred for trauma counseling and provided information about sexually transmitted infection prophylaxis. Auditor subsequently interviewed the PCM who received the allegation of sexual abuse from this resident. The PCM personally escorted the resident into the community to seek medical and supportive services, as requested by the resident.

Auditors review of agency policy, PAQ, and staff and resident interview results has provided sufficient supportive information and verification that the agency is in compliance with the standard.

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the agency PREA policy, P-PCM, **Section 5. Responding to reports of Sexual Abuse, C. Offender Access to Outside Supportive Services** page 5-2, and **D. Continuity of Care**, page 5-3. The agency PAQ reports compliance with all of the elements of the standard.

Auditor interviewed a resident who had reported a sexual abuse. The resident advised auditor that the facility offered follow-up services subsequent to her making her report to the PCM. She was escorted

by the PCM to Pittsburgh Public Health. The resident was offered tests for sexually transmitted infections. The services provided were free.

Auditor interviewed two medical and two mental health staff who advised auditor that the treatment of victimized residents would entail immediate transport to Mercy Hospital for SANE evaluation. Staff reported that this has never occurred at Renewal. The services provided are consistent with the community level of care, with the services provided at Mercy Hospital. If pregnancy would result from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. Renewal works with an STD clinic in the community for sexually transmitted diseases. The PCM would follow-up with required services to be offered and provided to a resident found at risk-screening with a history of sexual abuse. Treatment for abusers is provided at Forensic Mental Health, in Greentree, Pennsylvania.

The agency PC has advised auditor that the agency operates an outpatient mental health clinic Renewal Treatment, Inc, (RTI, or 700) located at 700 5th Avenue in the City of Pittsburgh. The Program Review Team would make a determination based upon the residents needs and in conferral with the resident whether he/she would go to RTI for treatment or to an external provider. If it is an issue of an ability to pay for such external services, Renewal attempts to secure insurance coverage for the resident.

Auditor interviewed the VP/Chief Program Officer (CPO) of the Center for Victims (CV) who informed auditor that the CV provides comprehensive rape crisis services to all of the citizens of Allegheny County. The various type of correctional facilities and half-way houses in the county are divided-up between CV and the Pittsburgh Action Against Rape (PAAR), through MOUs with the respective agencies/facilities. PAAR is a second local Rape Crisis Center that provides only rape crisis services to victims. CV provides medical advocacy and accompaniment, victims rights information, advocacy, legal support, victim compensation and offender release information and notification services. The VP and her program staff have visited Renewal on several occasions, receiving a tour of both 339 and 704, primarily to observe and evaluate interview areas which would be utilized by CV staff when seeing victims at Renewal. CV has conducted several workshops for personnel at Renewal to educate them about the victim's rights, advocacy, victim accompaniment and other CV services available and provided to victims. The Renewal staff and CV staff are familiar with each other and have an excellent working relationship, which is described by the CPO as a "partnership." The CPO informed auditor that a Renewal staff person contacted CV in the last week, while an alleged victim was in the office, to arrange a session with the resident victim at the CV center the following week. The CPO has stated the CV staff have gone into Renewal for victim interviews/sessions with residents and the residents have also been escorted to CV by Renewal personnel.

Auditor interviewed a Victim Advocate and the Victim Services Supervisor of Pittsburgh Action Against Rape (PAAR), a second Rape Crisis Center that is available to the residents of Renewal. This agency provides response to hospital ER's within one hour, victim advocacy throughout, counseling and third-party referral services. The Supervisor informed auditor that PAAR staff have gone inside Renewal and conducted both group and individual counseling sessions with the residents. PAAR tries to go to Renewal at least once or twice a year for a staff meeting to maintain the connection and awareness between the agencies. During Site Review, auditor successfully tested the PAAR Crisis Hotline number that is posted within the resident housing units. Auditor reviewed the agency website at www.paar.org.

