

PREA Facility Audit Report: Final

Name of Facility: State Correctional Institution Chester

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/13/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Gregory Winston	Date of Signature: 10/13/ 2023

AUDITOR INFORMATION	
Auditor name:	Winston, Gregory
Email:	gwinston1993@gmail.com
Start Date of On-Site Audit:	08/28/2023
End Date of On-Site Audit:	08/30/2023

FACILITY INFORMATION	
Facility name:	State Correctional Institution Chester
Facility physical address:	500 East 4th Street, Chester, Pennsylvania - 19013
Facility mailing address:	500 E. 4th Street, Chester, Pennsylvania - 19013

Primary Contact	
Name:	Neko Bourne
Email Address:	nbourne@pa.gov
Telephone Number:	610-490-5412 x. 2028

Warden/Jail Administrator/Sheriff/Director	
Name:	Gina Clark
Email Address:	giclark@pa.gov
Telephone Number:	610-490-4340

Facility PREA Compliance Manager	
Name:	Neko Bourne
Email Address:	nbourne@pa.gov
Telephone Number:	O: 6102564616

Facility Health Service Administrator On-site	
Name:	Kathleen Favaloro
Email Address:	kfavaloro@pa.gov
Telephone Number:	610-490-4349

Facility Characteristics	
Designed facility capacity:	1275
Current population of facility:	1135
Average daily population for the past 12 months:	989
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18-78
Facility security levels/inmate custody levels:	3
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	540
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	30
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	195

AGENCY INFORMATION

Name of agency:	Pennsylvania Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	1921 Technology Parkway, Mechanicsburg, Pennsylvania - 17050
Mailing Address:	
Telephone number:	7177282573

Agency Chief Executive Officer Information:

Name:	Laurel Harry
Email Address:	██████@pa.gov
Telephone Number:	717-728-2573

Agency-Wide PREA Coordinator Information

Name:	Stephen Petersheim	Email Address:	spetershei@pa.gov
--------------	--------------------	-----------------------	-------------------

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:

6

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.13 - Supervision and monitoring
- 115.17 - Hiring and promotion decisions
- 115.31 - Employee training
- 115.33 - Inmate education
- 115.42 - Use of screening information

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-28
2. End date of the onsite portion of the audit:	2023-08-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Delaware County Victim Assistance Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1275
15. Average daily population for the past 12 months:	989
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1089
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	141
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	19
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	13

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>14</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>9</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>43</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>510</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>195</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	<p>42</p>
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>29</p>
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>Inmates were selected from housing rosters from each housing units.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There are no inmates confined at this particular facility with cognitive disorders.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The inmates identified as low vision all had corrective lenses and had no true disability.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The sexual abuse was unfounded.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No inmates have been placed in involuntary segregation for that reason.</p>

70. 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	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of 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)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The Agency Head, PREA Coordinator and Contract Monitor were interviewed as part of the Annual Agency-Wide Audit.

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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
--	--------------------------

Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--	--

<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
---	--------------------------

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	10	0	10	0
Total	12	0	12	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	0	6	0
Staff-on-inmate sexual harassment	10	0	10	0
Total	16	0	16	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	5	2	2	1
Total	5	2	4	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	0	3	1
Staff-on-inmate sexual harassment	5	0	4	1
Total	7	0	7	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

12

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>10</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>16</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	10
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
---	---

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
--	---

<p>Identify the name of the third-party auditing entity</p>	<p>PREA Auditors of America</p>
--	---------------------------------

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. SCI-Chester Completed PAQ 2. Policy DC-ADM 008 3. Policy DC-ADM 008 ROC-001 4. 4.1.1, Human Resources and Labor Relations Procedures Manual Section 7 - Standardization of Pre-Disciplinary Conferences 5. DOC Organizational Chart and Local Facility Organization Chart 6. Interview with PCM

7. PREA Coordinator Position Description
8. Correctional Classification Program Manager / PCM Position Description
9. Interviews with Staff including the following:
 - a. PREA Coordinator
 - b. Superintendent
 - c. PCM
10. Random and targeted Interviews with Inmates
11. Observations during on-site review

The Auditor reviewed the PDOC Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of “zero tolerance” is apparent throughout the facility as evidenced by informational posters and interactions and interviews with both inmates and staff.

The PDOC has previously designated Mr. David Radziewicz as the PREA Coordinator; however, he has been moved to another position within the department. Until they appoint a permanent replacement, he is the person responsible for the commonwealth’s PREA Compliance Division and coordination the statewide PREA Program. He reports directly to the Chief of the Bureau of Standards, Audits, Assessments and Compliance. By virtue of his position, he has the authority to develop, implement and oversee the Department’s efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the Department and facility levels. Mr. Radziewicz is involved in the implementation efforts, as well as handling and reviewing individual inmate issues.

The SCI-Chester has designated Ms. Neko Bourne as the PREA Compliance Manager (CCPM). Her position is Correctional Classification Program Manager and reports directly to the Deputy Superintendent. A review of the organizational chart reflects this position in organizational structure. In a targeted interview, CCPM Bourne reports that she has sufficient time and by virtue of her position as CCPM, the authority to develop, implement and oversee the facility’s efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the

	<p>facility. Ms. Bourne is the primary PREA contact for the facility and is involved in the implementation efforts, as well as handling and reviewing individual offender issues.</p> <p>Interviews with staff indicated that they were trained in and understood the zero-tolerance policy established by the SCI-Chester. They understand their role with regard to prevention, detection and response procedures. Through the staff interviews, the auditor found that the staff take PREA matters very seriously and investigate all complaints immediately.</p> <p>Targeted interviews with the PREA Coordinator, Superintendent and CCPM indicated that all allegations are taken seriously and investigated. The facility as part of their PREA Program also completes a variety of reports, such as the PREA Monthly Report Form, PREA Administrative Tour Documentation Forms as well as unannounced administrative inspections focused on PREA compliance.</p> <p>After a review, the Auditor determined that the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. SCI-Chester Completed PAQ 2. Policy DC-ADM-008 Section 2 3. Interviews with Staff including the following (conducted as part of an annual agency audit): <ol style="list-style-type: none"> a. PREA Coordinator b. Contract Monitor <p>Contracts for Confinement of Parole Violators in County Prisons</p>

	<p>Contracts for residential and treatment facilities</p> <p>Contract Monitoring Forms including the most recent addendum and revision from 2022</p> <p>The PDOC has included language in all contracts to ensure that all contracted facilities comply with provisions of PREA. According to targeted interviews with both the Contract Monitor for the agency and the PREA Coordinator confirm that all related contracts include language requiring compliance with PREA standards. In addition, compliance division staff began participating in contract monitoring operational audits in 2023. A review of contract monitoring documents and PREA audit reports as applicable indicate compliance with the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy DC ADM 008 Section 3 2. Surveillance Camera Schedule 3. SCI-Chester Staffing Plans, (most recent review was conducted and approve 07-27-23) 4. Review of Unannounced Rounds in Logbooks at individual Buildings 5. SCI-Chester Completed PAQ 6. Perimeter Intrusion Detection Systems and Camera Review Meeting Minutes 7. Staff Rosters, Mandatory/Voluntary Overtime Rosters, Overtime Justification 8. PREA Administrative Tour Documentation Forms

Interviews with the following:

- PCM
- Superintendent
- Random Staff
- Supervisors Responsible for Conducting Unannounced Rounds

Intermediate or High-Level Facility Staff

Observation of the following:

- Observation of unannounced rounds by supervisors as well as auditors during the site review
- Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review as well as review of CCTV

The SCI-Chester has a comprehensive staffing plan that addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis was completed on July 27th, 2023. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. According to the PAQ, there have been no deviations from the staffing plan during this audit. This was confirmed during targeted staff interviews with the Superintendent and the facility PCM.

The staffing plan is predicated on a population of 1275 and the ADP over the past 12 months was listed as 989. The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review (2022). The PREA Plan requires that as part of that annual review, they have considered all of the elements from standard

115.13 (a) (1-15). During a targeted interview with the Superintendent, the auditor verified that the Superintendent reviews the annual staffing plan and is a part of the review meeting. The Superintendent stated that they do consider the use of CCTV in considering the staffing plan. The Superintendent told the auditor during the targeted interview that if there were an instance where the facility did not comply with their staffing plan, that instance would be reported through a daily report to the regional director, including the reason for the shortage and the actions taken, including which posts were idled. According to staff and the PAQ, there were no instances where they were out of compliance with the staffing plan and at anytime they are in danger of falling below those staffing requirements, they call personnel in to cover posts. The auditor was able to review overtime staff rosters.

The auditor reviewed the most recent annual staffing plan review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring as well as other elements of physical security, such as mirrors and curtains and physical barriers preventing casual observation of inmates and search areas.

