PREA Facility Audit Report: Final

Name of Facility: Manos House
Facility Type: Juvenile
Date Interim Report Submitted: 07/10/2026
Date Final Report Submitted: 08/16/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Rosa L. Webb	**Date of Signature:** 08/16/2026

AUDITOR INFORMATION	
Auditor name:	Webb, Rosa
Email:	derrywebb1959@outlook.com
Start Date of On-Site Audit:	06/03/2026
End Date of On-Site Audit:	06/04/2026

FACILITY INFORMATION	
Facility name:	Manos House
Facility physical address:	1290 Prospect Road, Columbia , Pennsylvania - 17512
Facility mailing address:	

Primary Contact

Name:	Chris Runkle
Email Address:	chris@manoshouse.com
Telephone Number:	717-285-0420 ext. 11

Superintendent/Director/Administrator	
Name:	Chris Runkle
Email Address:	chris@manoshouse.com
Telephone Number:	717-285-0420 ext. 11

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

Facility Characteristics	
Designed facility capacity:	38
Current population of facility:	22
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	14-20
Facility security levels/resident custody levels:	Non-secure, residential drug and alcohol treatment facility and a supervised independent living program

Number of staff currently employed at the facility who may have contact with residents:	45
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	11

AGENCY INFORMATION	
Name of agency:	Drug and Rehabilitation Services (DARS), Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1290 Prospect Road, Columbia, Pennsylvania - 17512
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Chris Runkle	**Email Address:**	chris@manoshouse.com

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
1	• 115.317 - Hiring and promotion decisions
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-03
2. End date of the onsite portion of the audit:	2026-06-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Young Women's Christian Association of Lancaster Penn State Health Lancaster Medical Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	38
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	18
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	45
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor requested a resident roster upon arrival during day one of the onsite visit. The auditor slected the residents that were interviewed based on length of stay, age, race, and ethnicity.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	9
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed all of the random staff that were available during the onsite portion of the audit.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not have contractors that have contact with the residents.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor had access to all areas and buildings on the campus, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour on the first day of the visit and was accompanied by the executive director. There were two housing units, one for the Manos House Drug and Rehabilitation Services, and one for the Supervised Independent Living Program. Each unit has one resident per room. The auditor was given access to the entire campus and observed the different camera angles to ensure there were no identifiable blind spots. The cameras operate on a loop. The residents attend school on campus and the teachers are employed by Manos House and are not contractors. The facility is operated by a board of directors. The executive director serves as the agency head. This was the first PREA audit for the facility. Medical and mental health services are not provided on-site. During the site review the auditor noted the posted PREA audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The auditor tested the following critical functions: • The facility's process for securing interpretation services. • Internal reporting methods for confined persons (Grievance Procedure: The auditor put a note in the grievance box and was contacted by the person who checks the box. • External reporting methods for confined persons ChildLine Hotline • Access to outside emotional support services (YWCA) • Third-Party Reporting (calling the number provided on the posters).

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records. The resident documents reviewed included intake records, resident education, and risk screening instruments. There were no barriers to receiving any documentation. The facility provided requested documentation throughout the audit process and the corrective action period.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse in the past 12 months, so therefore, there were no files to review.

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment in the past 12 months, so therefore, there were no files to review.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual abuse or sexual harassment in the past 12 months, so therefore, there were no files to review.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Zero Tolerance of Sexual Abuse Policy (effective 02/2026) • Drug and Rehabilitation Services (DARS) Inc. Organizational Chart • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.311 (a)** PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a policy outlining how they implement the prevention, detection and response to

sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Manos House Zero Tolerance of Sexual Abuse Policy (pages 1 and 2): The facility maintains zero tolerance for all forms of sexual abuse, sexual harassment, retaliation, and neglect or indifference to resident safety. Any behavior that constitutes sexual abuse or sexual harassment is strictly prohibited. The facility shall implement the following strategies to prevent and detect sexual abuse and sexual harassment: adequate staffing and supervision practices; appropriate staff screening, hiring, and promotion procedures; comprehensive staff training and resident education; intake screening to assess risk of sexual victimization and abusiveness; clear professional boundaries and conduct expectations; and environmental controls and monitoring where appropriate.

Observations made during onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, room, gym, living areas, and in all public areas.

Reasoning and analysis by provision: 115.311 (b)
PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Manos House Zero Tolerance of Sexual Abuse Policy (page 2): The PREA Coordinator shall oversee PREA compliance, monitor implementation, and recommend corrective actions as needed.

Drug and Rehabilitation Services (DARS) Inc. Organizational Chart: The auditor reviewed the organization chart. The PREA coordinator is also the executive director for the facility.

Interview with the executive director/PREA coordinator: The PREA coordinator stated they do a good job in finding sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards. They stated it is tough being a non-profit, however they have done a nice job carving out the time needed. This is the only facility for the agency. They research what is needed to ensure compliance and work hand in hand with the PREA compliance manager and leading to be compliance. Training of the staff and residents is outgoing. The PREA coordinator reviews the facility layout to ensure that all areas are in compliance.

Reasoning and analysis by provision: 115.311 (c)
PAQ: The facility has designated a PREA compliance manager. The PREA compliance

	manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure. Drug and Rehabilitation Services (DARS) Inc. Organizational Chart: The auditor reviewed the organization chart. The PREA compliance manager serves as the facility operations manager and is supervised by the clinical director. Interview with the PREA compliance manager: The PREA compliance manager stated they have sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA Standards. They stated they ensure compliance by training the standards to the employees and the residents and taking every situation seriously. If there is an issue with compliance, they meet with the executive director/PREA coordinator and develop a plan to address the issue. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) **Reasoning and analysis by provision: 115.312 (a)** PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards. • The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 0 • The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 The facility does not contract with other agencies for the confinement of their residents. **Reasoning and analysis by provision: 115.312 (b)**

	PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards. • Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0 The facility does not contract with other agencies for the confinement of their residents. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Supervision and Monitoring Policy (effective 02/2026) • Drug and Rehabilitation Services (DARS) Inc., Staffing and Video Surveillance Plan (effective 05/03/2026) • Unannounced PREA Supervisory Rounds Documentation • Interview with Executive Director • Interview with PREA Compliance Manager • Interview with Intermediate or Higher-Level Facility Staff • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.313 (a)** PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. • The average daily number of residents in the past 12 months: 25 • The average daily number of residents on which the staffing plan was predicated: 27 Manos House Supervision and Monitoring Policy (pages 1 and 2): Manos House shall develop, implement, document, and continuously evaluate a staffing plan that

provides adequate levels of staffing and, where applicable, video monitoring to protect residents from sexual abuse and sexual harassment. Staff supervision shall be proactive, visible, and consistent throughout all areas of the facility. The Executive Director and Operations Manager shall jointly develop and maintain a written staffing plan designed to provide adequate supervision of all residents. When establishing or reviewing the staffing plan, the following factors shall be considered: accepted juvenile residential treatment practices; the physical layout of the facility, including blind spots and isolated areas; resident population size, resident age, developmental level, behavior, and treatment needs; staff-to-resident ratios; number and placement of supervisory staff; daily programming, education, recreation, visitation, transportation, and medical appointments; previous incidents of sexual abuse or sexual harassment; internal and external audit findings; judicial or regulatory findings; applicable state licensing regulations; available technology, including video surveillance; and any additional factors affecting resident safety. The staffing plan shall be maintained by the Executive Director and reviewed whenever significant operational changes occur.

Interview with executive director: The executive director stated the facility has a plan, and that it is also required by mental health licensing. The plan is inclusive of all the standard provision requirements: generally accepted group home and secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The facility has day-to-day staffing and monthly staffing meetings. The census numbers affect the staffing. Staffing is discussed in the bi-weekly meetings with the leadership team. The executive director maintains the staffing plan, and a monthly schedule is sent out electronically. It is reviewed whenever there a any significant changes.

Interview with PREA compliance manager: The first staffing plan to address the 11 requirements of the standard was written this year.

Reasoning and analysis by provision: 115.313 (b)
PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

Manos House Supervision and Monitoring Policy (page 2): The facility shall make every reasonable effort to comply with the established staffing plan. If unforeseen circumstances require a temporary deviation from the staffing plan, including but not limited to: employee illness; emergency transportation; medical emergencies; facility emergencies; weather events; and other exigent circumstances. The shift supervisor shall ensure resident safety through temporary operational adjustments; notify the Operations Manager as soon as practical; and document the reason for the deviation; beginning and ending time; staffing levels during the event; and

compensatory supervision measures implemented.

Interview with executive director: The executive director confirmed there have been no deviations from the staffing plan in the past 12 months. If there were any deviations, all deviations would be documented. There have been cushions in place to ensure that the facility meets the staffing ratios.

Reasoning and analysis by provision: 115.313 (c)
PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Manos House Supervision and Monitoring Policy (page 2): Manos House shall maintain staffing levels sufficient to provide continuous supervision of residents. When applicable to the facility's licensing and security designation, staffing shall meet or exceed PREA minimum ratios for secure juvenile facilities: one direct care staff member for every eight (8) residents during waking hours; and one direct care staff member for every sixteen (16) residents during sleeping hours. Only direct supervision staff assigned to resident supervision shall be counted toward these staffing ratios.

DARS Staffing and Video Surveillance Plan (page 1): Staff-to-Client Ratios: Day Shift(8am-5pm): 1:8 • Monday through Friday- Additional staff- Admin staff, admin support staff, academic staff, clinical staff Evening Shift(5pm-10pm): 1:8 • Monday through Friday- Additional staff-Youth Care Supervisor, Director of Operations.

Observations made during onsite visit: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff.

Interview with executive director: The executive director stated that the facility ratios are currently 11:8 during waking hours and 1:16 during sleeping hours. They stated the ratios could be changed to 1:6 for group homes, and that the facility has some cushions in their staffing pattern to ensure the ratios are met.

Reasoning and analysis by provision: 115.313 (d)
PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Manos House Supervision and Monitoring Policy (page 4): At least annually, the

	Executive Director and Operations Manager shall review the staffing plan. The review shall evaluate staffing patterns; resident population trends; incident reports; PREA allegations; video surveillance effectiveness; blind spots; staffing vacancies; overtime usage; changes in programming; facility modifications; and available resources. Recommendations for staffing or monitoring improvements shall be documented and maintained. This is the first audit for the facility and the first year they have documented the staffing plan. DARS Staffing and Video Surveillance Plan: The auditor reviewed the plan and assessment. It addressed the provisions of the standard and covered all areas of the facility. Interview with PREA compliance manager: The first staffing plan for the facility was written this year. **Reasoning and analysis by provision: 115.313 (e)** PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds. Manos House Supervision and Monitoring Policy (pages 3 and 4): Intermediate-level supervisors and higher-level administrators shall conduct documented unannounced rounds on all shifts, including weekends, evenings, holidays, and overnight hours. The purpose of supervisory rounds is to: deter sexual abuse; observe staff performance; identify supervision concerns; ensure compliance with PREA standards; and identify environmental risks. Employees shall not alert other staff members that supervisory rounds are occurring except when necessary for legitimate operational reasons. Documentation shall include: date; time; supervisor's name; areas inspected; deficiencies noted; and corrective action taken. DARS Staffing and Video Surveillance Plan (page 2): Unannounced Rounds: Conducted at least monthly by YC Supervisors, Clinical Director, Academic Director, and Operations Manager. Documentation of announced rounds will be record and stored in the Operations Manager’s office. Documentation to include Date, Time, Location, Staff Working, Any Findings, Name of Staff Conducting, and Signature, Unannounced PREA supervisory rounds documentation: The auditor reviewed the unannounced rounds forms and confirmed that they are occurring. Interview with intermediate higher-level facility staff: Unannounced rounds are conducted on every shift and occur at least monthly but can occur once every two weeks. They stated they talk with staff and residents to make sure there are no issues. The rounds are documented on a form. The staff member just pops up and does not tell anyone they are doing an unannounced round. **Finding: Based on this analysis, the facility and is substantially compliant**

	with the provisions of this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Cross Gender Viewing and Searches Policy (effective 02/2026) • Interviews with Random Staff • Interviews with Random Residents • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.315 (a)** PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. • In the past twelve (12) months: The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0 DARS Cross Gender Viewing and Searches Policy (page 1): The facility strictly limits cross-gender viewing and searches. Youth shall not be viewed or searched in a manner that compromises their privacy or dignity except as expressly permitted by PREA and only under narrowly defined circumstances. This policy is enforced with zero tolerance for violations. Cross-gender strip searches and cross-gender visual body cavity searches of residents are strictly prohibited. This prohibition applies at all times and under all circumstances, including emergencies. Only same-gender staff may conduct strip searches or visual body cavity searches when such searches are legally authorized and clinically or operationally necessary. Interviews with random staff: All random staff interviewed stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. Female staff stated they always call for a male to search the residents in the all-male facility. An exigent circumstance would be in the event of an emergency, and no staff of the same gender were present and that has never happened at the facility. Interviews with random residents: All random residents interviewed stated no staff member of the opposite gender have performed a pat-down search of their body or seen them naked at any time.

Reasoning and analysis by provision: 115.315 (b)
PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

DARS Cross Gender Viewing and Searches Policy (page 2): Pat-down searches shall be conducted by same-gender staff whenever possible. Cross-gender pat-down searches of residents are discouraged and shall only occur in exigent circumstances. When a cross-gender pat-down search is conducted due to exigent circumstances, the search shall be documented, including the reason it was necessary.

Interviews with random residents: All random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Observations made during onsite visit: Only male staff performed searches of the residents. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)
PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

DARS Cross Gender Viewing and Searches Policy (page 2): Any cross-gender viewing that occurs due to exigent circumstances must be documented, including the reason for the viewing and actions taken. When a cross-gender pat-down search is conducted due to exigent circumstances, the search shall be documented, including the reason it was necessary.

There was no cross-gender searches conducted in the past 12 months, so there was no documentation to review.

Reasoning and analysis by provision: 115.315 (d)
PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing.