Based upon auditor's review, auditor has concluded that the agency provides the immediate medical and mental health services required, either at Mercy Hospital initially, within 339 or 704, at RTI/700, or at multiple community out-patient medical and medical health facilities in Pittsburgh or surrounding

areas. Renewal, Inc exceeds compliance with the standard based upon the multiple and comprehensive services available provided by the agency, through the MOUs with multiple community agencies, and auditor’s interview of medical and mental health staff and a resident that reported a sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency **PREA Compliance Manual, Section 7 – Sexual Abuse Incident Review, A. General and B. Sexual Abuse Incident Review**, page 7-1. This policy language requires that a **SAIR (PADOC BCC-ADM 008 Section 6 – Sexual Abuse Incident Review, Attachment 6-A)** be conducted at the conclusion of every sexual abuse investigation conducted where the allegation was substantiated or unsubstantiated. The policy is detailed and includes all provisions of the PREA standard.

The agency PAQ reports no incident reviews conducted in the last 12 months due to no findings of substantiated or unsubstantiated sexual abuse investigations. The agency PC has further provided documentation reporting that a SAIR has not been conducted for several years, in compliance with the standard.

Auditor was provided a photocopy of a PREA Sexual Abuse Incident Review (**SAIR, Attachment 6-A**) conducted on April 13, 2017, the reported most recent SAIR conducted by Renewal Inc. This case was determined to be unsubstantiated following an investigation by the Pennsylvania State Police. The auditor reviewed the entire SAIR which was conducted in a systematic and thorough manner, satisfying all requirements of the standard.

During Site Review, auditor reviewed all the PREA investigations conducted in the last 12 months. The only investigations substantiated were two resident-on-resident sexual harassment cases, (one in 2018 and one in 2019).

Auditor interviewed the Director/Designee who advised auditor that the agency would use the information from the SAIR to adjust policy and procedure, to look at the recommendations made. The Director/Designee stated Renewal has not had any Incident Reviews during her time at Renewal, but that all the factors included in the standard would be considered. The auditor was informed that an additional camera was added to one building in 2019 specifically due to a resident allegation.

The PC advised auditor that he would prepare the SAIR Report and submit it to the jurisdiction. Would recommend a follow-up if necessary, with Executive Management Meeting and seek approval of cameras, staffing, etc. If the finding or recommendation involved something relatively small the PC could go directly to the Director or the VP of Administration to obtain executive approval. The last SAIR conducted was reportedly in 2017. There have been no trends noticed.

Auditor interviewed two members of the SAIR team who were very familiar with the required procedures and review team considerations included in the standard. One SAIR team member interviewed was the PCM of the building in 2017 involved in the review of the allegation which resulted in the unsubstantiated finding and the most recent SAIR conducted.

Based upon auditor's review, it is determined that Renewal, Inc is in compliance with the standard. Staff are properly trained at Renewal, and despite very few allegations or incidents, personnel are aware of their duties concerning the requirements and considerations of conducting a sexual abuse incident review.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

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

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the P-PCM, **Section 8 – Notification of Offenders, C. Data Collection**, page 8-2. The agency policy requires that the data collection reports be prepared in accordance with the PREA standard. The agency PC shall oversee/review all related data collection reports prior to submission.

Auditor reviewed the agency PAQ which asserts that Renewal is in compliance with the standard. Auditor has reviewed the 2018 **Federal Bureau of Prisons (BOP) Residential Reentry Management Branch PREA Compliance Tool**, which the PC compiles and reports annually to the BOP. This annual report includes 52 inquiries concerning PREA and a breakdown of **Allegations of INMATE on INMATE Sexual Violence** incidents/allegations and **Allegations of STAFF on INMATE Sexual Violence**. The BOP reporting instruments also include incidents/allegations of abusive sexual contact, non-consensual sexual acts, and sexual harassment.

Auditor reviewed the agency website, www.renewalinc.com. The website has the agency **PREA Compliance Manual** (P-PCM) prominently posted, and the PREA Annual Reports for the period 2014-2018. Auditor reviewed the 2018 Annual Report, which reports 0 allegations of resident-on-resident sexual violence/assault, 0 allegations of staff-on-resident sexual violence/assault and 0 allegations of resident-on-resident sexual contact. There were two substantiated allegations of resident-on-resident sexual harassment in calendar year 2018. The Annual Reports include the background of PREA, Renewal's **Zero Tolerance** policy, **PREA Report Activity 2018, Update 2018 Corrective Measures, Reporting a PREA Incident**, and provides the PA Crime Stopper Tip line at 1-800-472-8477 or reporting online at www.tipsubmit.com.