The staffing plan and associated policies require any deviations be documented and justified, and policy requires that any in situations where the staffing plan is not complied with, the Facility Manager shall document the justification for the deviations from the plan and forward written documentation to the Executive Deputy Secretary, Executive Deputy Secretary for Institutional Operations (EDSI)/Regional Deputy Secretary, and Department PREA Coordinator/designee for review. The shift supervisor is required to ensure that staffing does not fall below the minimum requirement. There were no reported instances of any deviation from the staffing plan that were not corrected utilizing voluntary or mandatory overtime.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed security mirrors throughout the facility that eliminated blind spots. There appeared to be open communication between staff and inmates. The Auditor observed formal and informal interactions between staff and inmates.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the PDOC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. Written policy requires the Facility Manager, DSCS, DSFM/DSIS, Majors, Intelligence Gathering Captain or Security Lieutenant, Corrections Superintendent's Assistant (CSA), and the Corrections Classification Program Manager (CCPM) inspect each housing unit once per week,

	<p>including unoccupied areas. He/she will also each inspect all other major areas of the facility at least once per month. During the pre-audit phase, the facility provided the auditor a sample of documentation of unannounced rounds for each shift as well as documentation of any concerns observed and any corrective actions that needed to be taken. For example, if inmate cell windows were covered or security glazing covered with unit communications which could restrict line of sight. During the onsite portion of the audit, documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded on each shift and in a separate dedicated logbook. Interviews with supervisors, as well as line staff indicate that the rounds are unannounced and random. Inmates indicated during random interviews and informal discussions that they frequently see supervisors and senior staff out in the prison.</p> <p>After a review, the Auditor determined that the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Population Report by Age</p> <p>Policy DC-ADM-008 Section 7 and 8</p> <p>SCI-Chester Completed PAQ</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Compliance Manager

	<p>Observation of the following:</p> <ul style="list-style-type: none"> • Site Review <p>Youthful inmates are not assigned to the SCI-Chester. The Agency has policies written in accordance with the standards, but youthful inmates are not held at this prison.</p> <p>The PAQ, documentation submitted and interviews with staff confirm that they do not hold youthful inmates.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy CD ADM 008 Section 8 and 30</p> <p>Gender Specific Post Memorandum dated 2015 related to post bids</p> <p>Facility Security Procedures Manual (6.3.1): Sections 15, 30 and 47</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Random Staff • Medical Staff

- Random Inmates

Targeted Inmates

Observation of the following:

- Observation of inmate housing areas and search areas
- Observation of staff announcing the presence of opposite gender staff during site review

The PDOC policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The SCI-Chester does not conduct cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners. There is an exigent circumstance exception in the policy. Interviews with staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ, and verified through staff interviews, that no cross-gender strip searches or visual body cavity exams have occurred. A targeted interview with the Superintendent reveals that no cross-gender searches have been conducted.

The SCI-Chester only holds male inmates.

PDOC policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The toilet areas have modesty shielding and the showers have curtains, which were adequately private. Random inmate interviews indicate that the inmates believe that they have sufficient privacy to change clothes, take showers and perform bodily functions without being casually observed by female staff.

The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit by announcing "female on the unit." The auditor reviewed refresher training and meeting notes where this practice is reinforced by facility leadership. There are announcements made and it is common practice to announce their presence every time a female enters a housing unit.

Inmate interviews indicated that announcements are being made when opposite gender staff enter the housing units. In addition to announcements, there are signs posted outside the housing units and loud doorbells have been installed to alert

inmates upon the entrance of female staff. The inmates interviewed stated they usually already know when female officer enters the housing unit and announcements are sufficiently loud to alert them of female's presence. Staff interviews also indicate the inmates' privacy from being viewed by opposite gender staff is protected. Curtains and partitions afford inmates appropriate privacy while still affording staff the ability to appropriately monitor safety and security. The installation of the doorbell devices is fairly new and according to the auditor's observations on site, most females still announce their presence with a verbal warning. In addition, the facility is in the process of acquiring scrolling signs to make announcements to the inmates, which will also help inmates who are hard of hearing to be notified of the presence of female staff. The auditor recommended that information related to the doorbell notice be included in the inmate handbook and orientation. Again, the system is new and they are in the process of including that information.

SCI-Chester policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the inmate's genital status. According to targeted interviews with medical staff, no inmate has been examined for the purpose of determining gender status.

During the pre-audit portion of the audit, the auditor reviewed the training curriculum that is provided to all PDOC employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Auditor was provided training rosters with lists of staff who attended the training. PDOC policies require all staff to be trained on how to conduct same sex and cross gender searches, including those of transgender and intersex offenders. Staff interviews indicated that they are trained to do cross-gender searches at the academy and during in-service training.

The Auditor reviewed the training materials and found them to be in compliance with the standard. During the random staff interviews, all employees interviewed recalled being provided training on how to perform cross-gender pat down searches as well as how to search transgendered or intersex inmates. The auditor was also provided the training rosters and curriculum for searching transgendered inmates.

The auditor observed multiple areas in the facility where strip searches are conducted, and they were observed to provide sufficient privacy for the search. All inmates are searched upon admission, and this is done in private. In addition, in areas where searches may be conducted, the staff that the auditor informally interviewed was very professional and aware of the importance of maintaining the dignity of the inmates during the searches. He said that all inmates are provided a private search in designated cubicles. During the site review, the auditor observed shower and toilet areas inside the housing units and they were sufficiently private

	<p>from different viewpoints, including the CCTV monitoring system.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008 and specifically Section 004</p> <p>Site Review</p> <p>Orientation Handbook in Braille</p> <p>Inmate Orientation in Spanish</p> <p>Photos of TTY Machines for low hearing individuals</p> <p>Emails to staff with instructions for using the Propio language line services and tips for use</p> <p>Inmate Handbook (English and Spanish)</p> <p>Contract for Sign Language Specialists</p> <p>SCI-Chester Completed PAQ</p> <p>Sign Language Management Directive</p> <p>Staff Foreign Language Directory</p> <p>Interviews with the following:</p> <p>§ PREA Compliance Manager</p>

§ Random Staff

§ Unit Managers

§ Medical Staff

§ Intake Staff

§ Targeted LEP inmates

The PDOC takes appropriate steps to ensure that inmates with disabilities, including those who are hard of hearing, low vision or have cognitive disorders and other intellectual disabilities have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. PDOC policy is written in accordance with the standards and indicates that during intake, inmates determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PREA Coordinator (during an annual agency audit) and PCM indicate that SCI-Chester ensures that any inmates with significant disabilities that required any special accommodations would be identified at intake and this would be notated in their risk assessment. Staff would ensure the inmate was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment. The necessary accommodations would be made and interviews with the Superintendent and PCM indicate that they have access to a variety of resources to assist inmates.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. The auditor observed PREA informational posters throughout the facility in both English and Spanish. Spanish is the prevalent non-English language in the area. When the auditor asked staff how they ensured that inmates with disabilities were provided access to the PREA program, staff indicated that it would be handled on a case-by-case basis. Each inmate is interviewed and screened during reception and the PCM would identify any inmate with special needs and address those issues individually. Random Staff interviews revealed that the staff are very cognizant of their responsibility to ensure the safety and well-being of the inmates with respect to PREA and the need to notify the PCM or PREA Administrative Officer if there were inmates that needed assistance making a complaint or needing assistance. Staff are aware of the availability of interpretive services for inmates.

The PDOC has the PREA brochure in a variety of formats, including both English and Spanish and braille, and information could be read to individuals with low vision.

PDOC policy indicates that inmates who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and

harassment, including providing interpreters. SCI-Chester has available language services as well as qualified staff members to provide interpreter services to the inmates, if needed. In addition, the facility has a TTY phone, as well as an agencywide contract for sign language services. The auditor verified the contracts for these services. The facility indicated on the PAQ that PROPIO language line services are available for use by staff, and the auditor reviewed an email distributed by the Superintendent's office with instructions for using the line.

During the on-site portion of the audit, the auditor conducted three targeted interviews with LEP inmates, all of which were Spanish speaking. One of the inmates was a monolingual Spanish speaker. The auditor utilized the language line for the interview. The other two inmates were bilingual. All of the inmates remembered receiving PREA specific education and being told about their right to be free from sexual abuse as well as the facility's zero tolerance policy. The inmates all indicated that they received a handout, written in Spanish, with information related to how to report incidents of sexual abuse or harassment. The LEP inmates told the auditor that they understood the material that was provided in their native language and that they knew how to report incidents of sexual abuse or harassment. They said that they could tell a staff member or write to the address that is on the signs in the housing unit. The auditor interviewed two physically disabled inmates. The auditor found no barriers to these inmates' access to the protections of the PDOC PREA program.