DARS Cross Gender Viewing and Searches Policy (page 1): Staff shall not view residents of the opposite gender who are nude or partially clothed (including while showering, toileting, or changing clothes), except in exigent circumstances. Exigent

	circumstances are limited to rare and unforeseen situations that require immediate action to prevent serious harm. Staff of the opposite gender shall announce their presence before entering resident housing units, bathrooms, shower areas, or other areas where residents may be nude or partially clothed. Announcements shall be clear, audible, and made in a manner that provides residents adequate time to prepare. Failure to announce shall be considered a policy violation unless exigent circumstances exist. Interviews with random staff: All of the random staff interviewed stated that female staff members in the facility always announce their presence in any area where the residents are located. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender. Interviews with random residents: All of the random residents interviewed stated that staff of the opposite gender announce their presence when entering the housing unit now that PREA has been implemented in the facility. Observations made during onsite visit: Staff of the opposite gender were observed announcing their presence upon entering the housing areas where the residents were located. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc. Youth with Disabilities and Limited English Proficient Policy (effective 02/2026) • Interview with Executive Director • Interviews with Random Staff • Observations made During Onsite Visit **Reasoning and analysis by provision: 115.316 (a)** PAQ: The agency has established procedures to provide disabled residents 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.

	DARS Youth with Disabilities and Limited English Proficient Policy (pages 1 and 2): The facility is committed to providing equal access to PREA-related information, services, and protections for all youth, including those with disabilities and those with limited English proficiency. No youth shall be excluded from participation in, denied the benefits of, or subjected to discrimination in PREA-related processes due to disability or language barriers. The facility shall take appropriate steps to ensure that youth with disabilities (including cognitive, intellectual, mental health, sensory, or physical disabilities) are able to understand PREA protections, reporting options, and services. When necessary, the facility shall provide qualified interpreters, including sign language interpreters, and other appropriate auxiliary aids or services. Interpreters and aids shall be provided at no cost to the youth. Staff shall ensure that interpreters understand confidentiality requirements related to PREA. During intake and admission, staff shall assess whether a youth has a disability or limited English proficiency that affects their ability to understand PREA information. Observations during site review: The auditor observed PREA posters and information throughout the facility in all areas in which the residents are present were in both English and Spanish. Interview with executive director (agency head): The agency/facility has established procedures to provide resident with disabilities and who are limited English proficient equal opportunity to participate in all aspects of the facility. Translators are available for the residents who need assistance. These are provided by the referring agency. There is signage throughout the facility in different languages. There were no residents who were disabled or who were limited English proficient to be interviewed during the onsite visit. **Reasoning and analysis by provision: 115.316 (b)** PAQ: The agency has established procedures to provide residents with limited English proficiency 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. DARS Youth with Disabilities and Limited English Proficient Policy (page 1): The facility is committed to providing equal access to PREA-related information, services, and protections for all youth, including those with disabilities and those with limited English proficiency. Youth with limited English proficiency shall be provided meaningful access to PREA information and reporting mechanisms. Information shall be provided in formats and languages that are understandable to the youth, including simplified language, large print, visual aids, or translated materials as needed. **Reasoning and analysis by provision: 115.316 (c)** PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations. The agency or facility documents the limited circumstances in

	individual cases where resident interpreters, readers, or other types of resident assistants are used. • In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0 DARS Youth with Disabilities and Limited English Proficient Policy (pages 1 and 2): Youth shall not be used as interpreters, readers, or assistants for other youth in PREA-related matters. Except in exigent circumstances involving immediate safety risks, staff shall not rely on another youth to interpret or explain PREA-related information. Any exigent use of a youth interpreter must be documented and replaced with appropriate services as soon as practicable. Interviews with random staff: All the random staff that were interviewed stated the facility does not have residents that do not speak English. They stated the facility would use qualified staff or interpreters. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Hiring and Promotion Decisions Policy (effective 02/2026) • Banckground Check Spreadsheet and Documentation • PREA Disclosure Sample • Interview with Administrative (HR) staff **Reasoning and analysis by provision: 115.317 (a)** PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual

activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

DARS Hiring and Promotion Decisions Policy (pages 1 and 2): The facility shall not hire or promote any person who has engaged in sexual abuse in a prison, jail, juvenile facility, community confinement facility, or other institutional setting. The facility shall not hire or promote any person who has been convicted of engaging in sexual activity in the community facilitated by force, coercion, or lack of consent. The facility shall not hire or promote any person who has been civilly or administratively adjudicated to have engaged in sexual abuse or sexual harassment. Contractors and volunteers who may have contact with residents shall undergo the same screening standards as employees, consistent with their level of access.

Reasoning and analysis by provision: 115.317 (b)
PAQ: Agency policy requires the consideration of 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 the residents.

DARS. Hiring and Promotion Decisions Policy (page 1): The facility is committed to preventing sexual abuse and sexual harassment through rigorous screening, hiring, promotion, and contracting practices. Individuals who have engaged in sexual abuse or sexual harassment, or who pose a risk to resident safety, shall not be hired, promoted, or retained.

Interview with administrative (HR) staff: The agency/facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with the residents.

Reasoning and analysis by provision: 115.317 (c)
PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) 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.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 11

DARS Hiring and Promotion Decisions Policy (page 1 and 2): The facility shall conduct criminal background record checks prior to hiring or contracting. The facility shall consider all relevant criminal history, including sexual offense convictions, pending charges, and patterns of behavior that may indicate risk. The facility shall

make its best efforts to contact prior institutional employers to determine whether the applicant was subject to substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation.

Interview with administrative (HR) staff: The agency/facility completes criminal background checks on everyone, employees, and contractors. Background checks are completed by doing FBI fingerprinting and accessing the Pennsylvania State Criminal Records Database. Child abuse registry checks are also completed.

Reasoning and analysis by provision: 115.317 (d)
PAQ: Agency policy requires that a criminal background check records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents: 0

DARS Hiring and Promotion Decisions Policy (page 2): Contractors and volunteers who may have contact with residents shall undergo the same screening standards as employees, consistent with their level of access. Contractors and volunteers who engage in sexual abuse or sexual harassment shall be immediately removed from contact with residents and reported as required.

Interview with administrative (HR) staff: The agency/facility does not have contractors.

Reasoning and analysis by provision: 115.317 (e)
PAQ: Agency policy requires that either criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

DARS Hiring and Promotion Decisions Policy (pages 1 and 2): Background checks shall be repeated at least every five (5) years for current employees and contractors who have contact with residents. The facility shall consider all relevant criminal history, including sexual offense convictions, pending charges, and patterns of behavior that may indicate risk.

Interview with administrative (HR) staff: Background checks are completed every five years. This is a mandatory requirement.

Reasoning and analysis by provision: 115.317 (f)
PAQ: The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative

	duty to disclose any such misconduct. DARS Hiring and Promotion Decisions Policy (page 2): Applicants and employees shall be required to disclose any prior misconduct described in this policy. PREA disclosure sample: The auditor reviewed the PREA disclosure forms and confirmed that all applicants were required to answer questions about previous misconduct such as if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is a self-evaluation form that is completed by the applicant or employee and is part of the application process. Interview with administrative (HR) staff: These questions are asked as part of the interview process. Employees have a continuing affirmative duty to disclose any such misconduct. **Reasoning and analysis by provision: 115.317 (g)** PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. DARS Hiring and Promotion Decisions Policy (page 2): Material omissions or false statements during the hiring or promotion process shall be grounds for disqualification or termination. **Reasoning and analysis by provision: 115.317 (h)** PAQ: Unless prohibited by law, the agency shall 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. DARS Hiring and Promotion Decisions Policy (page 2): The facility shall provide information regarding substantiated allegations of sexual abuse or sexual harassment to requesting institutional employers in accordance with PREA and applicable law. Former employees may be required to consent to the release of relevant employment information as a condition of employment. Interview with administrative (HR) staff: Employees must consent for any release of that information. The HR staff only answer questions that pertain to the dates of employment. **Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.**

115.318	**Upgrades to facilities and technologies**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency Head/Executive Director **Reasoning and analysis by provision: 115.318 (a)** PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Interview with agency head/executive director: There have not been any substantial expansions or modifications since the last PREA audit. Rooms have been repurposed, but no expansions or modifications. **Reasoning and analysis by provision: 115.318 (b)** PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Interview with agency head/executive director: The facility added spaces by repurposing rooms and added cameras as needed. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Reporting of Unusual Incidents and Sexual Abuse Response (effective 01/2026, revised 02/2026) • MOU with Penn State Health Lancaster Medical Center • MOU with Young Women’s Christian Association of Lancaster • MOU with West Hempfield Police Department • Interview with PREA Compliance Manager

- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)
PAQ: The agency is not responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

DARS Reporting of Unusual Incidents and Sexual Abuse Response (page 2): Upon learning of an allegation of sexual abuse that occurred within a time frame where evidence may be collected, staff shall: Ensure the immediate safety of the youth; Separate the alleged victim and alleged perpetrator; Preserve and protect the scene; Instruct the youth not to bathe, shower, brush teeth, change clothes, eat, drink, or use the restroom when appropriate; and Notify the Treatment Director, Facility Director, and PREA Coordinator immediately. Staff shall not conduct investigative questioning beyond what is necessary to ensure safety and make required notifications.

MOU with West Hempfield Police Department: The Provider shall: Immediately refer all allegations of sexual abuse or harassment that appear to be criminal to the Department • Document all such referrals; Ensure referrals are made as soon as practicable, but no later than required by state mandated reporting laws. The Department agrees to: Accept and review all referrals from the Provider Determine investigative jurisdiction and initiate criminal investigations when appropriate. The Department agrees to: Follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence • Ensure investigations are conducted in accordance with developmentally appropriate, trauma-informed practices for juveniles The Provider agrees to: Preserve and protect evidence until the Department assumes control Ensure timely access to forensic medical examinations performed by qualified professionals (e.g., SANE/SAFE providers), at no cost to the victim • Arrange transportation for the youth to a medical facility when necessary.

Interviews with random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They stated they are to preserve the scene and the evidence until law enforcement arrives. They stated that the police conduct investigations.

Reasoning and analysis by provision: 115.321 (b)
PAQ: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’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.

DARS Reporting of Unusual Incidents and Sexual Abuse Response (page 2): Upon

learning of an allegation of sexual abuse that occurred within a time frame where evidence may be collected, staff shall: Ensure the immediate safety of the youth; Separate the alleged victim and alleged perpetrator; Preserve and protect the scene; Instruct the youth not to bathe, shower, brush teeth, change clothes, eat, drink, or use the restroom when appropriate; and Notify the Treatment Director, Facility Director, and PREA Coordinator immediately. Staff shall not conduct investigative questioning beyond what is necessary to ensure safety and make required notifications. Access to Forensic Medical Examinations: Youth who allege sexual abuse shall be offered a forensic medical examination without cost. Examinations shall be conducted by qualified medical practitioners trained in sexual abuse forensic examinations. This will be conducted by hospital personnel at Lancaster General Hospital. When available, Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) shall be utilized. Forensic examinations shall be offered regardless of whether the youth cooperates with law enforcement or names an alleged perpetrator. Victim Advocacy Services The facility shall provide access to victim advocates from a qualified community-based organization or trained facility advocate. Advocates shall be permitted to accompany youth during forensic examinations and investigatory interviews, consistent with safety and confidentiality requirements. Response to Other Unusual Incidents: For non-sexual-abuse-related incidents, staff shall take immediate action to stabilize the situation, protect residents, and summon emergency services when required.

MOU with West Hempfield Police Department: The Department agrees to: Follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence • Ensure investigations are conducted in accordance with developmentally appropriate, trauma-informed practices for juveniles The Provider agrees to: Preserve and protect evidence until the Department assumes control Ensure timely access to forensic medical examinations performed by qualified professionals (e.g., SANE/SAFE providers), at no cost to the victim • Arrange transportation for the youth to a medical facility when necessary.

Reasoning and analysis by provision: 115.321 (c)
PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

DARS Reporting of Unusual Incidents and Sexual Abuse Response (page 2): Youth who allege sexual abuse shall be offered a forensic medical examination without cost. Examinations shall be conducted by qualified medical practitioners trained in sexual abuse forensic examinations. This will be conducted by hospital personnel at Lancaster General Hospital. When available, Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) shall be utilized. Forensic examinations shall be offered regardless of whether the youth cooperates with law enforcement or names an alleged perpetrator.

MOU with Penn State Health Lancaster Medical Center: The Hospital agrees to: Provide access to forensic medical examinations, either directly or through coordinated services with qualified SANE/SAFE providers. Ensure exams are: Conducted promptly upon arrival; Provided at no cost to the victim; Delivered in a trauma-informed, developmentally appropriate manner for adolescents; and follow established sexual assault evidence collection protocols consistent with Pennsylvania and national standards. The Facility agrees to: Arrange for immediate transport of the youth to the Hospital when forensic evaluation is indicated; Notify the Hospital in advance, when possible, to facilitate timely response; and Provide relevant, non-confidential information necessary to support care

The facility does not have onsite medical or mental health services.

Interview with SANE/SAFE Staff: Penn State Health Lancaster Medical Center sexual assault nurse examiners (SANEs) are on call 24/7. They are specifically trained to provide care to victims of sexual assault. When a patient arrives, they are notified and come to the medical center. In addition, the medical center will contact the Penn State College of Nursing SAFE-T Center, who will also provide a SANE nurse through telehealth if approved by the patient. The medical center will also contact Lancaster YWCA, which can send a sexual assault advocate to the emergency department to offer support, resources, and follow-up care.

Reasoning and analysis by provision: 115.321 (d)
PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

DARS Reporting of Unusual Incidents and Sexual Abuse Response (page 2): The facility shall provide access to victim advocates from a qualified community-based organization or trained facility advocate. Advocates shall be permitted to accompany youth during forensic examinations and investigatory interviews, consistent with safety and confidentiality requirements.