Based upon auditors' review of agency policy, PAQ and the agency website Annual PREA Reports posted for public information, auditor has determined that the agency is in compliance with the standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the agency PREA Policy, **Section 8 – Notification of Offenders, C. Data Collection**, page 8-2. The agency policy requires that the data collection reports be prepared in accordance with the PREA standard. The PAQ reports agency compliance with the standard. The 2018 Annual Report posted for public information on the agency website at www.renewalinc.com includes a review/mention of agency corrective measures, actions taken, staff training, monthly PREA Compliance tours, Safety Committee inspections, and the PREA re-certification audit scheduled for the week of May 6, 2019.

In order to make a determination of compliance, auditor interviewed the agency PC, who advised auditor that he reviews the annual data and compiles the Annual Report, reporting any corrective actions taken throughout the year. This report is reviewed by the Executive Management team and posted on the website. The PC also completes the FBOP reporting instrument annually for their required PREA reporting purposes. The agency does not include any personal identifiers within the annual reports, so nothing has to be redacted. The agency reports the number of allegations, whether they were substantiated, unsubstantiated or unfounded.

The Agency Head/Designee advised auditor that the PC reviews PREA related data at least annually with the Executive Management team, which includes herself (VP of Programs), the CEO and the VP of Administration. Data is reviewed during the review of the PREA Annual Report. The PC reviews problem areas and recommends corrective actions. Data would be used to make policy changes, or procedural adjustments such as staffing levels, improved training, and technology improvements.

Based upon auditors' review of agency policy and PAQ; review of agency website with the 2018 Annual Report and several prior years' Annual Reports posted; and interview with the PREA Coordinator and Agency Head/Designee, auditor has concluded that Renewal Inc is in compliance with the standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the agency PREA Policy, **Section 8 – Notification of Offenders, C. Data Collection**, page 8-2. The agency policy requires that the data collection reports be prepared in accordance with the PREA standard. The PAQ reports agency compliance with the standard.

In order to make a determination of compliance, auditor interviewed the agency PC, who advised auditor that he reviews the annual data and compiles the Annual Report, what corrective actions taken throughout the year. This report is reviewed by Executive Management team and posted on the website. The PC also completes the FBOP reporting instrument annually for their required PREA reporting purposes. The agency does not include any personal identifiers within the annual reports, so nothing has to be redacted. The agency reports the number of allegations, whether they were substantiated, unsubstantiated or unfounded.

Auditor reviewed the agency website, www.renewalinc.com. The website has the agency PREA Compliance Manual prominently posted, and the PREA Annual Reports for the period 2014-2018. The reports include all aggregated sexual abuse data and are reported by categories of staff and resident sexual violence/assault, sexual contact and sexual harassment. There were no personal identifiers included with the agency's Annual Reports posted.

The agency does not contract for the confinement of Renewal residents.

Based upon auditors reviewed conducted it is determined that the agency is in compliance with the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency PREA Coordinator and PREA Audit team were very accommodating and well prepared for the Site Review phase of this audit. Agency personnel facilitated the audit in accordance with the auditor's requests. Appropriate areas were provided for random and specialized interviews conducted in both agency housing unit buildings. All agency physical plant areas were made accessible to the auditor. Documentation requested was provided in a timely manner while on site and subsequently during evidence review and report compilation. Audit Notices were observed posted on every floor of each building and in key areas. Auditor has not received any confidential correspondence in response to the auditor's Notice of Audit postings.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor has reviewed the agency website, www.renewalinc.com which is in compliance with the standard. The last PREA audit report, dated July 8, 2016, is posted on the website for public information.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Louis Folino

June 18, 2019

Auditor Signature

Date

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

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