The PDOC policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate sexual abuse. According to the targeted interview with the PCM as well as the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.17	Hiring and promotion decisions
---------------	---------------------------------------

	Auditor Overall Determination: Exceeds Standard
--	--

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

Employment Application for Civilian Applicants

Employment Application for Officer Trainees

NEOGOV Electronic Employment Application

Policy DC-ADM 008

Policy 1.1.4 Centralized Clearances Procedures Manual Section 4

Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 41 – Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies

Policy 4.1.1, Human Resources and Labor Relations Procedures Manual
Section 40 Conducting Pre-Employment Background Investigations

Policy 4.1.1, Human Resources and Labor Relations Procedures Manual
Section 38 Recruitment, Selection, and Placement for Non-Civil Service Positions

Policy 4.1.1, Human Resources and Labor Relations Procedures Manual
Section 37 – Employment/Salary Verifications for Outside Entities

Documentation of individual consideration of individuals with a history of sexual harassment

PDOC Code of Ethics

Emails showing Background Clearance of Applicants for contractors and volunteers

Emails showing Background Clearance of Correctional Trainee Applicants

Emails showing criminal background checks and findings from Pennsylvania Justice Network

Interviews With the Following:

PCM

Human Resources Manager

Superintendent

Electronic Document Review of Random Employee Files

Findings:

The SCI-Chester does not hire any staff that has engaged in sexual abuse as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the applications used by the PDOC and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Staff indicated that the background investigators thoroughly review any prospective employee and asks directly about previous misconduct as required by the standard. Interviews with the PCM, Superintendent and Human Resources confirmed that they have complied with this policy and no employee with such a history has been hired or promoted during the audit period. Background investigations are conducted by the Department of Corrections Bureau of Investigations and Intelligence and the local HR Manager is informed of the results and verifies all submitted information assembled and complete.

The policy indicates that the SCI-Chester will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion. The auditor reviewed details of three incidents, and they were considered in accordance with the standard. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered. The auditor reviewed examples of documents detailing background checks or prospective contractors and employees provided with the PAQ. The auditor requested and was provided 15 HR files to spot check their compliance with the standards. The auditor randomly selected the employees from an employee/contractor roster and the documents were provided electronically because the HR files are not kept on site at the facility. The file review indicated that they are in compliance with the standards.

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. The acknowledgement is completed for employees who wish to participate in the promotional process or other internal job openings. The auditor was also able to review emails that documented completed background investigations.

PDOC policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background records check prior to employment. Staff at the agency's central office and the PDOC Bureau of Investigations and Intelligence complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. The Human Resources Manager, PCM and PREA Coordinator verified this information in interviews discussing the background process. Human Resources stated that if a prospective applicant previously worked at another correctional institution, they have a policy that requires disclosure of PREA related employment records. The auditor reviewed emailed approvals of prospective employees and contractor verifying that criminal records checks were conducted.

In accordance with the standard, PDOC policy requires background checks be conducted on facility staff and contract staff. Once hired, all staff are enrolled in the Pennsylvania Justice Network (JNET) which continually monitors for records of alleged unlawful conduct by personnel. If a record is identified, the facility HR Manager and Superintendent are notified of the violation. In addition, policy requires that staff report any negative interaction with law enforcement personnel to their supervisor. Documentation of background checks and JNET notifications were provided by the facility and reviewed by the auditor. Targeted interviews with human resources, PCM

and the Superintendent revealed that an employee engaging in any type of misconduct such as listed in the standard would be considered for termination.

The SCI-Chester asks applicants and contractors directly about misconduct as described in the standard using an application form during the application process.

Interviews with human resources staff indicated that the forms are being completed as required by the standard and agency policy. The auditor reviewed files that verified that the questions are being asked as part of the application process. PDOC policy stipulates a continuing affirmative duty to disclose any PREA related or other criminal misconduct.

In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Informal interviews with sworn staff and contractors verified that they expected to be terminated for engaging in inappropriate behavior with inmates.

PDOC policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. Human Resources indicated they would share information upon request from another facility regarding a former employee.

The SCI-Chester uses an application and supplemental background information packet that asks the required questions of applicants to determine prior prohibited conduct. The hiring process includes requiring the investigator to make his/her 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. The auditor was able to review release of information forms and documentation of inquiry into previous institutional employment and prohibited conduct.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

Schedule of Cameras and Inspection Records

Perimeter Intrusion Detection Systems Meeting Minutes

Site Review

SCI-Chester Completed PAQ

Minutes from the Security Review Committee

Minimum Requirements for new camera installation

Interviews with the Following:

Superintendent

PCM

Findings:

The facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit; however, the facility continually improves its CCTV coverage both internally and externally on an ongoing basis.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, SCI-Chester considers how such technology may enhance SCI-Chester's ability to protect inmates from sexual abuse. Informal interviews with senior staff and the PCM indicate that they place a priority on acquiring and deploying CCTV technology. The auditor also reviewed minutes from the facility Security Review Committee verifying that they have solicited input from the PREA Coordinator.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>SCI-Chester Completed PAQ</p> <p>Policy DC-ADM 004, Criminal Violations Procedures Manual Section 1 - Criminal Complaints</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 18 - Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 14 - Responding to Reports of Sexual Abuse (and related attachments)</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 18 - Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Letter of Agreement with for SANE/SAFE access and exam at the Crozier Chester Medical Center</p> <p>Example of an offer and refusal of Victim Advocacy</p>

Letter of Agreement with Delaware County Victim Assistance Center

MOU with the Pennsylvania State Police for Criminal Investigative Services (2021)

SCI-Chester Completed PAQ

Interviews with the following:

- PCM
- Investigators
- Superintendent
- Medical personnel
- Investigator
- SANE/SAFE staff

Findings:

The SCI-Chester is responsible for only administrative investigations. The PDOC, as an agency, utilize the Pennsylvania State Police (PSP) to investigate crimes that occur in the SCI. In rare circumstances the DOC's Bureau of Investigations and Intelligence may conduct criminal investigations as part of a larger investigative scope. The PSP follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. Interviews with staff indicate that they are trained and familiar with what to do if they are a first responder to sexual abuse.

Staff prioritize the protection of the victim, protection of any evidence and protection of any possible crime scene as indicated during random staff interviews. The policy includes very specific protocols and checklists for responding to incidents of sexual abuse and harassment, alleged victim response and alleged perpetrator response. The auditor was able to review examples of completed response checklists.

The PSP would be contacted to investigate incidents that occur that appear to be criminal in nature, including those related to PREA violations. The PSP will conduct

sexual abuse investigations in accordance with PREA standards and follow the nationally accepted protocols for Sexual Assault Medical Forensic Exams published by the USDOJ. The PCM is the primary point of contact and notifies that PSP of the need for a sexual abuse investigation. The PREA Compliance Manager would be notified if an allegation was received. According to policy, once it is determined that a crime was probably committed, the administrative investigation would be suspended until the criminal investigation is completed. Once that investigation is complete, the facility would complete their administrative investigation. The auditor reviewed investigative files that confirmed compliance with the provisions of the standards

The SCI-Chester does not hold youthful inmates.

PDOC policy stipulates that all victims of sexual abuse that occurs within 96 hours of notification shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. These exams would be performed off-site at the Hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination. The availability of these services was confirmed by the Auditor with the Health Services Administrator, the PCM, as well as a targeted interview with the local hospital that provides SANE/SAFE services. She indicated they had a SANE/SAFE nurse available 24 hours per day and 7 days per week; however, if for some reason a nurse was not available, the exam would be performed by a physician. She also told the auditor that there would be no charge to the victim for this exam, in accordance with state law. The auditor reviewed a copy of the state statute as well.

The SCI-Chester reported on the PAQ there have been no allegations of an incident of sexual abuse requiring a forensic exam conducted in the past 12 months.

PDOC policy indicates they will make a victim advocate available to an inmate victim of sexual assault upon request. The SCI-Chester, through PDOC has an MOU with the Delaware County Victim Assistance Center to provide advocacy services to the facility for crisis intervention as well as outside confidential support services. As stipulated in the MOU, the organization is available to provide emotional support or crisis intervention services. PDOC policy stipulates these services are available. The auditor was able to review written records that verify the MOU was in place as well as records where inmates were offered access to outside confidential supports services in accordance with the agreement. The SCI has a process for accessing outside

	<p>confidential support services whereby the inmate requests services through the PCM or Administrative Officer, and they are scheduled a confidential phone call on an unrecorded line with the victim assistance personnel.</p> <p>Targeted interviews with the PCM also confirmed that the MOU was in place. There have been no instances of alleged sexual abuse that have required SANE/SAFE services in the past 12 months.</p> <p>The PDOC has standardized the investigative process for incidents of sexual abuse across the commonwealth. They work with an external agency, the PSP and refer all suspected criminal PREA allegations to them, receiving guidance from them and coordinate with them to ensure all allegations are handled appropriately.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 18 - Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Policy DC-ADM 004, Criminal Violations Procedures Manual Section 1 - Criminal Complaints</p> <p>MOU with the PSP Dated 2021</p>

<https://www.cor.pa.gov/About%20Us/Documents/DOC%20Policies/dc-adm-008.pdf>

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 14 – Responding to Reports of Sexual Abuse / Shift Commander Checklist

SCI-Chester Completed PAQ

Interviews with the following:

- PREA Coordinator
- PCM
- Investigative Staff (Facility and BII)
- Random Inmates

Findings:

The PDOC policies are written in accordance with the standards and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted.

The PREA Compliance Manager, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an inmate makes an allegation of sexual abuse or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to one of the investigators for further action. The policies have specific instructions and checklists and for initiating and referring the investigation and these provisions are in compliance with the standard. The PSP conducts all criminal investigations for SCI-Chester. The PDOC PREA Policy is posted on the website under the policy tab and the website was verified by the auditor.

Targeted interviews with the Investigator, PREA Compliance Manager and Superintendent verified that all allegations of sexual abuse or harassment are investigated regardless of how they are received. They described the process for investigations, which is detailed in policy and in accordance with the standards.