MOU with Young Women’s Christian Association of Lancaster: YWCA LANCASTER RESPONSIBILITIES: • Provide a twenty-four (24) hour emotional support and crisis

	hotline accessible to Manos House residents. • Provide hospital advocacy, including accompaniment for forensic (SANE) examinations when requested. • Provide emotional support, crisis intervention, and trauma-informed services related to sexual abuse, sexual harassment, and human trafficking. • Provide referrals to additional community-based resources as appropriate. • Assist residents with understanding reporting options and rights, including evidence collection procedures. • Provide advocacy support during investigative processes when appropriate. • Collaborate on safety planning when consent is provided by the resident. • Comply with all mandated reporting requirements, including reporting to ChildLine as required under Pennsylvania law. MANOS HOUSE RESPONSIBILITIES: • Ensure residents have access to the YWCA Lancaster crisis hotline in a confidential manner. • Provide residents with information about available advocacy services during PREA education. Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. An advocate is provided through Young Women's Christian Association of Lancaster There were no residents who reported sexual abuse to be interviewed during the onsite visit. **Reasoning and analysis by provision: 115.321 (e)** PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Drug and Rehabilitation Services (DARS) Inc. Evidence Protocol and Forensic Medical Examinations Policy (page 3): The victim advocate shall: 1. Accompany and support the victim during: • Forensic medical examinations • Investigatory interviews 2. Provide emotional support and crisis intervention. 3. Offer information about victims' rights and available services for referral. Advocates shall maintain confidentiality consistent with state law and professional standards. MOU with Young Women's Christian Association of Lancaster: YWCA LANCASTER RESPONSIBILITIES: • Provide a twenty-four (24) hour emotional support and crisis hotline accessible to Manos House residents. • Provide hospital advocacy, including accompaniment for forensic (SANE) examinations when requested. • Provide emotional support, crisis intervention, and trauma-informed services related to sexual abuse, sexual harassment, and human trafficking. • Provide referrals to additional community-based resources as appropriate. • Assist residents with understanding reporting options and rights, including evidence collection procedures. • Provide advocacy support during investigative processes when appropriate. • Collaborate on safety planning when consent is provided by the

	resident. • Comply with all mandated reporting requirements, including reporting to ChildLine as required under Pennsylvania law. Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The facility maintains a memorandum of understanding with Young Women's Christian Association of Lancaster. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Policies to Ensure Referrals of Allegations for Investigations (effective 02/2026) • MOU with West Hempfield Police Department • Interview with Agency Head/Executive Director • Interview with Investigative Staff **Reasoning and analysis by provision: 115.322 (a)** PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. • In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0 • In the past 12 months, the number of allegations resulting in an administrative investigation: 0 • In the past 12 months, the number of allegations referred for criminal investigation: 0 DARS Policies to Ensure Referrals of Allegations for Investigations: The facility is committed to ensuring that all allegations of sexual abuse and sexual harassment are reported and referred for investigation without delay, bias, or interference. The facility shall not conduct internal administrative investigations in lieu of required criminal or child protection investigations. All allegations of sexual abuse and sexual

harassment, including verbal reports, written reports, anonymous reports, and third-party reports, shall be referred for investigation. Referrals shall occur regardless of the apparent credibility of the allegation or the status of the alleged perpetrator. No allegation shall be screened out, ignored, or resolved informally. Allegations involving potential criminal conduct shall be referred immediately to the appropriate law enforcement agency. Allegations involving abuse of a minor shall be reported immediately to Child Protective Services in accordance with state mandatory reporting laws. The facility shall cooperate fully with all external investigative agencies.

Interview with agency head/executive director: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. All allegations are referred to law enforcement and/or Child Protective Services. The agency will conduct a review at the end of the investigation to see what the agency or facility or have done differently or if staff actions contributed to the allegation.

Reasoning and analysis by provision: 115.322 (b)
PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

DARS Policies to Ensure Referrals of Allegations for Investigations: Allegations involving potential criminal conduct shall be referred immediately to the appropriate law enforcement agency. Allegations involving abuse of a minor shall be reported immediately to Child Protective Services in accordance with state mandatory reporting laws. The facility shall cooperate fully with all external investigative agencies.

Investigations are completed by local law enforcement and Child Protective Services.

Interview with investigative staff: Allegations are referred to West Hempfield Police Department, as well as reported through the PA ChildLine for OCYF to investigate.

Reasoning and analysis by provision: 115.322 (c)
If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

MOU with West Hempfield Police Department: The Department agrees to: Follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence • Ensure investigations are conducted in accordance with developmentally appropriate, trauma-informed practices for juveniles The Provider

	agrees to: Preserve and protect evidence until the Department assumes control Ensure timely access to forensic medical examinations performed by qualified professionals (e.g., SANE/SAFE providers), at no cost to the victim • Arrange transportation for the youth to a medical facility when necessary. The auditor reviewed the website and the procedure for reporting an incident was posted. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Zero Tolerance of Sexual Abuse and Sexual Harassment Policy (effective 02/2026) • Drug and Rehabilitation Services (DARS) Inc., Employee Reporting Duties, Retaliation Prohibition and False Reporting Policy (effective 02/2026) • Employee Training PREA Quizzes • PREA Training Curriculum • Interviews with Random Staff **Reasoning and analysis by provision: 115.331 (a)** PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. The agency trains

all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains 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. The agency trains 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. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

DARS Zero Tolerance of Sexual Abuse and Sexual Harassment Policy (page 2): All staff shall receive training: - Upon hire or engagement - Annually thereafter - Training shall include: - Zero tolerance policy and reporting obligations - Definitions and examples of sexual abuse and sexual harassment - Professional boundaries and appropriate interactions with youth - How to prevent, detect, and respond to sexual abuse and sexual harassment - Trauma-informed care and effective communication with youth

DARS Employee Reporting Duties, Retaliation Prohibition and False Reporting Policy (page 3): Staff shall receive training on their reporting duties, retaliation prohibitions, and the consequences of false reporting. Training shall emphasize a culture of safety, accountability, and support for reporting.

PREA training curriculum: The auditor reviewed the PREA training curriculum for the employee trainings. The curriculum covers all areas required by the standard.

Employee training PREA quizzes: The auditor reviewed the employee PREA training PREA quizzes and confirmed that the employees have received PREA training.

Interviews with random staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident’s right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.

Reasoning and analysis by provision: 115.331 (b)
PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Training is tailored to the male juvenile population.

	PREA training curriculum: The auditor reviewed the training curriculum, and it is tailored to the unique needs and attributes of the residents at the facility. **Reasoning and analysis by provision: 115.331 (c)** PAQ: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually. The facility implemented PREA in the past six months and has not conducted any refresher training at this time. **Reasoning and analysis by provision: 115.331 (d)** PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. Employee training PREA quizzes: The auditor reviewed the employee PREA training PREA quizzes and confirmed that the employees have received PREA training. They are signed by the employee. **Findings: Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Volunteer and Contractor Training Policy (effective 02/2026) • Manos House PREA Guide for Volunteer PREA Quick Guide • PREA Volunteer Training Curriculum • PREA Training Quizzes for Volunteers • Interview with Volunteer **Reasoning and analysis by provision: 115.332 (a)** PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.

- The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 17

The facility does not have contractors.

DARS Volunteer and Contractor Training Policy (page 1): The facility shall ensure that all volunteers and contractors are trained in their responsibilities under PREA prior to having contact with residents. Training shall be appropriate to the level and nature of contact the individual has with residents and shall emphasize zero tolerance for sexual abuse and sexual harassment. All volunteers and contractors who have contact with residents shall receive PREA training prior to unsupervised contact with residents. Training shall be provided at orientation and refreshed as required by facility policy or when PREA standards or procedures change. The level of training provided shall be based on the volunteer’s or contractor’s duties and degree of interaction with residents. Training for volunteers and contractors shall include, at a minimum: The facility’s zero tolerance policy for sexual abuse and sexual harassment; Definitions of sexual abuse and sexual harassment involving residents; Prohibited behaviors and professional boundaries when interacting with residents; How to recognize signs and indicators of sexual abuse and sexual harassment; Mandatory reporting obligations and how to report allegations or suspicions; Prohibition against retaliation for reporting sexual abuse or sexual harassment; Consequences for engaging in sexual abuse, sexual harassment, or failing to report; and Youth rights related to safety, dignity, and protection from abuse.

PREA training quizzes for volunteers: The auditor reviewed the training records and confirmed that training is provided as required by the standard.

Interviews with a volunteer who have contact with residents: They stated they had received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. They stated that they went over the agency policies related to PREA.

Reasoning and analysis by provision: 115.332 (b)
PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

DARS Volunteer and Contractor Training Policy (page 1): The facility shall ensure that all volunteers and contractors are trained in their responsibilities under PREA prior to having contact with residents. Training shall be appropriate to the level and nature of contact the individual has with residents and shall emphasize zero tolerance for sexual abuse and sexual harassment. All volunteers and contractors who have contact with residents shall receive PREA training prior to unsupervised

	contact with residents. Training shall be provided at orientation and refreshed as required by facility policy or when PREA standards or procedures change. The level of training provided shall be based on the volunteer's or contractor's duties and degree of interaction with residents. PREA volunteer training curriculum: The auditor reviewed the volunteer PREA training curriculum and confirmed that it meets the requirements of the standard. Interview with a volunteer who have contact with residents: They stated they have been trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. **Reasoning and analysis by provision: 115.332 (c)** PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received. PREA training quizzes for volunteers: The auditor reviewed the training records and confirmed that training is provided as required by the standard. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Zero Tolerance of Sexual Abuse and Sexual Harassment Policy (effective 02/2026) • Manos House Resident Education Policy and Procedure (effective 02/2026) • Sample of Signed Youth Acknowledgement of PREA Education • PREA Posters, English and Spanish versions • Interview with Intake Staff • Interviews with Random Residents • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.333 (a)** PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

- The number of residents admitted in the past 12 months who were given this information at intake: 0 (The facility did not implement PREA until 05/11/2026. Residents were educated by 05/21/2026 and the practice of educating at intake has been implemented.

DARS Zero Tolerance od Sexual Abuse and Sexual Harassment Policy (page 2): Residents shall receive developmentally appropriate education: - During orientation following admission - Periodically thereafter -Education shall include: - The facility's zero tolerance policy - Definitions of sexual abuse and sexual harassment - How to report concerns internally and externally - Protection from retaliation. Materials shall be accessible to youth with disabilities and youth with limited English proficiency.

Manos House Resident Education Policy and Procedure (page 1): Manos House is committed to providing a safe, secure, and therapeutic environment free from sexual abuse and sexual harassment. In accordance with PREA Standard 115.333, all residents will receive comprehensive, age-appropriate education regarding their rights, reporting options, and the facility's zero-tolerance policy toward sexual abuse and sexual harassment. Initial Education (Upon Intake): Residents shall receive verbal and written information explaining the zero-tolerance policy, their right to be free from sexual abuse and harassment, reporting methods, and protection from retaliation. Residents will sign an acknowledgment form, maintained in their file.

The facility implemented PREA in May 2026 and ensured that all current residents, as well as new admissions have received or are receiving the PREA education.

Interview with intake staff: Resident PREA education is now part of the intake process and is provided upon entry to the facility during the intake process. Peer advocates can also teach and remind the residents and help with ongoing PREA education. The residents are given a handout. It is reviewed with them by a staff member, and they are given an opportunity to ask questions.

Interviews with random residents: All random residents interviewed confirmed that they recently received PREA education. The residents stated the staff went over the rules.

Reasoning and analysis by provision: 115.333 (b)
PAQ: Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

- The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such

incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 0 (The facility implemented this procedure on 05/11/2026)

Manos House Resident Education Policy and Procedure (page 1): Comprehensive Education (Within 10 Days of Intake) Residents will receive detailed instruction including definitions, reporting methods (internal and external), available victim advocacy services, and protections against retaliation. Education shall be age-appropriate, trauma-informed, and culturally responsive.

Interview with intake staff: Residents are now educated on the day of intake. All current residents have now received PREA education. The residents complete a PREA quiz a couple of days after intake to ensure they have the proper knowledge of PREA. Flyers are posted to help remind them. Peer advocates also provide ongoing education.

Interviews with random residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. Four of the ten residents stated they received this information during their intake or within 10 days of their admission. The other six stated that the recently received PREA education when the facility implemented PREA.

Reasoning and analysis by provision: 115.333 (c)
PAQ: Four of the current residents were educated within 10 days of arriving at the facility. The facility just implemented PREA and all residents have recently been educated. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Manos House Resident Education Policy and Procedure (page 1): Comprehensive Education (Within 10 Days of Intake)
Residents will receive detailed instruction including definitions, reporting methods (internal and external), available victim advocacy services, and protections against retaliation. Education shall be age-appropriate, trauma-informed, and culturally responsive.

Facility statement on PAQ: All current residents will be educated in compliance with this policy within 10 days of initiation of the policy. This will be completed no later than 5/21/2026.

Interview with intake staff: Resident PREA education is provided to all residents, new and transfer. It is now a part of the intake process.

Reasoning and analysis by provision: 115.333 (d)
PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Manos House Resident Education Policy and Procedure (pages 1 and 2): Residents with disabilities or limited English proficiency will receive appropriate accommodations including interpreter services. Residents shall not be used as interpreters. PREA information shall be continuously available through posters, brochures, and the resident handbook.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, and public areas.

Reasoning and analysis by provision: 115.333 (e)
PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Manos House Resident Education Policy and Procedure (page 2): Documentation verifying resident education shall be maintained and available for PREA audit review.

Sample of Youth Acknowledgement of PREA Education and PREA Documentation: The auditor reviewed the signed Youth Acknowledgement of PREA Education and Documentation forms for Manos House residents. The signed forms document that the residents have received the education and have understood the material they were given. The documentation reviewed indicated that all residents were educated on PREA between 05/11/2026 and 07/02/2026.

Reasoning and analysis by provision: 115.333 (f)
PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Manos House Resident Education Policy and Procedure (page 2): PREA information shall be continuously available through posters, brochures, and the resident handbook.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, and public areas.

Corrective action: Four of the ten residents stated they received this PREA education during their intake. The other seven stated that recently received PREA

	education in May 2026. The facility will provide the auditor with weekly documentation for all residents to ensure that residents are receiving PREA education from the time they implemented PREA in May 2026 until August 7, 2026. Corrective action was completed. The facility provided weekly documentation from May 2026 until August 7, 2026, as evidence that all new and current residents are receiving PREA education. **Finding: Based on this analysis, corrective action is complete, and the facility is substantially compliant with the provisions of this standard.**

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Specialized Training: Investigations Policy and Procedure (effective 02/2026) **Reasoning and analysis by provision: 115.334 (a)** PAQ - Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. • The number of investigators currently employed who have completed the required training: 1 Manos House Specialized Training: Investigations Policy and Procedure (page 1): Because the facility does not conduct criminal investigations, the agency shall request documentation from the local police department confirming that investigators have received training in conducting sexual abuse investigations in confinement settings. Documentation shall include training related to interviewing juvenile victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and trauma-informed investigative techniques. The PREA Coordinator shall maintain verification records for audit purposes. **Reasoning and analysis by provision: 115.334 (b)** PAQ: Specialized training shall include techniques for interviewing juvenile 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 action or prosecution referral.