According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor, complete the appropriate checklists and brief his/her supervisor or the PREA Investigator (depending on the time and nature of the allegation). Essentially, all reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM and referred to the PSP for criminal investigation as needed. Otherwise, an administrative investigation would be completed in accordance with the policy.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, regardless of how it is reported, and notify the PREA Compliance Manager of all allegations. They furthermore indicated that they would take a report in any way, including third party or anonymously. All staff interviewed, sworn and civilian, told the auditor that all reports would be put in writing and reported immediately. Furthermore, all staff told the auditor during their random or targeted interviews or informal discussions that policy required that all instances of sexual abuse or harassment or suspicions are reported without delay.

The SCI-Chester PAQ indicates that there have been 29 allegations of sexual abuse or harassment in the past 12 months, 12 of which were referred to PSP for criminal investigations. 22 of the 29 investigations have been completed, 7 administrative investigations are ongoing.

PDOC policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution.

The auditor reviewed the PDOC website and the PREA Policy is posted and publicly available. During an interview with the investigators, they both verified that investigations that revealed criminal behavior would be referred to the appropriate prosecuting agency. The PCM and Superintendent confirmed this information.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.31	Employee training
	<p data-bbox="256 188 991 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1082 376">Evidence Relied upon to make Compliance Determination:</p> <p data-bbox="256 483 1474 560">Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 11 - Sexual Abuse/Sexual Harassment Prevention - Training and Education</p> <p data-bbox="256 667 1426 743">PDOC Basic Training Lesson Plan, Participant Guide and Instructor Guide as well as Additional Information and training provided that is gender specific</p> <p data-bbox="256 851 1465 887">Professional Boundaries Lesson Plan, Participant Guide (Basic and Refresher Training)</p> <p data-bbox="256 994 1046 1030">PREA Training and Verification Rosters for Basic Training</p> <p data-bbox="256 1137 1091 1173">Electronic Verification Rosters for Online Refresher Training</p> <p data-bbox="256 1281 654 1317">SCI-Chester Completed PAQ</p> <p data-bbox="256 1424 1222 1460">Review of Training Rosters for Non-Staff, Volunteers and Contractors</p> <p data-bbox="256 1639 679 1675">Interviews with the Following:</p> <p data-bbox="256 1783 510 1818">PREA Coordinator</p> <p data-bbox="256 1859 453 1895">Random Staff</p> <p data-bbox="256 1935 322 1971">PCM</p> <p data-bbox="256 2011 481 2047">Superintendent</p>

Findings:

The PDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. The facility provides PREA training annually to each employee to ensure they remain up to date on the PDOC policies and procedures regarding sexual abuse and harassment. During even numbered years, PREA education is provided in the form of a refresher of the initial basic staff training information for all staff members. Staff shall be required to verify that they have received the updates and understand the included items on the PREA Training and Understanding Verification Form. According to policy, during odd numbered years, PREA education is provided in the form of an update to the procedures manual for all staff members to ensure knowledge of the agency's current sexual abuse and sexual harassment policies and procedures. Training completed online is documented and verified with automated tracking.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed a sample of training records to verify and ensure all employees are receiving the training and acknowledging their understanding of the training. During the pre-audit period the Auditor reviewed the training documentation submitted by the facility from 2021 and 2022. New staff are given PREA training before assuming their duties and sign a verification acknowledging they have received the information. During interviews with the PCM and Superintendent, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training.

The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all the random employees recalled having annual PREA training. Staff appear to understand their responsibilities regarding the standards. During the on-site portion of the audit, the auditor was able to speak formally and informally with staff. Staff had consistent answers regarding their basic and refresher training and their requirements for reporting and response to allegations of sexual abuse or harassment.

PREA training is conducted on an annual basis, versus every two years as required by the standard.

	<p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 11 - Sexual Abuse/Sexual Harassment Prevention - Training and Education</p> <p>PADOC Basic Training Lesson Plan, Participant Guide and Instructor Guide as well as Additional Information and training provided that is gender specific</p> <p>Professional Boundaries Lesson Plan, Participant Guide (Basic and Refresher Training)</p> <p>PREA Training and Verification Forms for Basic Training</p> <p>Electronic Verification forms for Online Refresher Training (2022)</p> <p>SCI-Chester Completed PAQ</p> <p>Review of Training Files for Non-Staff, Volunteers and Contractors</p> <p>Example signed Contractor/Volunteer Training Acknowledgment</p>

Interviews with the Following:

PREA Coordinator

Random Staff

PCM

Superintendent

Contract Staff

Volunteer (by telephone)

Findings:

The PDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. The policy requires that all staff receive training regarding PREA. This training is required to be completed prior to contact with any inmates. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the PDOC policies and procedures regarding sexual abuse and harassment. The facility PAQ and examination of training records indicate that contractors and volunteers that have significant amounts of contact with inmates receive the same PREA training as correctional officers.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training verification forms to ensure employees are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. In addition, during targeted interviews with staff, they verified that training acknowledgements were required to be signed. In circumstances where training was provided on line, there is an affirmative acknowledgment that must be electronically "signed."

	<p>The Auditor conducted interviews with contracted staff. During targeted interviews, as well as informal conversations, with medical contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of the SCI-Chester’s zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if an inmate reported to them. When asked what the consequence would be if they violated the PREA policy, they stated they would be terminated and removed from the facility and prosecuted. The contract staff reported that the facility takes PREA matters very seriously. The contract staff were knowledgeable regarding the PREA information they had received. Staff understand their responsibilities regarding the standards. The SCI-Chester is providing training in accordance with the standard. The documentation is maintained accordingly.</p> <p>The auditor was able to interview a volunteer via telephone during the audit.</p> <p>Volunteers and contractors, who have significant contact with inmates, all receive PREA training on an annual basis on the same schedule as the correctional staff in accordance with policy. The auditor was able to review training acknowledgement, understanding and duty to report forms.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 11 – Sexual Abuse/Sexual Harassment Prevention – Training and Education Section B: Inmate Education</p> <p>Policy 11.2.1, Reception and Classification Procedures Manual Section 2 – Diagnostic</p>

and Classification Procedures

Inmate Education Brochure and Handouts in English, Spanish and Braille

Inmate Comprehensive Education Information and Lesson Plan

Schedule for the PREA PSA on the TV

PREA Inmate Education Verification Form

Review of Posters

Language Line Instructions (Propio)

Site Review

SCI-Chester Completed PAQ

Interviews with the following:

- PCM
- Random Inmates
- Intake Staff

Observations of the Following:

- PREA informational Posters throughout the facility in inmate housing and common areas

- Inmate Intake Process

Findings:

The PDOC policies are written in accordance with the standard. In accordance with policy, inmates receive information regarding the facility's zero tolerance policy and their right to be free from sexual abuse and harassment upon reception. This information, along with the inmate handbook and informational posters provides inmates with information regarding sexual abuse and harassment, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment. In addition, the posters and educational brochures include information about making third party reports of sexual abuse as well as outside confidential support services. SCI-Chester is not a designated reception center, so when the inmates arrive, they will have already been provided information on the Agency's zero-tolerance policy, but all inmates are given the orientation and comprehensive in accordance with the standards and the FAQ regarding transfers from one institution to another.

The SCI-Chester PAQ reported that during the last year, 689 inmates were committed to the facility and 100% were given PREA information at the time of intake and generally within 72 hours, in accordance with the standard. Although, after a random review of 20 inmate records files, the auditor did not see any files where an inmate did not receive the risk assessment after 72 hours. In addition, according to the PAQ 100% of inmates with a length of stay of 30 days or more received comprehensive training within 30 days of admission. The auditor reviewed 20 random inmate files and all files included acknowledgement of comprehensive training within the required time period. Staff indicated that this information is communicated to the inmates verbally and in writing during the intake process upon arrival at the facility. Inmates will receive a PREA risk assessment upon admission during intake screening. Inmates are provided comprehensive education in person upon assignment to their housing and during orientation by their unit counselors. The comprehensive education is provided in a video format and via a script/lesson plan. The inmates sign an acknowledgement of receipt that is maintained in their file. They receive a brochure that contains information about the zero-tolerance policy and reporting information, as well as information about outside confidential support services. This is available in a variety of formats, such as English, Spanish, and Braille and counselors have a lesson plan that can be used for training inmates as well. The auditor was able to review the comprehensive training documents and curriculum.

The auditor observed PREA signage in all housing areas as well as all common areas such as education and service support areas and notification of the agency's zero tolerance policy. Staff told the auditor that they explained to the newly

committed inmates that they could report any instances of abuse or harassment to staff and use the third party reporting as listed in the brochure and on the PREA Posters. The PREA zero tolerance and right to be free from sexual abuse, harassment and retaliation information is explained to the inmates upon arrival at the facility as part of their risk assessment screening process. In addition, the third party reporting information and access to outside confidential support services is provided as well.

This was verified during targeted staff interviews with intake staff, the PCM and medical personnel.

Interviews with staff verified that inmates are given a PREA orientation. Further questioning revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff. For inmates that are visually impaired, a staff member would read the information to the inmate, if necessary, or provide a braille version of the handbook. Staff would assist any other disabled or impaired inmates that needed assistance, such as intellectually limited inmates or those with other physical disabilities. Information in multiple languages were available throughout the facility. Targeted interviews with staff indicated that the facility would make needed accommodations for identified inmates with disabilities. The Auditor observed PREA informational posters in all inmate housing areas, intake, and public areas, vocational service areas and areas either in or adjacent to areas where inmates congregate (chapel, food service and education for instance).

Inmate interviews revealed that most inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse.

The few who responded that they did not remember receiving the initial orientation reported that they were aware of the PREA either through previous incarcerations or the signage available throughout the facility or the inmate handbook or related informational materials. Furthermore, most of the inmates that the auditor interviewed stated that a PREA video is shown on TV a few times a week.

The comprehensive education is accomplished through the use of the PREA orientation video and face to face instruction. This is documented on the inmate orientation, as well as the comprehensive PREA Training Acknowledgement Form, both of which are kept in the inmate record to verify receipt of the training. Inmate interviews indicated that they were receiving the training in accordance with the policy and the standard. During random inmate interviews, a number of inmates told the auditor that they do not remember receiving the comprehensive training. However, review of inmate files revealed that there were NO instances of an inmate not receiving the comprehensive training. In addition, the review of signed acknowledgement forms indicated that all inmates who were received into the facility had acknowledged that they received the comprehensive training.

	<p>The auditor reviewed a sampling of random electronic inmate files. In each case, the file contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the auditor personally observed, what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and offenders both formally and informally verified that inmates are receiving the initial and comprehensive training. According to the random file reviews, the initial training and comprehensive training occurred within the time periods required by the standards and this was without exception.</p> <p>According to the staff and random inmate interviews, current inmates have received PREA training. Random inmate interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video and orientation. They have an awareness of PREA information and how to report.</p> <p>As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For inmates that are visually impaired, a staff member would read the information to the inmate or provide a braille version. As indicated in the policy, all other special needs would be handled in coordination with the PCM on a case-by-case basis.</p> <p>After a review, the Auditor determined that the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</p> <p>Section 11 - Sexual Abuse/Sexual Harassment Prevention - Training and Education</p>

Electronic Training Record Verification Investigators

Training Curriculum

SCI-Chester Completed PAQ

Interviews with the Following:

Facility PREA Investigator and BII Investigator

PCM

Superintendent

Supervisory Staff

Findings:

Agency policy is written in accordance with the standard. According to the PAQ, SCI-Chester investigators conduct administrative investigations. The Auditor verified the training for the facility investigators through the electronic training records. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. During a targeted interview with the PCM as well as a targeted interview with investigator, both were able to articulate the aspects of the training received. The PCM appeared knowledgeable in the training he had received, as well as conducting administrative investigations. He indicated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, they would call the PSP immediately. The PREA Investigator and PCM are the primary investigative contact persons for SCI-Chester. They are both well-versed in the investigative process and is aware of their duties and responsibilities with respect to investigations.

There are 13 investigators listed as being assigned to SCI-Chester. The auditor randomly selected and reviewed 5 investigator training files. In addition, the auditor reviewed the training curriculum as well.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
--	-------------------------

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 11 - Sexual Abuse/Sexual Harassment Prevention - Training and Education</p> <p>Specialized Training Curriculum</p> <p>Interviews with Medical and Mental Health Staff</p> <p>Training logs of Medical and Mental Health Staff</p> <p>SCI-Chester Completed PAQ</p> <p>Findings:</p> <p>Policy requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment. The SCI-Chester employs contract medical and mental health providers. All of the medical and mental health staff received the specialized training as evidenced by documentation reviewed by the auditor. During targeted interviews with the HSA and the DON and other medical and mental health staff, they stated</p>

	<p>they received PREA training upon orientation. Informal discussion with on duty medical staff indicates that they remember receiving PREA training through both the facility as well as their contract employer.</p> <p>A targeted interview with the health services administrator and mental health personnel verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training annually through the facility that covers all aspects of the standard. The auditor verified this training had been completed by also spot checking the electronic training records of 10 medical staff members. The auditor also reviewed specialized training curriculum that contains the elements required by the standard.</p> <p>According to the PAQ, 37 medical and mental health care practitioners who work regularly at this facility have received the training required by policy and the standard, and 100% of the workers had received the specialized training.</p> <p>The staff of the SCI-Chester does not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the local hospital, and the auditor verified the LOA and through a targeted interview with the SANE/SAFE provider and the PCM.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:
	Site Review

SCI-Chester Completed PAQ

Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 9 – Sexual Abuse/Sexual Harassment Prevention – Screening for Risk of Victimization and Abusiveness

PREA Risk Assessment Tool Training

PREA Risk Assessment Tool Training User Guide

PREA Risk Assessment Tool

Electronic Inmate Records

Interviews with the Following:

Random Inmates

Staff Responsible for Risk Screening (counselors/unit managers)

PREA Compliance Manager

Inmate Electronic File Review

Interviews with the following:

- Random Inmates
- PCM/Staff who perform screening

Observations of the Following:

- Inmate Intake Process (simulated)

Findings:

According to PDOC Policy, all inmates shall be assessed upon their admission to the facility and reassessed no earlier than 20 days and no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. During the site review, the auditor was not able to follow an inmate through the admission process; however, the auditor had intake staff and the PCM simulate the process. During the simulation, the auditor spoke with multiple staff who explained the initial intake. Upon arrival at the facility, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with the medical staff and PCM verified that within 72 hours of admission (almost always the very same day as admission), all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior by medical personnel in the intake area. They are also given the PREA informational brochure. During interviews with random inmates, most remember their initial screening and remember being asked PREA related questions during their admission. I asked specifically if they remembered being asked if they had had a history of previous victimization or a history of violent crimes, as well as if they had been in prison before or identified as gay, transgendered, gender non-conforming, etc. Most inmates remembered at least something about the risk screening or some of the questions. Generally, the inmates who had been there for a long period of time, had little specific recollection of the risk assessment, but remember similar questions being asked during an annual review.

The facility uses an objective screening instrument that is standardized for PDOC (PRAT). The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The SCI-Chester does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to SCI-Chester, in assessing inmates for risk of being sexually abusive. According to the PAQ and PDOC Policy, the PREA screening instrument shall include 10 individual elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all of the required elements.

According to the PAQ, within the past 12 months there were 689 inmates whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Between 20 and 30 calendar days from the inmate's arrival at SCI-Chester, the unit counselor reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by SCI-Chester since the intake screening. This screening is done in person by the counselor and he/she personally solicits the inmate's input during this reassessment. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. This was verified by not only reviewing the electronic inmate records, but through random and informal interviews with staff and inmates and targeted interviews with the counselor and PCM.

SCI-Chester has implemented appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not shared by staff or other inmates. All files are controlled by the PCM and when necessary, medical, and mental health personnel and maintained in each inmate's electronic files. The information is controlled by password and computerized permissions. Medical and Mental Health records are independently maintained, but referrals are documented. The results of the risk assessment are not individually available to counselors, but instead a standard result that indicated that there is minimal risk, or the inmate is considered a high risk for sexually abusive behavior or at high risk of sexual victimization.

The Auditor interviewed staff who complete the screenings. The staff indicated that the risk screening is completed upon admission and the PREA risk assessment (or related PREA documents) completed at the previous facility is reviewed. The screenings (PRAT) are completed, the electronic records system for PREA related documents. There is limited access to the PREA risk assessment, re-assessment findings. This screening is used for housing, program decisions, education and vocational assignments and referrals. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor reviewed a random selection of inmate files to verify compliance with the standard.

Targeted interviews with staff and PCM verified that risk assessments are largely performed upon admission to the facility, well within the requirements of the standard. The questions are asked, and the answers are recorded by the staff on the risk assessment form and entered into the computerized record. The assessments are done in a private office type setting upon admission.

The auditor reviewed random inmate files and reviewed their intake records and risk screenings in order to compare the admission date and the date of admission screening. The randomly selected files had received risk screenings within 24 hours of intake, and reassessments completed within 30 days.

The PCM confirmed that 30-day reassessments are being completed on inmates. The unit counselors are required to track the admission dates of inmates and assure that inmates are reassessed between 20 and 30 days after admission to the facility. The auditor reviewed inmate files of initial PREA risk assessments. The auditor also reviewed 20 random inmate files to determine if 30-day re-assessments had been completed. A review of the files indicated that all of the assessments had been completed according to the standard. The PAQ reported that 689 inmates who entered the facility with a length of stay longer than 30 days received their re-assessment within 30 days as required by the standard. However, the PCM told the auditor that those individuals were getting constant attention by medical, mental health or other treatment staff.

Interviews with staff also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual abuse or harassment.