	DARS Specialized Training: Investigations Policy and Procedure (page 1): Because the facility does not conduct criminal investigations, the agency shall request documentation from the local police department confirming that investigators have received training in conducting sexual abuse investigations in confinement settings. Documentation shall include training related to interviewing juvenile victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and trauma-informed investigative techniques. The PREA Coordinator shall maintain verification records for audit purposes. **Reasoning and analysis by provision: 115.334 (c)** Training certificates and records for investigators: The auditor reviewed the training quizzes. They document that the facility investigator has completed the investigator training offered by the facility. DARS Specialized Training: Investigations Policy and Procedure (page 1): Because the facility does not conduct criminal investigations, the agency shall request documentation from the local police department confirming that investigators have received training in conducting sexual abuse investigations in confinement settings. Documentation shall include training related to interviewing juvenile victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and trauma-informed investigative techniques. The PREA Coordinator shall maintain verification records for audit purposes. All cases are referred to law enforcement and there was no documentation of their specialized training available. **Finding: Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House, Specialized Training: Medical and Mental Health Care Policy and Procedure (effective 02/2026) **Reasoning and analysis by provision: 115.335 (a)** PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0%

Manos House, Specialized Training: Medical and Mental Health Care Policy and Procedure (page 1): All full-time and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training related to sexual abuse in confinement settings in addition to the general PREA training provided to all employees. Medical and mental health staff shall maintain appropriate licensure and credentials consistent with state law.

The facility does not have onsite medical or mental health practitioners. They utilize community providers for both medical and mental health services.

Reasoning and analysis by provision: 115.335 (b)
PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Manos House, Specialized Training: Medical and Mental Health Care Policy and Procedure (page 1): If forensic medical examinations are conducted onsite, they shall be performed by qualified Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE), where possible. If not conducted onsite, residents shall be transported to an outside medical facility for evaluation. Medical practitioners shall not perform forensic procedures beyond their scope of practice.

The facility does not have onsite medical or mental health practitioners. They utilize community providers for both medical and mental health services.

Forensic examinations are conducted at the local hospital.

Reasoning and analysis by provision: 115.335 (c)
PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The facility does not have onsite medical or mental health practitioners. They utilize community providers for both medical and mental health services.

Reasoning and analysis by provision: 115.335 (d)
PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.

Manos House, Specialized Training: Medical and Mental Health Care Policy and Procedure (page 1): All full-time and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training

	related to sexual abuse in confinement settings in addition to the general PREA training provided to all employees. The facility does not have onsite medical or mental health practitioners. They utilize community providers for both medical and mental health services. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Zero Tolerance of Sexual Abuse and Sexual Harassment (effective 02/2026) • Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (effective 02/2026) • Sample of Youth Vulnerability Assessments • Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness • Interviews with Random Residents • Interview with PREA Coordinator **Reasoning and analysis by provision: 115.341 (a)** PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement. • The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 0 (The facility implemented PREA on 05/11/2026 and started conducting the screening on 05/12/2026)

DARS Zero Tolerance of Sexual Abuse and Sexual Harassment (pages 1 and 2): The facility shall implement the following strategies to prevent and detect sexual abuse and sexual harassment: Intake screening to assess risk of sexual victimization and abusiveness.

Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (page 1): All residents shall be screened for risk of sexual victimization and risk of sexually abusive behavior within 72 hours of intake using an objective screening instrument. Screening information shall be used solely to enhance resident safety and shall remain confidential.

The facility implemented PREA in May 2026 and ensured that all current residents, as well as new admissions have received or are receiving the vulnerability assessment.

Review of Vulnerability Assessments: The auditor reviewed the assessments of the residents that were interviewed. The facility implemented PREA in May 2026 and ensured that all current residents, as well as new admissions have received or are receiving the vulnerability assessment. The assessments have been completed between 05/12/2026 and 07/02/2026)

Interview with staff that perform screening for risk of victimization and abusiveness: The facility just started doing the vulnerability assessments. They will be completed within 72 hours of admission. The residents receive screenings typically the day before intake and also during intake.

Interviews with random residents: Two of the ten residents stated they have recently been asked questions like whether they had ever been sexually abused, whether they had any disabilities, and whether they thought they might be in danger at the facility. Eight of the ten residents interviewed stated they had not been asked these questions.

Reasoning and analysis by provision: 115.341 (b)
PAQ: Risk assessment is conducted using an objective screening instrument.

Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (page 1): All residents shall be screened for risk of sexual victimization and risk of sexually abusive behavior within 72 hours of intake using an objective screening instrument.

Sample of resident vulnerability assessment: The auditor reviewed the Vulnerability Assessment. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)
PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities;

	the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (page 1): The screening instrument shall consider age, physical size, mental health status, intellectual or developmental disabilities, prior victimization, prior acts of sexual abuse, aggressive behavior history, institutional history, criminal history, and the resident’s own perception of vulnerability. Interview with staff that perform screening for risk of victimization and abusiveness: The information for the assessment is obtained by a review of the documentation that accompanies the resident, and a conversation with the resident. The staff member reviews all documentation and history included in the full background check, including court orders, criminal history and behavioral records. They also have a general conversation with the residents. The information obtained includes any past sexual victimization, vulnerability, any bullying, and/or sexual violence in the home. It also considers their size, age, height, and weight. A reassessment would be completed every 30 days and if there is any new information or concerning behaviors. A counselor may request a reassessment at any time. **Reasoning and analysis by provision: 115.341 (d)** PAQ: This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (page 1): The screening instrument shall consider age, physical size, mental health status, intellectual or developmental disabilities, prior victimization, prior acts of sexual abuse, aggressive behavior history, institutional history, criminal history, and the resident’s own perception of vulnerability Interview with staff that perform screening for risk of victimization and abusiveness: The information for the assessment is obtained by a review of the documentation that accompanies the resident, and a conversation with the resident. The staff member reviews all documentation and history included in the full background check, including court orders, criminal history and behavioral records. They also have a general conversation with the residents. The information obtained includes any past sexual victimization, vulnerability, any bullying, and/or sexual violence in the home. It also considers their size, age, height, and weight. **Reasoning and analysis by provision: 115.341 (e)** PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents. Manos House Screening for Risk of Victimization and Abusiveness Policy and

	Procedure (page 1): Information related to sexual victimization or abusiveness risk shall be restricted to staff with a legitimate need to know and maintained securely. Interview with PREA coordinator: The clinical team completes the assessment, and information is uploaded onto a shared drive in which only the clinical team and leadership have access. Interview with PREA compliance manager: The facility has outlined only the clinicians, and the executive director has access to the assessments. Interview with staff that perform screening for risk of victimization and abusiveness: The information is only shared with the clinical coordinator and the counseling team. **Corrective action:** During random interviews with the residents, two of the ten residents stated they have recently been asked questions like whether they had ever been sexually abused, whether they had any disabilities, and whether they thought they might be in danger at the facility. Eight of the ten residents interviewed stated they had not been asked these questions. The facility implemented PREA in May 2026. The residents were not screened within 72 hours as required by the standard. The documentation reviewed indicated that all residents were given the vulnerability assessment after May 11, 2026. The facility will provide the auditor with weekly documentation for all current and new admissions to ensure that residents are being assessed within 72 hours of admission, and reassessed by facility policy, for a period of three months, from May 2026 to August 2026. Corrective was completed. The facility provided weekly documentation to show that residents are being assessed and reassessed during the timeframe that was requested. **Finding: Based on this analysis, corrective action is complete. and the facility is substantially compliant with the provisions of this standard.**

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (effective 02/2026) • Manos House Use of Screening Information Policy and Procedure (effective 02/2026) • Interview with Staff That Perform Screening for Risk of Victimization and

Abusiveness
- Interview with PREA Coordinator
- Interview with the Executive Director

Reasoning and analysis by provision: 115.342 (a)
PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Manos House Screening for Risk of Victimization and Abusiveness Policy and Procedure (page 1): Screening results shall guide individualized housing, supervision, and programming decisions. Placement decisions shall prioritize safety.

Manos House Use of Screening Information Policy and Procedure (page 1): Manos House utilizes screening information gathered pursuant to PREA Standard 115.341 to make individualized determinations regarding housing, supervision, programming, and work assignments in order to protect residents from sexual abuse and sexual harassment. Information obtained during intake and reassessment screenings shall be used to separate residents at high risk of sexual victimization from those at high risk of sexual abusiveness and to guide individualized placement and supervision decisions. Screening results shall not be used to punish or isolate residents solely due to vulnerability or sexual orientation. Housing assignments shall be made on a case-by-case basis. Residents identified as high risk for victimization shall not be housed with residents identified as high risk for abusiveness. Supervision plans and program access shall be adjusted as needed to ensure safety while maintaining the least restrictive therapeutic environment possible.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment can help accommodate housing assignments.

Interview with PREA compliance manager: The assessment helps the facility determine vulnerabilities or whether an at-risk resident would require extra consideration in housing assignments.

Reasoning and analysis by provision: 115.342 (b)
PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in

	isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 • The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0 Manos House Use of Screening Information Policy and Procedure (page 1): Supervision plans and program access shall be adjusted as needed to ensure safety while maintaining the least restrictive therapeutic environment possible. Interview with executive director: The facility does not use isolation The facility does not have onsite medical and mental health staff. **Reasoning and analysis by provision: 115.342 (h)** PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0. There were no files to review. No residents have been placed in isolation during the audit period. **Reasoning and analysis by provision: 115.342 (i)** PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. The facility does not use isolation. There were no residents placed in isolation to interview during the onsite visit. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc. Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Resident Reporting Policy and Procedure (effective 02/2026)

- Manos House Third Party Reporting Policy and Procedure (effective 02/2026)
- Manos House Staff and Agency Reporting Duties Policy and Procedure (effective 02/2026)
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision:115.351 (a)
PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • staff neglect or violation of responsibilities that may have contributed to such incidents.

Manos House Resident Reporting Policy and Procedure (page 1): Residents shall have access to multiple internal and external reporting mechanisms to report sexual abuse, sexual harassment, retaliation, or staff neglect. Reports may be made verbally, in writing, anonymously, and through third parties at any time without fear of retaliation. Residents may report verbally to any staff member, supervisor, administrator, or clinical staff. Residents may also submit written grievances or PREA reporting forms. Staff receiving a report shall immediately notify supervisory staff and the PREA Coordinator.

Interviews with random staff: Ten of the twelve random staff stated that the residents could privately report sexual abuse or sexual harassment by calling the Childline, doing it verbally, by writing a note or concern (grievance), telling a family member, or anyone they felt comfortable telling. They stated the residents could make an anonymous report. Two staff stated they could not write a grievance or call the Childline.

Interviews with random residents: One of the ten random residents stated they were not sure how to make a report of sexual abuse or sexual harassment. Three of the random residents stated they could not write a grievance or concern. They also stated they could not call the Childline. Seven of the ten random residents stated they could not make an anonymous call. They stated the counselors are present and the calls are not private.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, living units, and in all public areas.

Reasoning and analysis by provision: 115.351 (b)
PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The

agency does not detain residents solely for civil immigration purposes.

Manos House Resident Reporting Policy and Procedure (page 1): Residents shall have access to at least one method to report abuse to an entity outside of the facility that can receive and immediately forward reports to appropriate authorities while allowing anonymity upon request. Contact information for external reporting and victim advocacy services shall be provided and accessible.

Interview with PREA compliance manager: The residents can privately report by calling the Childline.

Interviews with random residents: One of the ten random residents stated they were not sure how to make a report of sexual abuse or sexual harassment. Three of the random residents stated they could not write a grievance or concern. They also stated they could not call the Childline. Seven of the ten random residents stated they could not make an anonymous call. They stated the counselors are present and the calls are not private. All the random residents stated that they could privately report sexual abuse or sexual harassment by telling someone who does not work at the facility, such as a family member.

Observations made during the onsite visit: The auditor observed PREA posters and signage were posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment.

Reasoning and analysis by provision:115.351 (c)
PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

Manos House Resident Reporting Policy and Procedure (page 1): Staff shall accept all reports, including anonymous and third-party reports, and shall immediately document and forward them. Staff shall not require written reports, discourage reporting, or attempt to conduct independent investigations.

Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member. The staff stated that once they have been made aware of such a report, they are required to report and document it by the end of their shift.

Reasoning and analysis by provision: 115.351 (d)
PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interview with PREA compliance manager: Residents have access to the clients' concerns process (grievance process) and can write their compliant or make a report of sexual abuse or sexual harassment. The forms are available in each unit.

There were no residents who report a sexual abuse to be interviewed during the

	onsite vist. **Reasoning and analysis by provision: 115.351 (e)** PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Manos House Staff and Agency Reporting Duties Policy and Procedure (page 1): Staff shall immediately notify supervisory staff and the PREA Coordinator and complete a ChildLine report (or applicable state child protective services report) for all allegations involving residents. Reporting to ChildLine does not replace required notification to facility administration or law enforcement. Failure to report may result in disciplinary action and potential criminal penalties under state law. Interviews with random staff: Ten of the twelve random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident by calling the Childline or informing the police. Two of the twelve stated that could not privately report sexual abuse and sexual harassment of residents because that was not the protocol. They would have to report to the supervisor. **Corrective action:** One of the ten random residents stated they were not sure how to make a report of sexual abuse or sexual harassment. Three of the random residents stated they could not write a grievance or concern. They also stated they could not call the Childline. Seven of the ten random residents stated they could not make an anonymous call. They stated the counselors are present and the calls are not private. Two of the random staff interviewed staff stated the residents could not write a grievance or call the Childline. Two of the twelve random staff that were interviewed stated that could not privately report sexual abuse and sexual harassment of residents because that was not the protocol. They would have to report to the supervisor. The facility will provide documentation to the auditor that the residents and staff were re-educate on the ways to make a report of sexual abuse and sexual harassment to include a hotline call. The facility will provide the auditor with documentation that a plan has been developed to allow residents to make private and anonymous reports of sexual abuse or sexual harassment. Corrective action was completed. The facility provided documentation that the residents and staff had been re-trained and re-educated on ways to make a report of sexual abuse or sexual harassment. Documentation was provided on 07/24/2026, 08/06/2026, and 08/07/2026. **Finding: Based on this analysis, corrective action is complete, and the facility is substantially compliant with the provisions of this standard.**

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc. Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Drug and Rehabilitation Services (DARS) Inc., Standard Operating Procedure 709.30 – Client Rights and Grievance Policy and Procedure (reviewed 07/ 2017)
- Manos House Third Party Reporting Policy and Procedure (effective 02/2026)
- Observations Made During Onsite Visit
- Interview with Grievance Staff

Reasoning and analysis by provision: 115.352 (a)
PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

DARS SOP 709.30 – Client Rights and Grievance Policy and Procedure (pages 1 and 2): At all times, clients have the right to file a grievance in writing to their primary counselor, teacher, academic director, clinical supervisor, treatment director, and/or executive director. The grievance will be then reviewed by administrative staff to take corrective action. This process will take no more than 7 business days. The formal grievance will be filed in the client's case file in the miscellaneous section. Clients (residents) have the right to file a complaint/grievance throughout their treatment experience, which will be processed within 2 business days of the complaint being received. Client (resident) would document their complaint/ grievance and provide to their primary counselor. If their primary counselor is involved in the complaint, the client would submit their grievance to the clinical supervisor for review. A committee consisting of the Executive Director, Treatment Director, and Clinical Supervisor would review the complaint and interview those involved. The committee would then render a decision based on their findings directly to those involved in the complaint/grievance. Clients (residents) have the right to file a complaint/grievance against external entities not based within the facility, i.e. Managed Care Organizations, medical or psychiatric providers, state agencies, Juvenile Probation, and Children and Youth agencies. This is initiated by a client expressing, to the Executive Director, the desire to record a grievance with one or more of the listed agencies. The Executive Director will then contact the agency/agencies with the client to file a formal grievance.