PDOC policy stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response to the risk assessment questions. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective action: None

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual

Section 9 - Sexual Abuse/Sexual Harassment Prevention - Screening for Risk of Victimization and Abusiveness

DC-ADM 008-01 Section 11 - Sexual Abuse/Sexual Harassment Prevention - Training and Education

Attachment 11-C (Administrative PREA Accommodation Committee)

Administrative PREA Accommodation Committee Forms and Local PAC Checklist

Site Review

SCI-Chester Completed PAQ

Interviews with the following:

- PREA Coordinator
- PCM
- Supervisors Responsible for Conducting Unannounced Rounds
- Targeted Interviews with LGBTQ Inmates

Observation of the following:

- Site review of inmate housing units and toilet and shower facilities

Findings:

The PDOC policy requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. The medical staff completes a risk assessment screening upon the inmate's arrival to the facility. Administrative and counseling staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the person conducting the screening to enter the results into the PREA Risk Assessment Tool and identify individuals with certain scores as high risk for victimization or high risk for abuse. Individual indicators collected in the PRAT are not accessible to counselors, only the results of the risk assessment to help them make housing, be, work, or programming or other service needs, such as mental health services. An inmate that is determined to be at high risk for victimization will not be placed in the same cell or general area as an inmate that has been determined to be high risk for abusiveness. It is the responsibility of the Unit Counselor to check each inmate being placed in a job or similar programing assignment.

PDOC policy requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the auditor reviewed all inmate housing units and viewed the showers and toilet facilities. In addition, the Auditor reviewed toilet facilities in support service areas as well as private search areas. The toilets were sufficiently private to allow inmates to use the toilet without being casually observed by female staff. The Auditor observed that showers were and associated changing areas were sufficiently private to allow inmates to change clothes, take showers and perform bodily functions without being casually observed by female staff. The auditor reviewed several documents as part of the Administrative PREA Accommodation Committee that is used to evaluate specific individual needs and requests for inmates that identify as transgendered. The policy requires that if an inmate identifies as transgendered or intersex, the PCM shall meet with the inmate within 5 days. This confidential meeting gives the inmate an opportunity to discuss any concern and they are reviewed every 6 months or more frequently if needed. However, targeted

interviews with gay and transgendered inmates revealed that they feel they are being treated fairly and had no concerns.

Targeted interviews with transgender and gay inmates revealed that none of the inmates felt that they were being housed or mistreated based upon their gender status and there were no dedicated “wings” or housing areas targeted for transgendered inmates. This was verified by interviews with the Superintendent and the PCM and the unit counselors.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate with regard to this standard. Interviews with the PCM and Superintendent indicate that placement of any transgender or intersex offenders is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate’s views with respect to his or her safety will be given serious consideration. This process has been standardized across the PDOC. An inmate that identifies as transgender is monitored at the facility level by the PCM and mental health staff, as needed according to their individual needs.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditor conducted targeted interviews with inmates who self-identified as gay during the site review, and no inmate mentioned being housed according to their sexual preference or identity. The auditor conducted targeted interviews with staff. The auditor was informed that inmates’ housing was based upon objective finding and LGBTI inmates were not placed in dedicated units. Targeted interviews with LGBTI inmates verified that the SCI-Chester does not place inmates in dedicated housing units. A review of the roster indicated that identified LGBTI inmates are located in different housing areas throughout the facility.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

115.43	Protective Custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1082 378">Evidence Relied upon to make Compliance Determination:</p> <p data-bbox="256 490 1315 524">Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</p> <p data-bbox="256 557 1355 591">Section 5 - Sexual Abuse/Sexual Harassment Prevention - Protective Custody</p> <p data-bbox="256 703 1474 781">Policy DC-ADM 802, Administrative Custody Procedures Manual Section 1 - Placement in Administrative Custody Status</p> <p data-bbox="256 893 655 927">SCI-Chester Completed PAQ</p> <p data-bbox="256 1106 676 1140">Interviews with the following:</p> <ul data-bbox="256 1173 560 1285" style="list-style-type: none"> <li data-bbox="256 1173 400 1207">· PCM <li data-bbox="256 1240 560 1274">· Superintendent <p data-bbox="256 1464 384 1498">Findings:</p> <p data-bbox="256 1610 1466 1935">According to agency policy, they do not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have been 0 instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. A targeted interview with the PCM also verified that no inmates during the audit period have been placed in restrictive housing involuntarily in order to separate them from potential abusers.</p> <p data-bbox="256 1946 1466 2058">The auditor reviewed reports indicating that alleged potential victims are not placed in restrictive housing, but rather moved to an alternate housing location or unit unless justified on a temporary basis (according to policy that is no longer than 24</p>

	<p>hours).</p> <p>The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policies stipulate that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement.</p> <p>Staff are aware of their responsibilities with regard to this standard, including the need for a review every 7/30 days. There have been no instances that required action with regard to this standard at the SCI-Chester.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 12 – Reporting Sexual Abuse and Sexual Harassment</p> <p>Example of Written Correspondence from Inmates</p> <p>Policy DC-ADM 803, Inmate Mail and Incoming Publications Procedures Manual Section 1 – Mail Processing Procedures</p>

MOU with the Office of the State Inspector General

Training Lesson Plan with Reporting Information for staff and inmates

Examples of Notice of Complaint from the OSIG

Notice of Reporting to the Abuse Hotline (which is not designated for use for PREA complaints)

Inmate Handbook

SCI-Chester Completed PAQ

Interviews with the following:

- PCM
- Superintendent
- Random Staff
- Random Inmates

Observation of the following:

- Observation of informal interactions between staff and inmates
- Observation of the private areas where inmates can use the telephone system for outside confidential support services that are coordinated by staff and are not recorded
- Observation of Information Posters inside the housing units and common areas adjacent to housing units

Findings:

The PDOC PREA Policy requires multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policies are written in accordance with the standards. The auditor reviewed the inmate handbook and brochures and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports, and third-party reports from friends or family to the facility or the OSIG. This information is received by inmates at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all inmate housing areas, intake and various other locations throughout the facility where inmates congregate. During random staff interviews, staff stated that inmates could make a PREA report to any supervisor or any administrator or the PCM. When probed whether inmates could report anonymously or verbally, all staff said that they could. In addition, when probed, the staff indicated that they could also call their families and report. During the site review, the auditor observed information adjacent to the inmate telephones and in inmate common areas as required by policy. Random inmate interviews revealed that they generally feel comfortable reporting to the staff, but many indicated it depended on the staff member. During the site review, the auditor observed that the facility generally has a positive culture, and it was reflected when interviewing the inmates. The inmates that were interviewed did mention on many occasions that they felt comfortable discussing issues with the PCM and supervisory/administrative staff.

The SCI-Chester does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate. Verbal reports are required to be documented immediately.

PDOC policy provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Inmates have the ability to report outside the SCI-Chester. This information is in the inmate handbook, posted in inmate common areas and on the brochure the inmates receive during intake. During the site review, the auditor observed PREA informational posters where reports can be taken and referred immediately for

investigation. Inmates mentioned this as a potential reporting method, indicating the offenders are aware of this information. Contact information, including address is also available for the victim advocacy providers (Delaware County Victim Services). In addition, inmates can call the third party confidential support services, but they must arrange the call ahead of time with the staff. The Auditor reviewed requests from inmates for access to OCSS and verified the mechanism for completing calls to those services. Inmates may report incidents to third parties using the following methods:

ATTN: PREA COORDINATOR

OFFICE OF STATE INSPECTOR GENERAL

555 WALNUT STREET, 8TH FLOOR

HARRISBURG, PA 17101

Policy and the inmate handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews as well as targeted interviews with facility investigators and supervisors revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports.

A targeted interview with the PCM verified that there are multiple ways to make PREA complaints by both staff and inmates, including anonymous letters, as well as third party reporting by family and friends. Most of the allegations during the past 12 months were reported directly to facility staff, indicating that despite some reservations revealed during random inmate interviews, they were comfortable reporting to staff.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Superintendent directly. Staff may also report incidents to the OSIG. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration, including the PCM to report sexual abuse and harassment of inmates and all staff that were randomly interviewed answered that they would report any such incident to their supervisor.

According to the policies, inmates are entitled to special correspondence that includes mail to senior administration as well as the OSIG. A review of the mail facility and informal interviews with mailroom staff indicates that they do not censor special

	<p>correspondence.</p> <p>After a review, the Auditor determined that the facility meets the requirements of the standard</p> <p>Corrective Action: None</p>
--	--

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 12 - Reporting Sexual Abuse and Sexual Harassment</p> <p>Policy DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 - Grievances & Initial Review</p> <p>Inmate Handbook</p> <p>Grievances and findings</p> <p>SCI-Chester Completed PAQ</p> <p>Interviews with the Following:</p> <p>Superintendent</p> <p>PCM</p>

	<p>Findings:</p> <p>The PDOC has policies that address the fact that allegations of sexual abuse and harassment are not part of the inmate grievance procedure. Inmates who file grievances related to PREA complaints are provided with a form indicating that their grievance has been rejected in accordance with policy. They are also notified that the complaint has been referred to investigative personnel for a complete investigation. The auditor reviewed all grievances submitted in the past 12 months related to PREA and verified that the complaints were referred for investigation and the inmates were notified.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:
	Inmate Handbook
	Policy 11.5.1, Records Office Operations Procedures Manual Section 1 - Processing of Receptions
	PREA Posters
	PREA Comprehensive Education Materials (Lesson Plan/Facilitator's Guides)

MOU Delaware County Women Against Rape and Informational Brochure

Site Review

SCI-Chester Completed PAQ

Interviews with the following:

- a. PCM
- b. Random Inmates
- c. Random and Targeted Staff
- d. Mental Health and Medical Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

Policy is written in accordance with the standard. The facility provides inmates with access to local (Delaware County Victim Assistance Center) and state confidential support services (Pennsylvania Coalition Against Rape). The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The informational brochures inform inmates of the extent to which these will be monitored prior to giving them access and the MOU requires that the PDOC respect the confidentiality of correspondence to and from victim advocates. Staff interviews indicate they are aware of their obligations under this standard.