Interview with grievance staff: There is an internal grievance or concerns process. A grievance can be used to report sexual abuse, sexual harassment, retaliation, or neglect of duties by a staff member. Forms are available in the units. Grievance/ concerns boxes are in the units. Grievances which allege sexual abuse would be reported to Childline or law enforcement to investigate. The residents are made aware of the grievance process during the intake process. The internal grievance process will not take more than seven days to resolve. Administrative staff reviews the grievance.

Observation made during onsite visit: The auditor observed the locked grievance/

concerns box and the form that can be used to make a grievance. The auditor tested the grievance box process and received notification that it was received.

Reasoning and analysis by provision: 115.352 (b)
PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

Interview with grievance staff: There is no time limit on when the resident may file a grievance for sexual abuse. It can be reported any time. No grievance for sexual abuse or sexual harassment is asked to be informally resolved.

Reasoning and analysis by provision:115.352 (c)
PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Interview with grievance staff: The operations manager is the grievance officer and is backed up by the counselors and the PREA coordinator. The grievance is reviewed by administrative staff and would not be reviewed by a staff member. which is the subject of the grievance.

Reasoning and analysis by provision: 115.352 (d)
PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 2
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 2
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

DARS SOP 709.30 – Client Rights and Grievance Policy and Procedure (pages 1 and 2): At all times, clients have the right to file a grievance in writing to their primary counselor, teacher, academic director, clinical supervisor, treatment director, and/or executive director. The grievance will be then reviewed by administrative staff to take corrective action. This process will take no more than 7 business days. Clients (residents) have the right to file a complaint/grievance throughout their treatment

experience, which will be processed within 2 business days of the complaint being received.

Interview with grievance staff: A grievance is resolved within seven days. There has never been a grievance go past 90 days, or even up to 90 days.

There were no residents who reported a sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.352 (e)
PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Manos House Third Party Reporting Policy and Procedure (page 1): The facility shall accept reports from parents or guardians, family members, attorneys, advocates, other residents, staff, and community members. Reports may be made verbally, in writing, or electronically. Staff shall document and forward all third-party reports immediately to supervisory staff and the PREA Coordinator.

Interview with grievance staff: All third-party grievances are accepted. If the resident declines to have the grievance filed on their behalf, it is documented.

Reasoning and analysis by provision: 115.352 (f)
PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
  The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0

	The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0 Interview with grievance staff: Any allegation of sexual or physical abuse is considered an emergency grievance situation and is treated as such. **Reasoning and analysis by provision:115.352 (g)** PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0 Interview with grievance staff: The facility does not usually discipline a resident for filing a bad grievance. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Resident Access to Outside Confidential Support Services Policy and Procedure (effective 02/2026) • MOU with Young Women’s Christian Association of Lancaster • Interview with the Executive Director • Interview with PREA Compliance Manager • Interviews with Random Residents • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.353 (a)**

	PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Manos House Resident Access to Outside Confidential Support Services Policy and Procedure (page 1): Manos House is committed to ensuring that residents who experience sexual abuse or sexual harassment have timely access to outside confidential support services, including victim advocacy and emotional support resources, in accordance with PREA Standard 115.353. Residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse. The facility shall provide contact information for local, state, or national victim advocacy organizations and inform residents of the extent to which communications may be monitored and the limits of confidentiality. Residents shall have access to local rape crisis centers, sexual assault advocacy organizations, state or national sexual abuse hotlines, and other qualified victim service providers. Contact information shall be posted in housing units and included in the resident handbook. Communication methods may include telephone access, written correspondence, and in-person visits where feasible. MOU with Young Women's Christian Association of Lancaster (page 1): YWCA LANCASTER RESPONSIBILITIES: • Provide a twenty-four (24) hour emotional support and crisis hotline accessible to Manos House residents. • Provide hospital advocacy, including accompaniment for forensic (SANE) examinations when requested. • Provide emotional support, crisis intervention, and trauma-informed services related to sexual abuse, sexual harassment, and human trafficking. • Provide referrals to additional community-based resources as appropriate. • Assist residents with understanding reporting options and rights, including evidence collection procedures. • Provide advocacy support during investigative processes when appropriate. • Collaborate on safety planning when consent is provided by the resident. • Comply with all mandated reporting requirements, including reporting to ChildLine as required under Pennsylvania law. Resident are not detained solely for civil immigration purposes. Interviews with random residents: Six of the ten random residents that were interviewed all stated that they were aware of outside services. Four of the ten stated they were not aware of the outside services. There were no residents who reported a sexual abuse to be interviewed during the onsite visit. Observations made during onsite visit. There was signage throughout the facility that provided information on outside support services.

Reasoning and analysis by provision: 115.353 (b)
PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Manos House Resident Access to Outside Confidential Support Services Policy and Procedure (page 1): The facility shall provide contact information for local, state, or national victim advocacy organizations and inform residents of the extent to which communications may be monitored and the limits of confidentiality. Residents shall have access to local rape crisis centers, sexual assault advocacy organizations, state or national sexual abuse hotlines, and other qualified victim service providers. Contact information shall be posted in housing units and included in the resident handbook. Communication methods may include telephone access, written correspondence, and in-person visits where feasible. Residents shall be informed prior to communication of any monitoring practices and mandatory reporting obligations applicable to juvenile facilities. To the extent possible, the facility shall provide unmonitored telephone access and permit confidential written communication.

Interviews with random residents: Three of the ten random residents stated they thought they could call these services whenever they needed to and that the call would be private, even though the counselors would be there if they made a call. Seven of the ten residents stated that the conversation would not be private and that they were not aware of any reason the agency would have to report what they told them.

Reasoning and analysis by provision: 115.353 (c)
PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

MOU with Young Women’s Christian Association of Lancaster: The auditor reviewed the MOU and confirmed that community service providers are able to provide residents with emotional support services.

Reasoning and analysis by provision: 115.353 (d)
PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Interview with executive director: The residents can have calls, emails, and visits with their attorneys or representation. They rarely visit. Residents can have weekly calls, weekly visitation and family therapy sessions with their parents and/or guardians.

Interview with the PREA compliance manager: The residents can request through

	their counselors a call to their attorney. The counselors facilitate the calls with the parents/guardians and there is weekly visitation. **Corrective action:** Four of the ten random residents that were interviewed stated they were not aware of the outside services. Seven of the ten residents stated that the conversation would not be private and that they were not aware of any reason the agency would have to report what they told them. The agency will provide the auditor with documentation that residents have been trained on and understand outside support services. Corrective action was completed. The facility provided documentation on 08/06/2026 that the residents were trained on and understood the availability of outside support services as required by the standard. **Finding: Based on this analysis, corrective action is complete, and the facility is substantially compliant with the provisions of this standard.**

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc. Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Third Party Reporting Policy and Procedure (effective 02/2026) • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.354 (a)** PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Manos House Third Party Reporting Policy and Procedure (pages 1 and 2): The facility shall accept third-party reports of sexual abuse and sexual harassment on behalf of residents. All reports—whether made by residents, staff, or third parties—shall be immediately communicated through a ChildLine report in accordance with state child protective services requirements. The facility maintains a zero-tolerance policy for sexual abuse and sexual harassment. The facility shall accept reports from parents or guardians, family members, attorneys, advocates, other residents, staff, and community members. Reports may be made verbally, in writing, or electronically. Staff shall document and forward all third-party reports immediately to supervisory staff and the PREA Coordinator. Information on how to report sexual abuse and sexual harassment on behalf of a resident shall be publicly available through the agency website and written materials provided to families.

	The facility shall maintain documentation of third-party reports received, ChildLine report confirmation information, notifications made, and follow-up actions in accordance with PREA audit requirements. The Program Director ensures compliance with PREA and mandated reporting laws. The PREA Coordinator oversees third-party reporting procedures and documentation. All mandated reporters are responsible for immediate ChildLine reporting. Observations during on site visit: The auditor reviewed the signage posted throughout the facility and confirmed that it contained information and phone numbers on third party reporting. Information about making a third-party report is also on the agency's website. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc. Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Staff and Agency Reporting Duties Policy and Procedure (effective 02/2026) • Interview with Executive Director • Interview with PREA Compliance Manager • Interviews with Random Staff **Reasoning and analysis by provision: 115.361 (a)** PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Manos House Staff and Agency Reporting Duties Policy and Procedure (page 1): All staff, contractors, and volunteers shall immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment involving a resident; retaliation against residents or staff who report such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident.

	Reports shall be made immediately and without delay. Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported by informing their supervisor, calling the ChildLine, or by calling law enforcement. **Reasoning and analysis by provision: 115.361 (b)** PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Manos House Staff and Agency Reporting Duties Policy and Procedure (page 1): Staff shall immediately notify supervisory staff and the PREA Coordinator and complete a ChildLine report (or applicable state child protective services report) for all allegations involving residents. Reporting to ChildLine does not replace required notification to facility administration or law enforcement. Failure to report may result in disciplinary action and potential criminal penalties under state law. Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. **Reasoning and analysis by provision: 115.361 (c)** PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Manos House Staff and Agency Reporting Duties Policy and Procedure (page 1): Information related to sexual abuse or sexual harassment shall be shared only with individuals who have a legitimate need to know and shall be maintained in secure systems. Interviews with random staff: All random staff interviewed stated that the agency requires them to report and that is done by reporting to their supervisor. They stated that information is only shared with those that need to know. **Reasoning and analysis by provision: 115.361 (d)** PAQ: Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Manos House Staff and Agency Reporting Duties Policy and Procedure (page 1): Medical and mental health practitioners shall inform residents of mandatory

	reporting obligations and limits of confidentiality at the initiation of services. The facility does not have onsite medical or mental health practitioners. **Reasoning and analysis by provision: 115.361 (e)** PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Manos House Staff and Agency Reporting Duties Policy and Procedure (page 1): Upon receiving a report, the facility shall ensure immediate resident safety, separate alleged parties when appropriate, preserve evidence, initiate mandated reporting, notify law enforcement when applicable, and document all actions taken. Interview with executive director: Notifications are made to the parents and/or guardians, the referring agency, and case workers by the facility. These notifications are made as soon as possible, within 24 hours at the latest. The juvenile court is typically notified by the probation office or the referring agency. Interview with PREA compliance manager: The parents, referring agency, and case workers are notified within 24 hours of the allegation. The probation officer is notified within 24 hours and they notify the court. **Reasoning and analysis by provision: 115.361 (f)** PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Interview with executive director The facility does not have designated investigators. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Interview with Agency Head/Executive Director
- Interviews with Random Staff

Reasoning and analysis (by provision): 115.362 (a)
PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

- In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0

Interview with agency head/executive director: Safety of the residents is the first consideration. Staff are expected to respond immediately and remove the resident from the situation in any way possible and notify a supervisor. Implement one-on-one supervision, contact law enforcement, and conduct 15-minute checks to ensure safety.

Interviews with random staff: All random staff stated they would immediately separate the residents from the potential threat, keep them safe, notify the supervisor, move to a different location if needed, and gather as much information as possible to document.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc. Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Reporting to Other Confinement Facilities Policy and Procedure (effective 02/2026) • Interview with Agency Head/Executive Director **Reasoning and analysis by provision: 115.363 (a)**

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Manos House Reporting to Other Confinement Facilities Policy and Procedure (page 1): When the facility receives an allegation that a resident was sexually abused while confined at another facility, Manos House shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours of receiving the allegation.

Reasoning and analysis by provision: 115.363 (b)
PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Manos House Reporting to Other Confinement Facilities Policy and Procedure (page 1): When the facility receives an allegation that a resident was sexually abused while confined at another facility, Manos House shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours of receiving the allegation.

Reasoning and analysis by provision: 115.363 (c)
PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Manos House Reporting to Other Confinement Facilities Policy and Procedure (page 1): The facility shall document the allegation received, the date and time of notification to the other facility, the name and title of the individual notified, the method of communication, and ChildLine confirmation information if applicable. Documentation shall be maintained in accordance with PREA audit requirements.