The auditor reviewed the SCI-Chester handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed posters that

notifies inmates of the availability of a third-party reporting hotline, in both Spanish and English. Policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health staff reveal they are aware of their obligations to inform the inmates of the limits of confidentiality.

Inmates are informed of the services available at intake. SCI-Chester provides all inmates information regarding victim advocacy services upon intake and during comprehensive PREA education. The information is provided in written form and provided to the inmate verbally and is available in English and Spanish. Inmates are also made aware of the confidential support services that are available to them as part of the victim advocate service. There is significant evidence, in the form of posters, brochures, comprehensive education and PREA videos, that the information about confidential outside support services are made available to the inmates. Most inmates interviewed indicated they knew they could ask to speak to mental health for counseling services if they needed to.

The PDOC has an MOU with the Delaware County Victim Assistance Center and coordinated with the Pennsylvania Coalition Against Rape (PCAR) P.O. Box 400 Enola, PA 17025 to establish an agreement for emotional support services. The Auditor was provided a copy of the MOU and verified the agreement for services. The telephone support services are confidential in accordance with the information provided to the inmates. Phone calls are coordinated through staff but are unrecorded. In addition, written materials sent to these entities are not reviewed or censored. This was verified with the PCM and independently with the mailroom staff.

There have been no inmates detained solely for civil or immigration purposes.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 12
- Reporting Sexual Abuse and Sexual Harassment

Methods for Third Party Reporting / Website

SCI-Chester Completed PAQ

PREA Informational Posters

Comprehensive Education Lesson Plan

Comprehensive Education Brochure

Inmate Handbook

Findings:

The policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The PDOC publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the PDOC website. The Auditor reviewed the PDOC website. The website has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate.

Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated

	<p>thoroughly. Staff interviews also revealed that they are aware of their requirement to reduce any verbal reports to writing and act immediately. Policy also has a number of methods by which staff can report incidents of sexual abuse or harassment to the department. This third party reporting is included in the inmate orientation brochure and comprehensive education has information on independent avenues to report. According to the PAQ, there have been no instances of third party reporting during this audit period.</p> <p>Inmates are provided this information at intake and random inmate interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:
	PREA Training Materials
	Examples of Confidentiality Notice in Reports
	Examples of Staff Reports
	Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 12 – Reporting Sexual Abuse and Sexual Harassment

SCI-Chester Completed PAQ

Interviews with the following:

- Investigative staff
- Superintendent
- Random Staff
- Interview with PCM
- Interview with Health Services Administrator
- Contract and Volunteer Staff

Findings:

PDOC policy is written in accordance with the standard and requires all staff, contractors and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment, retaliation for reporting or neglect by staff that could have contributed to an incident of sexual abuse, harassment or retaliation. During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All of the staff members responded that they were required to report any such instances immediately. The auditor also informally asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all of the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers or co-workers. All staff members who were randomly interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report.

Policy requires confidentiality of all information of sexual abuse or harassment

beyond what is required to be shared as a part of the reporting, treatment, or investigation. The staff appear to understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All of the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential, and they would only discuss details with supervisors and investigators or others that had a specific requirement to know for security purposes. A targeted interview with the investigators verified that all investigative files are maintained with restricted access.

Policy requires that all medical and mental health personnel tell inmates about the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. Targeted interviews with healthcare and mental health staff shows that they are aware of their requirement to reveal limits of confidentiality with the inmates. They reported their affirmative duty to obtain consent to report previous incidents of sexual abuse, unless the victim is a youthful inmate (however the SCI-Chester does not have youthful inmates assigned there for housing).

Targeted interviews with the PCM, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon. When asked by the auditor if staff had to report and respond to anonymous reports of abuse or harassment, all staff interviewed told the auditor that it was policy to do so.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who initiates an investigation. The reporting officer and supervisor create a written report, and this report is forwarded to the PCM for review and further action. In addition, the PCM is notified verbally through the chain of command and notifies her supervisor.

The Auditor reviewed all investigative files and determined that the facility responds in accordance with the standards.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
--	-------------------------

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 1 - Sexual Abuse/Sexual Harassment Prevention - Responsibilities</p> <p>Investigative Files with Alleged Victim /Alleged Abuser Checklists</p> <p>SCI-Chester Completed PAQ</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Superintendent • Random Staff • Random Inmates <p>Findings:</p> <p>PDOC policy is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. Random interviews with staff, and contractors indicate they are clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation, keep them separate and find an alternate place for them to be housed pending an investigation or further action. Staff stated they would ensure the</p>

	<p>inmate was kept safe, away from the potential threat and an investigation was completed by the supervisor.</p> <p>SCI-Chester reports in the PAQ that there has been 1 determination made that an inmate was at substantial risk of imminent sexual abuse. According to staff interviews and targeted interviews with the PCM and Superintendent, all inmates that report an allegation are immediately separated from the alleged abuser and always kept in staff sight until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. If an inmate reported an allegation of sexual abuse, the random staff the auditor interviewed said they would protect the scene and not allow the alleged abuser or the victim in an area where they could tamper or destroy any physical evidence.</p> <p>The Auditor randomly talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 12 – Reporting Sexual Abuse and Sexual Harassment (including Notification Form</p> <p>Completed Examples of an Agency Notice</p> <p>SCI-Chester Completed PAQ</p>

Interviews with the following:

- PCM
- Superintendent

Findings:

The agency's policy is written in accordance with the standard and requires that if the Superintendent or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he must make notification within 72 hours. During this review period, the facility reported receiving 0 notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported and they were given notice of 0 instances of sexual abuse or harassment that was report from another facility that allegedly occurred at SCI-Chester.

According to targeted interviews with the Superintendent and PCM, if they receive such a notice, they would immediately report such an allegation to the Superintendent or Administrator of the other facility and document such a notice. They confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard and that the notice must be reported by the facility head. The auditor reviewed an example from the agency and they were found to be in compliance with the standard.

PDOC requires that if the Superintendent or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at the SCI-Chester, it would be investigated in accordance with the standards. The SCI-Chester reported receiving 0 notifications in the past 12 months from another facility that any of their former inmates alleged being sexually abused while incarcerated at the SCI-Chester. Interviews with the PCM and Superintendent confirm the staff are aware of their obligation to fully investigate allegations received from other facilities.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 14 - Responding to Reports of Sexual Abuse PREA Training Curriculum Shift Commander Checklist Initial Response Checklist - Alleged Victim Initial Response Checklist - Alleged Abuser Employee Reports of Incidents Investigative Reports SCI-Chester Completed PAQ Interviews with the Following: Random Staff Medical Staff PCM Security First Responders

Findings:

The PDOC policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, Preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence the first responded advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence.

The SCI-Chester reported on the PAQ there have been 12 allegations or incidents of sexual abuse in the past 12 months. There were 11 of those instances where the first responding officers were required to physically separate the alleged victim and perpetrator, in accordance with policy. The other incident was made anonymously and didn't contain enough information to identify the alleged abuser. The auditor reviewed all investigations and no investigations met the requirement that would require transport or evaluation by a SANE/SAFE nurse.

The Auditor conducted interviews with random staff. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would notify their supervisor after separating the inmates and keep the victim in their sight. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence, including advising the alleged victim and perpetrator not to use the toilet or brush their teeth or shower or change clothes for instance. The Auditor was informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene. A targeted interview with the PCM indicated that once the initial steps were done and the scene was secure, the PSP would be notified. The staff were all very confident in the steps that they would take in response to an allegation of sexual abuse or harassment.

The Auditor conducted interviews with supervisory staff. The Auditor asked what the

supervisory response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The scene would be secured, and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment of any emergent needs and transported to the local ED for a forensic exam, if needed. The PCM would also be informed. The supervisor stated the Investigator(s) would be the only ones allowed in the crime scene to process the evidence.

Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were 0 instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains in sight and if needed, removed from the alleged perpetrator, and they would immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence. Non-security staff were very confident in the initial response to an allegation of sexual abuse or harassment. In addition, the auditor was able to review all staff training material and investigative files, which verified that the staff had been trained in accordance with the standards. Many security and non-security staff members also carry a card in their pocket that details their role as a first responder and the expected actions after a report of sexual abuse.

Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site to the local hospital for forensic exams if needed.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 14
- Responding to Reports of Sexual Abuse

SCI-Chester Local Coordinated Response Plan as approved on January 1st, 2023.

SCI-Chester Completed PAQ

Interview with the Following:

Superintendent

PCM

Random Staff

Findings:

The PDOC has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The SCI-Chester has a Local Coordinated Response Plan describing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are a part of the incident review team.