Reasoning and analysis by provision: 115.363 (d)
PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Manos House Reporting to Other Confinement Facilities Policy and Procedure (page 1): If Manos House receives notification from another facility that a resident was allegedly abused while confined at Manos House, the Program Director shall ensure the allegation is investigated in accordance with PREA standards, initiate mandated

	reporting procedures, notify law enforcement if applicable, and document all actions taken. Interview with agency head/executive director: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the process would be the same, the incident would be investigated in the same manner. The police would be notified, and a ChildLine report would be made. There have not been any reports of this happening in the past 12 months. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Manos House Staff First Responder Duties Policy (effective 02/2026) • Interview with Security and Non-Security First Responders • Interviews with Random Staff • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.364 (a)** PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

- In the past 12 months, the number of allegations that a resident was sexually abused: 0
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0

DARS, Manos House Staff First Responder Duties Policy (pages 1 and 2): The safety, protection, dignity, and emotional well-being of clients shall remain the highest priority during all first responder actions. All staff shall take immediate action to separate involved parties, preserve evidence when applicable, secure client safety, and notify appropriate supervisory and reporting authorities. 1. Immediate Staff Response: Any staff member who learns of an allegation that a client was sexually abused shall immediately: • Ensure the immediate safety of the alleged victim. • Separate the alleged victim and alleged abuser. • Notify supervisory staff immediately. • Initiate required reporting procedures in accordance with agency policy and mandated reporting requirements. • Maintain professional, calm, and trauma-informed interactions with all involved parties. 2. Evidence Preservation Responsibilities: If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, staff shall request that the alleged victim: • Not shower or bathe. • Not brush teeth. • Not use the restroom unless medically necessary. • Not change clothing. • Not eat or drink when possible. • Not wash hands or face when possible. Staff shall additionally ensure that the alleged abuser does not take actions that could destroy physical evidence, including: • Showering or bathing. • Changing clothing. • Washing. • Eating or drinking. • Brushing teeth. • Using the restroom when avoidable. Staff shall never physically force compliance with evidence preservation requests. All directions shall be provided calmly and

respectfully.

Interviews with security and non-security first responders: The victim and alleged perpetrator are separated, and the scene is preserved. This is done by making sure nothing is touched. Make that the victim and the alleged perpetrator do not wash, go to the bathroom, or change their clothes. Call for assistance.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.364 (b)
PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

DARS, Manos House Staff First Responder Duties Policy (page 2): If the first staff responder is not a direct care or security staff member, the staff member shall: • Immediately notify appropriate supervisory or direct care staff. • Ensure client safety to the best of their ability.
• Preserve the scene when possible. • Avoid conducting interviews beyond obtaining basic information necessary for immediate safety and reporting. Non-security staff are not responsible for investigative questioning.

Interview with non-security staff first responder: The staff member stated they would immediately contact a supervisor or direct care staff and attempt to keep everyone safe.

Interviews with random staff: All twelve random staff that were interviewed stated that the alleged abuser and the alleged victim are told to take actions that would not destroy physical evidence. They stated there is no difference in how the alleged victim and the alleged abuser are asked to preserve evidence. They all stated they preserve the scene, request assistance, and document the incident.

Corrective action: DARS, Manos House Staff First Responder Duties Policy states “If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, staff shall request that the alleged victim: • Not shower or bathe. • Not brush teeth. • Not use the restroom unless medically necessary. • Not

	change clothing. • Not eat or drink when possible. • Not wash hands or face when possible. Staff shall additionally ensure that the alleged abuser does not take actions that could destroy physical evidence, including: • Showering or bathing. • Changing clothing. • Washing. • Eating or drinking. • Brushing teeth. • Using the restroom when avoidable.” All of the twelve random staff that were interviewed stated that the alleged abuser and the alleged victim are told to take actions that would not destroy physical evidence. They stated there is no difference in how the alleged victim and the alleged abuser are asked to preserve evidence. The facility will provide documentation to the auditor that the staff have been trained on the difference in the handling of the evidence for the alleged abuser and the alleged victim and that they understand the first responder duties. Corrective action was completed. The facility provided documentation that the staff was re-trained on the first responder plan and protocol. The facility provided documentation on 07/31/2026 and 08/04/2026. **Finding: Based on this analysis, corrective action is complete, and the facility is substantially compliant with the provisions of this standard.**

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make determination of compliance: • Drug and Rehabilitation Services (DARS) Inc. Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc. Coordinated Response to Sexual Abuse and Sexual Harassment (effective 01/2026) • Interview with Executive Director **Reasoning and analysis by provision: 115.365 (a)** PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. DARS Coordinated Response to Sexual Abuse and Sexual Harassment: 1. Immediate Staff Response: Upon learning of an allegation, staff shall ensure resident safety, separate involved parties, notify supervisory staff, preserve evidence, secure the scene if applicable, and document actions taken once safe to do so. 2. Mandated Reporting: All allegations involving minors shall be reported immediately via ChildLine and to law enforcement when applicable. Documentation shall include the date and time of report, mandated reporter name, confirmation number, and summary of allegation. 3. Medical and Mental Health Services: Residents shall be offered immediate medical evaluation, transport for forensic examination when

	appropriate, mental health services, and access to outside victim advocacy services. 4. Investigative Coordination: Criminal investigations shall be referred to law enforcement. The facility shall cooperate fully and preserve documentation. Administrative reviews shall not interfere with criminal investigations. 5. Protection from Retaliation: Residents and staff shall be monitored for retaliation for at least 90 days. Protective measures shall be implemented and documented when necessary. 6. Review and Corrective Action: Within 30 days of the conclusion of an investigation, leadership shall review the incident and implement corrective action plans when needed. Plans shall be monitored during monthly administrative review meetings. The auditor reviewed the coordinated response plan. It outlines the timeframes and responsibilities for all staff, as well as notifications and the preservation of evidence. Interview with executive director: The facility has a coordinated response plan and policy. The plan is included in the on-call procedures. There is a step-by-step checklist. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Preservation of Ability to Protect Residents from Contact with Abusers Policy and Procedure(effective 02/2026) • Interview with Agency Head/Executive Director **Reasoning and analysis by provision: 115.366 (a)** PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf 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. • Drug and Rehabilitation Services (DARS) Inc. Manos House is not involved in

collective bargaining.

Interview with agency head/executive director: The agency does not have collective bargaining agreements.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.367	Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Manos House Agency Protection Against Retaliation Policy and Procedure (effective 02/2026)
- Interview with Agency Head /Executive Director
- Interview with Designated Staff Member Charged with Monitoring Retaliation

Reasoning and analysis by provision: 115.367 (a)
PAQ: The agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

Manos House Agency Protection Against Retaliation Policy and Procedure (page 1): The facility shall protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with an investigation, from retaliation by other residents or staff. Retaliation of any kind is strictly prohibited. The PREA Coordinator or a designated qualified staff member shall monitor retaliation concerns, ensure protective measures are implemented, and document monitoring activities

Reasoning and analysis by provision: 115.367 (b)
PAQ: The agency shall 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.

Manos House Agency Protection Against Retaliation Policy and Procedure (page 1): Protective measures for residents may include housing reassignment, increased supervision, safety planning, and emotional support services. Protective measures

for staff may include schedule changes, reassignment, or supervisory oversight. Protective measures shall not be punitive.

Interview with agency head/executive director: The PREA compliance manager monitors retaliation. Any retaliation would result in additional monitoring, more proximity control, more staff awareness, and additional staff supervision.

Interview with designated staff member charged with monitoring retaliation: The staff member meets with the residents and helps them process and be able to move forward. There is more one-on-one supervision. All retaliation is investigated internally. If a resident participates in retaliation they could be removed from the program. If staff are involved, they could be reassigned and/or disciplined. The designated staff member initiates contact to ensure that retaliation is not occurring.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.367 (c)
PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Manos House Agency Protection Against Retaliation Policy and Procedure (page 1): The facility shall monitor individuals who report sexual abuse or harassment for at least 90 days following a report. Monitoring shall include periodic status checks, review of disciplinary reports, review of housing or job assignments, and communication with the reporting individual. Monitoring may continue beyond 90 days if necessary.

Interview with executive director: The PREA compliance manager monitors retaliation. Youth can be removed from the program. Staff can be subject to disciplinary action or termination.

Interview with designated staff member charged with monitoring retaliation: The designated staff member stated that they look for any specific things that seem different, isolation from others, patterns, and interactions with the other youth and staff. Monitoring is for 90 days and longer if needed. Monitoring would continue as long as needed.

Reasoning and analysis by provision: 115.367 (d)
PAQ: In the case of residents, such monitoring shall also include periodic status

	checks. Manos House Agency Protection Against Retaliation Policy and Procedure (page 1): Monitoring shall include periodic status checks, review of disciplinary reports, review of housing or job assignments, and communication with the reporting individual. Monitoring may continue beyond 90 days if necessary. Interview with designated staff member charged with monitoring retaliation: The designated staff member stated that they would conduct periodic checks with the residents and staff to ensure there is no retaliation occurring. **Reasoning and analysis by provision: 115.367 (e)** PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Manos House Agency Protection Against Retaliation Policy and Procedure (page 1): The facility shall protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with an investigation, from retaliation by other residents or staff. Retaliation of any kind is strictly prohibited. Interview with agency head/executive director: Youth can be removed from the program. Staff can be subject to disciplinary action or termination. **Findings: Based on the analysis, the facility is substantially compliant with the provisions of this standard.**

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Post-Allegation Protective Custody Policy and Procedure (effective 02/2026) • Interview with Executive Director **Reasoning and analysis by provision: 115.368 (a)** PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual

	abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 • The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 • The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0 Manos House Post-Allegation Protective Custody Policy and Procedure (page 1): Residents at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been conducted and no other means of separation from likely abusers are available. Protective measures shall be non-punitive and used only as a last resort. Residents placed in protective custody shall continue to receive education, programming, and services to the extent possible. They shall receive daily visits from medical or mental health staff and maintain access to recreation, meals, and communication privileges consistent with safety needs. Placement shall not be punitive. The facility shall document the basis for placement, why no alternative measures were sufficient, duration of placement, daily reviews conducted, and services provided during placement in accordance with PREA audit requirements. A qualified mental health professional shall assess the resident within 24 hours of placement and conduct ongoing evaluations as needed. If placement poses a risk to the resident's well-being, alternative measures shall be implemented immediately. Protective custody shall end when the threat of harm no longer exists or alternative protective measures become available. Termination of placement shall be documented. Interview with executive director: The facility does not use isolation. The facility does not have onsite medical and mental health so there were no practitioners to be interviewed. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Drug and Rehabilitation Services (DARS) Inc., Manos House Criminal and Administrative Investigations Policy and Procedure (effective 02/2026)
- Interview with Executive Director
- Interview with PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.371 (a)
PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

DARS Criminal and Administrative Investigations Policy and Procedure(page 1): Drug and Alcohol Rehabilitation Services, Inc. (DARS, Inc.), including Manos House and the Supervised Independent Living (SIL) Program, shall ensure that all allegations of sexual abuse and sexual harassment are investigated promptly, thoroughly, objectively, and professionally in accordance with PREA Standard §115.371. Administrative investigations and criminal investigations shall be coordinated with appropriate authorities as required by law and agency procedure. All investigations shall be conducted by individuals who have received specialized training in conducting sexual abuse investigations in confinement settings. The agency shall cooperate fully with outside investigative entities, including law enforcement, ChildLine, licensing agencies, and other authorized authorities.

Law enforcement and Child Protective Services complete investigations.

Interview with investigative staff: The investigative staff member stated allegations of sexual abuse or sexual harassment are reported to proper authorities promptly upon learning of the allegations. Anonymous or third party reports are not treated differently or given less attention than a first person report. The team will report promptly to outside investigators all information received. The team will seek to honor, to the best of their abilities, protection, evidence collection/securing, and notification on internal communication.

Reasoning and analysis by provision: 115.371 (b)
PAQ: Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

DARS Criminal and Administrative Investigations Policy and Procedure (page 1): All investigations shall be conducted by individuals who have received specialized training in conducting sexual abuse investigations in confinement settings.

Investigative staff certificate: The auditor reviewed the training certificate for the one investigative staff member and confirmed that they had completed the specialized training.

Interview with investigative staff: The investigative staff member stated The investigative staff member stated they completed the PREA: Investigating Sexual Abuse in a Confinement Setting training provided through the National Institute of Corrections. They stated training focused on the principles, procedures, and best practices for investigating allegations of sexual abuse and harassment in our facility. Included trauma informed techniques, evidence collection and preservation, interviewing differences between victims, perpetrators, and witnesses, documentation, and confidentiality. The training included the topics of techniques for interviewing juvenile 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.

Reasoning and analysis by provision: 115.371 (c)
PAQ: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

DARS Criminal and Administrative Investigations Policy and Procedure (pages 2 and 3): Administrative investigations shall include: • Review of incident reports and documentation. • Interviews with involved parties and witnesses when appropriate. • Review of video footage, logs, staffing schedules, and relevant records. • Assessment of policy compliance and staff conduct. • Review of prior complaints or concerns involving the alleged abuser when applicable. The agency shall preserve all available evidence related to allegations of sexual abuse or sexual harassment, including: • Physical evidence. • Documentary evidence. • Electronic communications when applicable. • Video surveillance footage. • Incident reports and logs. • Medical or mental health documentation as legally permitted. Evidence shall be maintained in a secure and confidential manner.

Interview with investigative staff: The investigative staff member stated the team would respond immediately to preserve evidence, separate and protect those involved, notify proper internal staff, as well as outside resources (Police/Childline). The team would promptly report allegations of sexual abuse or sexual harassment to the identified outside authority to conduct the investigation. The team would work to preserve evidence, protect those involved, prepare documents regarding allegations and cooperate with law enforcement and OCYF. All investigations will be referred to West Hempfield Police who will assign to a detective.

Reasoning and analysis by provision: 115.371 (d)
PAQ: The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

DARS. Criminal and Administrative Investigations (page 1): Investigations shall not be delayed due to the alleged victim’s unwillingness to cooperate.

Interview with investigative staff: The investigative staff member stated the investigation is not terminated if the source of the allegation recants the allegation. The facility will continue to work with the outside investigator who will determine how the recanting affects the investigation.

Reasoning and analysis by provision: 115.371 (e)
PAQ: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

DARS Criminal and Administrative Investigations Policy and Procedure (pages 1 and 2): Allegations involving potentially criminal conduct shall be referred to the appropriate law enforcement agency for investigation. The agency shall: • Cooperate fully with law enforcement investigators.
• Preserve and protect available evidence. • Facilitate access to clients, staff, records, and physical areas as legally permitted. • Coordinate investigative activities in a manner that minimizes unnecessary trauma to the client. The agency shall not interfere with or obstruct criminal investigations.

Interview with investigative staff: The investigative staff member stated the facility provides all information related to allegations and available evidence to the appropriate outside investigative authorities and will remain in cooperation with these agencies throughout the process. Compelled interviews are handled by the investigative authorities.

Reasoning and analysis by provision: 115.371 (f)
PAQ: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Interview with investigative staff: The investigative staff member stated the facility does not make independent determinations on the credibility of those involved with an alleged incident of sexual abuse or sexual harassment. The team works directly with the outside investigative authority by providing all relevant information without making conclusions on whether an individual is providing honest or dishonest reporting. The facility does not require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.371 (g)

PAQ: Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

DARS Criminal and Administrative Investigations Policy and Procedure (pages 1 and 4): Administrative investigations shall include: • Review of incident reports and documentation. • Interviews with parties involved and witnesses when appropriate. • Review of video footage, logs, staffing schedules, and relevant records. • Assessment of policy compliance and staff conduct. Investigative conclusions shall be documented in writing and maintained in accordance with agency record retention requirements.

Interview with investigative staff: The investigative staff member stated the facility examines whether staff actions and/or failure to act contributed to the incident. This includes the review of the staff's actions, training, adherence to policies and procedures, video review, and staff documentation. Any deficiencies are addressed through appropriate internal corrective action plans and are documented.

Reasoning and analysis by provision: 115.371 (h)
PAQ: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

DARS Criminal and Administrative Investigations Policy and Procedure (page 4): Investigative conclusions shall be documented in writing and maintained in accordance with agency record retention requirements.

Interview with investigative staff: The investigative staff member stated the outside investigative agency documents all information which would include any physical evidence, testimonials, and video evidence. Other supporting documentation would also be included as it relates to the allegations.

Reasoning and analysis by provision: 115.371 (i)
PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

DARS Criminal and Administrative Investigations Policy and Procedure (page 1): Allegations involving potentially criminal conduct shall be referred to the appropriate law enforcement agency for investigation.

Interview with investigative staff: The investigative staff member stated cases are referred to prosecution after an outside investigation substantiates an allegation

and the interaction appears to be criminal. The facility promptly refers the incident, honors first responder policies, and cooperates with the investigation.

Reasoning and analysis by provision: 115.371 (j)
PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser us incarcerated or employed by the agency, plus five years.

DARS Criminal and Administrative Investigations Policy and Procedure (page 4): Investigative conclusions shall be documented in writing and maintained in accordance with agency record retention requirements.

Reasoning and analysis by provision: 115.371 (k)
PAQ: The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

DARS Criminal and Administrative Investigations Policy and Procedure (page 4): The resignation of a staff member, discharge of a client, or departure of an alleged abuser from the facility shall not terminate or prevent completion of an investigation. The agency shall continue investigative cooperation to the fullest extent possible.

Interview with investigative staff: The investigative staff member stated the facility does not waiver from or discontinue the matter because a member of the team terminated employment. The allegation is promptly referred to the outside investigative agency and the team honors all first responder responsibilities and continues to cooperate with the investigation with or without the employee being employed.

Reasoning and analysis by provision: 115.371 (m)
PAQ: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

DARS Criminal and Administrative Investigations (page 2): The agency shall: Cooperate fully with law enforcement investigators. • Preserve and protect available evidence. • Facilitate access to clients, staff, records, and physical areas as legally permitted. • Coordinate investigative activities in a manner that minimizes unnecessary trauma to the client. The agency shall not interfere with or obstruct criminal investigations.

Interview with executive director: The investigating entity would, to the best of their ability, maintain contact with the facility and let the facility know the outcome of the investigation.

Interview with PREA coordinator: The investigating entity would, to the best of their ability, maintain contact with the facility and let the facility know the outcome of the investigation.

	Interview with PREA compliance manager: The investigating entity would maintain contact with the facility as much as they can and provide the outcome of the investigation. Interview with investigative staff: The investigative staff member stated the facility's role is to cooperate fully with the outside investigators and provide access to all relevant records, documents, video evidence, and any other information requested that assists in the investigation. The facility also ensures that support services are provided, safety and security is intact, and communication is maintained. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Drug and Rehabilitation Services (DARS) Inc., Manos House Criminal and Administrative Investigations Policy and Procedure (effective 02/2026) • Manos House Evidentiary Standard for Administrative Investigations Policy and Procedure (effective 02/2026) • Interview with Investigative Staff **Reasoning and analysis by provision: 115.372 (a)** PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. DARS Criminal and Administrative Investigations Policy and Procedure (page 2): Investigative findings shall be based on a preponderance of the evidence standard. Manos House Evidentiary Standard for Administrative Investigations Policy and Procedure (page 1): The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The preponderance standard means that it is more likely than not that the alleged conduct occurred. This standard shall apply to all administrative investigations of sexual abuse and sexual harassment involving staff, contractors, volunteers, or residents. It shall be used when making substantiation findings, determining policy violations, and imposing disciplinary

	action. Interview with investigatory staff: The investigatory staff member stated an outside investigative agency would handle under the applicable criminal standard. The facility does not substantiate allegations, they honor the PREA standards related to first responder responsibilities to ensure that the outside investigative agency has all the information, including any evidence, to conduct a thorough investigation. The facility would use a make a determination based on whether the incident more likely happened than not. **Findings: Based on this analysis, the facility is substantially compliant with the provision of this standard.**

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Reporting to Residents Policy and Procedure (effective 02/ 2026) • Interview with Executive Director • Interview with Investigative Staff **Reasoning and analysis by provision: 115.373 (a)** PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. • The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0 • Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 Manos House Reporting to Residents Policy and Procedure (page 1): Following the investigation of an allegation of sexual abuse made by a resident, the facility shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notifications shall be made in writing and documented. Upon completion of an administrative investigation, the PREA

Coordinator or designee shall notify the resident in writing of the determination.

Interview with executive director: The facility would report the outcome of the investigation to the residents. If the resident has already been discharged from the program, notification would be made to the family or the referring agency.

Reasoning and analysis by provision: 115.373 (b)
PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Manos House Reporting to Residents Policy and Procedure (page 1): If the investigation is conducted by an outside law enforcement agency, the facility shall request relevant information and inform the resident upon receipt of the final disposition.

Reasoning and analysis by provision: 115.373 (c)
PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has not been substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in an agency/ facility in the past 12 months.

Manos House Reporting to Residents Policy and Procedure (page 1): Following an allegation that a staff member committed sexual abuse, the facility shall inform the resident whenever the staff member is no longer posted within the resident's unit, is no longer employed at the facility, has been indicted, or has been convicted on a related charge.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.373 (d)

	PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Manos House Reporting to Residents Policy and Procedure (page 1): Following an allegation that another resident committed sexual abuse, the facility shall inform the alleged victim whenever the alleged abuser has been indicted or convicted on a related charge. There were no residents who reported sexual abuse to be interviewed during the onsite visit. **Reasoning and analysis by provision: 115.373 (e)** PAQ: The agency has a policy that all notifications to residents described under this standard are documented. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that were documented: 0 • Notifications will be documented in a typed letter on agency letterhead. A copy of the documentation will be placed in the client record. Manos House Reporting to Residents Policy and Procedure (page 1): All notifications shall be made in writing, documented in the resident's file, and signed by the notifying staff member. If the resident has been transferred or discharged, the obligation to notify terminates. If the resident declines written notification, the refusal shall be documented. There have been no investigations in the past 12 months so there were no youth notifications for the auditor to review. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Manos House Disciplinary Sanctions for Staff Policy and Procedure (effective 02/2026)

Reasoning and analysis by provision: 115.376 (a)
PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Manos House Disciplinary Sanctions for Staff Policy and Procedure (page 1): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary actions shall be applied consistently and in accordance with agency personnel policies and applicable employment law.

Reasoning and analysis by provision: 115.376 (b)
PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Manos House Disciplinary Sanctions for Staff Policy and Procedure (page 1): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. If termination is not imposed, the facility shall document the reasons for deviation and mitigating factors considered.

Reasoning and analysis by provision: 115.376 (c)
PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

Manos House Disciplinary Sanctions for Staff Policy and Procedure (page 1): Staff who violate sexual abuse or sexual harassment policies, but whose conduct does not rise to the level of sexual abuse shall be subject to disciplinary sanctions

	commensurate with the nature and severity of the violation. Sanctions may include written reprimand, suspension, demotion, reassignment, mandatory retraining, or termination. **Reasoning and analysis by provision: 115.376 (d)** PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. • In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Manos House Disciplinary Sanctions for Staff Policy and Procedure (page 1): All terminations for violations involving sexual abuse shall be reported to law enforcement when applicable. The facility shall cooperate fully with criminal investigations and prosecutorial authorities. If a licensed, certified, or credentialed staff member is terminated or resigns during a pending investigation involving sexual abuse, the facility shall report the conduct to the appropriate licensing or credentialing body as required by law. The facility shall document investigative findings, disciplinary actions imposed, referrals to law enforcement, reports to licensing boards, and rationale for any deviation from presumptive termination. **Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Corrective Action for Contractors, and Volunteers Policy and Procedure (effective 02/2026) • Interview with Executive Director **Reasoning and analysis by provision: 115.377 (a)** PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not

	criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. • In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0 Manos House Corrective Action for Contractors and Volunteers Policy and Procedure (page 1): The facility shall report all substantiated cases of sexual abuse involving contractors or volunteers to law enforcement and relevant licensing or credentialing bodies when applicable. The facility shall cooperate fully with investigative authorities. Any contractor or volunteer who engages in sexual abuse shall be immediately removed from contact with residents, prohibited from further contact pending investigation, and barred from returning upon substantiation. Removal shall not be delayed when resident safety is at risk. **Reasoning and analysis by provision: 115.377 (b)** PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Manos House Corrective Action for Contractors and Volunteers Policy and Procedure (page 1): Any contractor or volunteer who engages in sexual abuse shall be immediately removed from contact with residents, prohibited from further contact pending investigation, and barred from returning upon substantiation. Removal shall not be delayed when resident safety is at risk. If conduct does not rise to the level of sexual abuse, corrective action may include termination of contract, suspension of volunteer privileges, mandatory retraining, increased supervision, or written warning. Corrective action shall be documented. Interview with executive director: Remedial measures would be put into place for any volunteer or contractor that violates the policy or engages in sexual abuse. The local law enforcement would be notified, as well as the organization in which the volunteer is associated. There have been no cases of this occurring. **Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Manos House Disciplinary Sanctions for Residents Policy and Procedure (effective 02/2026)
- Manos House Zero Tolerance of Sexual Abuse Policy (effective 02/2026)
- Interview with Executive Director

Reasoning and analysis by provision: 115.378 (a)
PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
  In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Manos House Disciplinary Sanctions for Residents Policy and Procedure (page 1): Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment. Sanctions shall be proportionate to the nature and severity of the violation.

Reasoning and analysis by provision: 115.378 (b)
PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0
- In the past 12 months, the number of residents placed in isolation as a

disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Manos House Disciplinary Sanctions for Residents Policy and Procedure (page 1): Sanctions may include loss of privileges, behavioral interventions, increased supervision, restorative interventions, program restrictions, or referral for additional therapeutic services. Disciplinary isolation shall not be used except in compliance with PREA 115.368.

Interview with executive director: The facility does not use isolation.

Reasoning and analysis by provision: 115.378 (c)
PAQ: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Manos House Disciplinary Sanctions for Residents Policy and Procedure (page 1): In determining sanctions, the facility shall consider the resident’s mental health status, developmental maturity, cognitive functioning, trauma history, and clinical recommendations.

Interview with executive director: A founded or substantiated criminal investigation would result in criminal charges through the police or the legal system through the juvenile court system. Residents may lose privileges, there could be increased supervision, program restrictions, or a removal from the program due to safety issues. The residents would return to a juvenile detention center if they were removed from the program.

Reasoning and analysis by provision: 115.378 (d)
PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Manos House Disciplinary Sanctions for Residents Policy and Procedure (page 1): Residents who engage in sexually abusive behavior shall be offered evidence-based treatment, counseling services, behavioral intervention planning, and safety planning measures.

The facility does not have onsite medical and mental health services, so there were no practitioners to interview.

Reasoning and analysis by provision: 115.378 (e)
PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

	Manos House Disciplinary Sanctions for Residents Policy and Procedure (page 1): Residents shall not be punished for making a report in good faith. The facility shall not impose discipline for consensual sexual contact unless the activity is determined to be coerced or non-consensual under law. **Reasoning and analysis by provision: 115.378 (f)** PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Manos House Disciplinary Sanctions for Residents Policy and Procedure (page 1): Residents shall not be disciplined for a report made in good faith that is later determined to be unsubstantiated. Residents shall not be punished for making a report in good faith. **Reasoning and analysis by provision: 115.378 (g)** PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Manos House Zero Tolerance of Sexual Abuse Policy (page 1): Consent is not recognized between staff and residents under any circumstances. Any sexual contact between staff and residents is strictly prohibited and subject to disciplinary action and potential criminal prosecution. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Medical and Mental Health Screenings; History of Sexual Abuse Policy and Procedure (effective 02/2026) • Interview with Staff That Perform Risk Screening for Prior Victimization and Abusiveness **Reasoning and analysis by provision: 115.381 (a)**

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0% (tracking for this started on May 11, 2026, when PREA was implemented in the facility)
- Medical and mental health services would be provided by outside agencies.

Manos House Medical and Mental Health Screenings; History of Sexual Abuse Policy and Procedure (page 1): If a resident discloses prior sexual victimization during intake screening or at any time during residency, the information shall be referred to a qualified mental health practitioner. The resident shall be offered clinical assessment, ongoing counseling services, and safety planning support within 14 days of disclosure.

Interview with staff that perform risk screening: If a resident discloses prior victimization during the screening, the resident will talk to the counselor and then a referral for additional services would be made. There are no onsite medical or mental health staff.

There were no residents who disclosed prior victimization to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.381 (b)
PAQ: All residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, were offered a follow up meeting with a mental health practitioner: 0% (tracking for this started on May 11, 2026, when PREA was implemented in the facility)
- Residents who have disclosed previous sexual perpetrating would only be considered for admission after completing the required mental health assessments and all specialized treatment recommended. If a referred client's sexual perpetrating behaviors remain the primary area of need, they would not be approved for entry into the Manos House program.
- Mental health services would be provided by an outside agency.

	Manos House Medical and Mental Health Screenings; History of Sexual Abuse Policy and Procedure (page 1): If a resident discloses prior sexually abusive behavior, the information shall be referred to a qualified mental health practitioner. The resident shall be offered behavioral assessment, individualized treatment planning, therapeutic intervention, and safety planning as appropriate within 14 days of disclosure. Interview with staff that perform risk screening: If a resident discloses prior abusive behavior during the screening, the resident will talk to the counselor and then a referral for additional services would be made. There are no onsite medical or mental health staff. **Reasoning and analysis by provision: 115.381 (c)** PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Manos House Medical and Mental Health Screenings; History of Sexual Abuse Policy and Procedure (page 1): Information related to prior sexual victimization or abusive behavior shall be limited to staff who need the information for treatment, security, or management decisions and handled in compliance with confidentiality laws. **Reasoning and analysis by provision: 115.381 (d)** PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Manos House Medical and Mental Health Screenings; History of Sexual Abuse Policy and Procedure (page 1): Medical and mental health practitioners shall obtain informed consent before reporting prior victimization that did not occur in an institutional setting, unless reporting is required by law. Mandatory reporting laws shall be followed. The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit

Questionnaire (PAQ) (Juvenile Facilities)
- Manos House Access to Emergency Medical and Mental Health Services Policy and Procedure (effective 02/2026)
- Interviews with Security and Non-Security First Responders

Reasoning and analysis by provision: 115.382 (a)
PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Manos House Access to Emergency Medical and Mental Health Services Policy and Procedure (page 1): Resident victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with an investigation. If a resident is a victim of sexual abuse, the resident shall be transported immediately to an appropriate medical facility when necessary. Forensic medical examinations shall be conducted by qualified professionals where available. Emergency contraception and prophylactic treatment for sexually transmitted infections shall be offered when medically appropriate. The resident shall receive immediate access to crisis counseling, ongoing mental health support, trauma-informed assessment, and referral to outside victim advocacy services when requested. Emergency services shall be provided without delay. The absence of on-site medical staff shall not delay transport. Security considerations shall not unreasonably impede access to treatment.

The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.382 (b)
PAQ; If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Manos House Access to Emergency Medical and Mental Health Services Policy and Procedure (page 1): Emergency services shall be provided without delay. The absence of on-site medical staff shall not delay transport. Security considerations shall not unreasonably impede access to treatment.

	Interviews with security and non-security responders. The victim and alleged perpetrator are separated. The scene is preserved, and residents would be taken to the local hospital to be seen by medical and/or mental health. **Reasoning and analysis by provision: 115.382 (c)** PAQ: Resident victims of sexual abuse while incarcerated are 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. Manos House Access to Emergency Medical and Mental Health Services Policy and Procedure (page 1): Emergency contraception and prophylactic treatment for sexually transmitted infections shall be offered when medically appropriate. The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed. There were no residents who reported sexual abuse to be interviewed during the onsite visit. **Reasoning and analysis by provision: 115.382 (d)** PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Manos House Access to Emergency Medical and Mental Health Services Policy and Procedure (page 1): Resident victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with an investigation. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (effective 02/2026) **Reasoning and analysis by provision: 115.383 (a)**

PAQ: The facility offers 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.

Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (page 1): Manos House ensures that all residents who are victims of sexual abuse, as well as those who have engaged in sexually abusive behavior, receive timely, appropriate, and ongoing medical and mental health care. Residents identified as victims shall be offered ongoing medical and mental health services based on clinical need, at no cost, and in a timely and confidential manner.

Reasoning and analysis by provision: 115.383 (b)
PAQ: The evaluation and treatment of such victims shall 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.

Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (page 1): Medical follow-up care may include evaluation and treatment of injuries, STI testing, pregnancy testing (as applicable), and preventive treatments. Services include crisis intervention, individual therapy, and trauma-focused treatment such as CBT and other evidence-based practices. Residents shall be referred for evaluation and provided developmentally appropriate treatment integrated into their treatment plan.

The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.383 (c)
PAQ: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (page 1): Care shall continue throughout the resident’s stay and appropriate referrals will be made upon discharge or transfer.

The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed.

Reasoning and analysis by provision: 115.383 (f)
PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (page 1): Medical follow-up care may include evaluation and treatment of injuries, STI testing, pregnancy testing (as applicable), and preventive treatments.

	The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed. There were no residents who reported sexual abuse to be interviewed during the onsite visit. **Reasoning and analysis by provision: 115.383 (g)** PAQ: Treatment services are 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. Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (page 1): All care shall be provided without financial cost to the resident and with consideration for safety, confidentiality, and clinical need. Residents identified as victims shall be offered ongoing medical and mental health services based on clinical need, at no cost, and in a timely and confidential manner. There were no residents who reported sexual abuse to be interviewed during the onsite visit. **Reasoning and analysis by provision: 115.383 (h)** PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Manos House Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy (pages 1 and 2): Services include crisis intervention, individual therapy, and trauma-focused treatment such as CBT and other evidence-based practices. Residents shall be referred for evaluation and provided developmentally appropriate treatment integrated into their treatment plan. The facility does not have onsite medical or mental health staff, so there were no practitioners to be interviewed. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit

Questionnaire (Juvenile Facilities)
- Manos House Sexual Abuse Incident Reviews Policy (effective 02/2026)
- Interview with Executive Director
- Interview with PREA Compliance Manager
- Interview with Sexual Abuse Incident Review Team Member

Reasoning and analysis by provision:115.386 (a)
PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Manos House Sexual Abuse Incident Reviews Policy (page 1): Manos House will conduct a formal sexual abuse incident review at the conclusion of every sexual abuse investigation, including those that are substantiated and unsubstantiated. The purpose of the review is to assess facility practices, identify opportunities for prevention, and enhance resident safety.

Reasoning and analysis by provision:115.386 (b)
PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Manos House Sexual Abuse Incident Reviews Policy (page 1): A sexual abuse incident review shall be conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation is determined to be unfounded.

Reasoning and analysis by provision: 115.386 (c)
PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Manos House Sexual Abuse Incident Reviews Policy (page 1): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners as appropriate.

There have been no investigations in the past 12 months, so there were incident review reports for the auditor to review.

	Interview with executive director: The facility has a sexual abuse review team. The facility's leadership team serves as the sexual abuse review team. **Reasoning and analysis by provision: 115.386 (d)** PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager. Manos House Sexual Abuse Incident Reviews Policy (pages 1 and 2): The facility shall implement recommendations for improvement or document reasons for not doing so. Corrective actions may include policy revisions, staffing adjustments, or environmental changes. The facility shall implement recommendations for improvement or document reasons for not doing so. Corrective actions may include policy revisions, staffing adjustments, or environmental changes. The PREA Coordinator and facility leadership are responsible for ensuring reviews are completed, documented, and used to improve facility safety. Interview with PREA compliance manager: The leadership team would meet at the end of the investigation. The executive director and PREA compliance manager provide and maintain the data and reports from the team. Interview with sexual abuse incident review team member: The team would consider whether the incident or allegation was motivated by race; ethnicity; perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. **Reasoning and analysis by provision:115.386 (e)** PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so. Manos House Sexual Abuse Incident Reviews Policy (pages 1 and 2): The facility shall implement recommendations for improvement or document reasons for not doing so. Corrective actions may include policy revisions, staffing adjustments, or environmental changes. The facility shall implement recommendations for improvement or document reasons for not doing so. Corrective actions may include policy revisions, staffing adjustments, or environmental changes. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Data Collection and Review Policy (effective 02/2026) **Reasoning and analysis by provision: 115.387 (a)** PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Manos House Data Collection and Review Policy (page 1): The facility shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions consistent with PREA requirements. **Reasoning and analysis by provision: 115.387 (b)** PAQ: The agency aggregates the incident-based sexual abuse data at least annually. Manos House Data Collection and Review Policy (page 1): Data shall be collected from incident reports, investigation files, medical and mental health records, and administrative reviews. The facility shall review data at least annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies and practices. **Reasoning and analysis by provision: 115.387 (c)** PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Manos House Data Collection and Review Policy (page 1): Data shall be collected from incident reports, investigation files, medical and mental health records, and administrative reviews. The facility shall review data at least annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies and practices. This is the first year that the agency/facility has underwent a PREA Audit and the first year they have implemented PREA in their facility. **Reasoning and analysis by provision: 115.387 (d)** PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Manos House Data Collection and Review Policy (page 1): Data shall be collected from incident reports, investigation files, medical and mental health records, and administrative reviews.

Reasoning and analysis by provision: 115.387 (e)
PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

This is an independent facility and does not contract for the confinement of its residents.

Reasoning and analysis by provision: 115.387 (f)
PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

The Department of Justice (DOJ) has not requested data from the previous calendar year.

This is the first year that the agency/facility has underwent a PREA Audit and the first year they have implemented PREA in their facility.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.388	Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Manos House, Data Storage, Publication, and Destruction Policy (effective 02/2026)
- Manos House, Data Collection and Review Policy (effective 02/2026)
- Interview with Agency Head/Executive Director
- Interview with PREA Coordinator
- Interview with PREA Compliance Manager

Reasoning and analysis by provision: 115.388 (a)
PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Manos House, Data Collection and Review Policy (page 1): Data shall be collected

from incident reports, investigation files, medical and mental health records, and administrative reviews. The facility shall review data at least annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies and practices. The facility shall prepare an annual report that includes: - Identification of problem areas and trends. - Corrective actions taken. - Assessment of progress in addressing sexual abuse.

This is the facility’s first audit and the first year in which they have implemented PREA.

Interview with agency head/executive director: The facility would track trends and history for all allegations for both victimization and abusiveness. The facility would use the data collected to coordinate services directly associated with the allegations.

Interview with PREA coordinator: The facility leadership meets every other week to review data for annual assessments. Corrective action would be a part of this process. The facility just started an independent safety committee of chosen staff to review data and trends. The annual report will start with PREA data. It has not been in the past since the facility only implemented PREA in May 2026.

Reasoning and analysis by provision: 115.388 (b)
PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Manos House, Data Collection and Review Policy (page 1): The facility shall prepare an annual report that includes: - Identification of problem areas and trends. - Corrective actions taken. - Assessment of progress in addressing sexual abuse.

This is the facility’s first audit and the first year in which they have implemented PREA. Their first annual report will be for 2026.

Reasoning and analysis by provision: 115.388 (c)
PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Manos House, Data Storage, Publication, and Destruction Policy (page 1): The facility shall make all aggregated sexual abuse data readily available to the public at least annually through its website or other means. Published data shall: - Be reviewed and approved by facility leadership. - Exclude all personally identifiable information. - Maintain confidentiality and safety of residents and staff.

Interview with agency head/executive director: The facility has had a qualitative report. Up until now, the facility has not included anything related to PREA. The facility implemented PREA in May 2026 and moving forward PREA will be included in the annual reports. Annual reports are made available to the public.

Reasoning and analysis by provision: 115.388 (d)
PAQ: When the agency redacts material from an annual report for publication, the

	redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Manos House, Data Storage, Publication, and Destruction Policy (page 1): Prior to publication, the facility shall remove all personal identifiers and any information that could compromise safety or confidentiality. Sensitive details shall be redacted as necessary. This is the facility's first audit and the first year in which they have implemented PREA. The facility will complete their first annual report in 2026. **Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Manos House Data Storage, Publication, and Destruction Policy (effective 02/2026) • Interview with PREA Coordinator **Reasoning and analysis by provision: 115.389 (a)** PAQ: The agency ensures that incident-based and aggregate data are securely retained. Manos House Data Storage, Publication, and Destruction Policy (page 1): Manos House ensures that all PREA-related data is securely stored, appropriately published, and properly destroyed. The facility maintains strict confidentiality standards while promoting transparency through the publication of aggregate data. **Reasoning and analysis by provision: 115.389 (b)** PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. Manos House Data Storage, Publication, and Destruction Policy (page 1): The facility shall make all aggregated sexual abuse data readily available to the public at least annually through its website or other means. Published data shall: - Be reviewed and approved by facility leadership. - Exclude all personally identifiable information.

	- Maintain confidentiality and safety of residents and staff. This is an independent facility and does not contract for the confinement of its residents. Interview with PREA coordinator: The facility leadership meets every other week to review data for annual assessments. Corrective action would be a part of this process. The facility just started an independent safety committee of chosen staff to review data and trends. The annual report will start including PREA data. It has not been in the past since the facility only implemented PREA in May 2026. **Reasoning and analysis by provision: 115.389 (c)** PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Manos House Data Storage, Publication, and Destruction Policy (page 1): Prior to publication, the facility shall remove all personal identifiers and any information that could compromise safety or confidentiality. Sensitive details shall be redacted as necessary. **Reasoning and analysis by provision: 115.389 (d)** PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Manos House Data Storage, Publication, and Destruction Policy (pages 1 and 2): The facility shall securely retain all PREA-related data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless federal, state, or local law requires otherwise. Data shall be stored in secure electronic systems and/or locked physical files with access limited to authorized personnel. After the required retention period, PREA data shall be securely destroyed in a manner that ensures the information cannot be reconstructed. Acceptable methods include shredding physical documents and permanently deleting electronic records. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Research
- Policy Review
- Document Review
- Observations Made During Onsite Visit

Reasoning and analysis:
The facility has never had an audit prior to this audit. The facility implemented PREA in May 2026. Per their contract with the Maryland Department of Juvenile Services were required to implement PREA and complete a PREA audit. The current audit of Drug and Rehabilitation Services (DARS) Inc., Manos House, was conducted in year one of Audit Cycle 5.

The auditor was given access to, and had the ability to observe, all areas of Manos House and the entire campus. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the forty-fifth day, and throughout the corrective action period, the agency provided the requested documentation to the auditor.

Finding: Based on this analysis, the facility is substantially compliant with the provision of this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the determination compliance: • Drug and Rehabilitation Services (DARS) Inc., Manos House PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Policy Review • Documentation Review

	Reasoning and analysis (by provision): 115.403 (f): There have been no agency final audit reports issued in the past three years, or, in the case of single facility agencies, there has never been a final audit report issued. This is the first audit for the facility. The facility implemented PREA in May 2026. Per their contract with the Maryland Department of Juvenile Services were required to implement PREA and complete a PREA audit. **Finding: Based on this analysis, the facility is substantially compliant with this standard.**

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based	na

	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.)	
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	**Policies to ensure referrals of allegations for investigations**	

(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 criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	

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

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341	**Obtaining information from residents**	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	

	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare	yes

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

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

	prosecution?	
115.371 (f)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes

	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual	yes

	harassment policies?	
115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	no
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	**Access to emergency medical and mental health services**	

(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
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	no
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na