The auditor interviewed random staff who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response

	<p>begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided a forensic exam and appropriate off-site forensic services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed, and a finding is assigned. The auditor reviewed documentation in investigative files demonstrating notification to the inmates of the results of investigations. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy - 4.1.1 Human Resources and Labor Relations</p> <p>Memorandum from Secretary of Corrections</p> <p>Pennsylvania Doctors Alliance Agreement</p> <p>American Federation of State, County and Municipal Employees Agreement</p>

Correctional Institution Vocational Education Association, Pennsylvania State Education

Association, National Education Association Agreement

Federation of State Cultural and Educational Professionals Agreement

Pennsylvania State Corrections Officers Association Agreement

OPEIU Healthcare Pennsylvania Memorandum of Understanding

SEIU Agreement

Service Employees International Union Healthcare Pennsylvania, CTW, CLC Agreement

Investigative Records

Staff interviews

SCI-Chester Completed PAQ

Interviews with the following:

- PREA Coordinator and Superintendent

Findings:

The PDOC has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. According to the PAQ, the collective bargaining agreements are currently under negotiation, and current contracts are still in place.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 13 - Protection Against Retaliation</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 18 - Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Retaliation Monitoring Form</p> <p>PREA Training Materials</p> <p>Investigative Files with Completed Monitoring Forms</p> <p>SCI-Chester Completed PAQ</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Superintendent

· Unit Manager (Counselor Supervisor)

Findings:

The agency's policy is written in accordance with the standard and states retaliation by or against any party, staff or offender, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated. Policy requires staff and inmates who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. The submitted PAQ indicates that Unit Counselors are designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded. The Auditor reviewed monitoring forms contained in investigative files for the previous 12 months, and there have been no documented instances of retaliation and no monitoring has gone beyond 90 days.

The Auditor conducted an interview with supervisory counselor (Unit Manager), who is responsible for monitoring retaliation. The Auditor asked how they go about monitoring retaliation. The counselor said that they would look for any issues related to unfair treatment, such as disciplinary infractions, or vocational changes. The Unit Manager was previously working in mental health said he has years of experience working with the team that monitors for retaliation. He said that the inmate would be interviewed frequently, but no less than every 30 days.

The PCM stated the monitoring period would be a minimum of 90 days, and longer if necessary. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

According to the Superintendent, in the case of an offender being retaliated on by staff, the administration will discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The staff member or inmate can also be transferred, if need be, at the request of administrative staff. The Deputy Superintendent for Centralized Services is responsible for monitoring for retaliation against staff, but there have been no instances requiring monitoring this audit period.

	<p>The Superintendent has the authority to move inmates around the facility or to request transfers to other facilities or take other protective measures to assure inmates are not retaliated against. In addition, the Superintendent has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment.</p> <p>The auditor reviewed electronic examples of monitoring for retaliation provided by the facility and found them to be in compliance with the standard. The Auditor reviewed all investigative files for the 90 day monitoring documentation. The records indicated that the monitoring for retaliation was in progress or completed in accordance with the standard. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.</p> <p>The facility reported there were no incidents of retaliation in the last 12 months.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 5 - Sexual Abuse/Sexual Harassment Prevention - Protective Custody</p> <p>SCI-Chester Completed PAQ</p>

Site review

Interviews with the Following:

Superintendent

PCM

Findings:

The agency's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Interviews with staff indicate they would not place an inmate in segregation for reporting sexual abuse unless it was necessary for the short term for protection or an inmate's protection for medical treatment or investigation (less than 24 hours).

The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the PCM and Superintendent confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.

In addition, during targeted interviews with the Superintendent and PCM, they both verified that there have been no instances of inmates being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect an inmate who was alleged to have suffered sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
--	-------------------------

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 004, Criminal Violations Procedures Manual Section 1 - Criminal Complaints</p> <p>Investigator Training Curriculum</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 18 - Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Review of Investigation Files</p> <p>PREA Investigations Checklist</p> <p>SCI-Chester Completed PAQ</p> <p>Interview with the Following:</p> <p>Superintendent</p> <p>PCM</p>

Investigative Staff (Facility and BII)

Findings:

The PDOC policy is written in accordance with the standard. Policy requires that the PDOC ensure the investigation of all incidents of sexual abuse and harassment. The policy stipulates criminal investigations shall be conducted by the PSP. The PDOC plan stipulates that they will respond to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The SCI-Chester conducts an initial investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. The auditor reviewed 29 investigative reports allegations of sexual abuse or harassment during the past 12 months. All completed reports contained the required elements as dictated by the standard. The report format is standardized throughout the PDOC and consistency is improved by use of a checklist.

The PDOC is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the SCI-Chester, plus an additional 5 years in accordance with records retention schedules. Policy prohibits the termination of an investigation if an inmate is released or a staff member, who is alleged to have abused an inmate, is terminated or terminates employment.

The Auditor interviewed the facility investigator a BII investigator and the PCM (who is a designated and PREA trained investigator) for SCI-Chester who confirmed their knowledge of the investigative policies.

SCI-Chester investigators cooperate with outside investigators and attempt to communicate to remain informed about the progress of a sexual abuse investigation. According to a targeted interview with Investigator, if the PSP were to conduct an investigation of sexual abuse, the facility PCM and Investigator serves as a liaison and he would keep facility administrators informed of the progress of the investigation. The PCM stated that if the PSP investigates an allegation, they typically work together and share information. There has been 1 investigation referred for criminal prosecution the during this audit period, but it has not been resolved.

At the time of the on-site audit, SCI-Chester employs and provided training records for 13 staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities. As part of the PAQ, the auditor was provided training curricula. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. Targeted interviews with the facility investigator and the PCM verified they are available to respond immediately, if necessary.

The Auditor conducted a formal interview with one of the facility's designated PREA Investigators. The Auditor asked the Investigator to describe their process when conducting an investigation. They indicated they interview the victim, alleged perpetrator, inmate witnesses, and staff witnesses, if applicable. They review criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator reviews telephone recordings, CCTV, staff logs, and any other relevant items which could be considered evidence to support the determination. The PSP may contact the appropriate prosecuting agency for referral and consultation, as warranted for criminal investigations. The Investigators stated they begin all investigations immediately after receiving an allegation, as necessary depending on the results of the preliminary investigations by on duty staff.

All investigative files are maintained with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. In accordance with policy, an inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The investigators interviewed confirmed this.

If an allegation is reported anonymously, the Investigators stated the investigation would be handled the same as any other investigation. During this audit period, there was one allegation made anonymously. Investigative staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The SCI-Chester has had 29 incidents that required investigation during the audit period. The auditor reviewed investigative reports for 29 allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation

	<p>promptly. The investigation appears to be conducted promptly, thoroughly and objectively.</p> <p>The Auditor also spoke with the PCM. Based on a review of the investigative files and discussions with the investigator and PCM, it's evident that SCI-Chester is completing thorough and comprehensive investigations, regardless of the source of the allegation. The PCM and other staff ensure that every investigation is taken on its own merits and investigated to the fullest. The staff all communicate and work together to ensure the sexual safety of the inmate population.</p> <p>There has been 1 allegation referred for criminal prosecution from the PSP that was unresolved prior to this audit period, but it did not occur during this audit period.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 18 - Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>SCI-Chester Completed PAQ</p> <p>Investigator Training Lesson Plans</p>

	<p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Facility Investigator <p>Findings:</p> <p>The agency’s policy is written in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Targeted interviews with the facility investigator and the PCM confirmed that the staff responsible for administrative adjudication of administrative investigations are aware of the requirements of the evidentiary standard. Based upon targeted interview with investigator and PCM, they are aware of the requirements and evidentiary standards. A review of the training curriculum demonstrates that all persons completing the training have been trained in accordance with the standards.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</p> <p>Section 18 – Investigating Allegations of Sexual Abuse and/or Sexual Harassment</p>

Review of Sexual Abuse Investigations

SCI-Chester Completed PAQ

Inmate Notices of Determination of PREA Allegations from BII

Interview with the Following:

- Superintendent
- Investigative Staff
- PCM

Findings:

The agency policy is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The auditor conducted targeted interviews with the PCM and OIG Investigators. There have been 17 completed investigations during this audit period that required notification, according to the PAQ.

The PCM indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. A standardized form is used throughout the PDOC for offender notification. There is a notification form for offender allegations, as well as staff allegations. There has been one substantiated incidents of sexual abuse or harassment by a staff member that did not occur in the past 12 months (but was pending from the previous 12 months) and the inmate was informed in writing of the results and pending criminal prosecution in accordance with the standards. The inmate refused to sign the notice.

The Auditor reviewed investigative files for all reported allegations of sexual abuse during the review period. The SCI-Chester made notification to the inmates at the

	<p>conclusion of the investigation as required. Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody. The auditor was able to review notices of unsubstantiated, substantiated and unfounded as well as notices from the BII.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy 4.1.1 – 1 Section 4 – Resignations in Lieu of Discharge Section 6 – The Pennsylvania Public Employee Relations Act Section 7 – Standardization of Pre-Disciplinary Conferences (PDC)</p> <p>SCI-Chester Completed PAQ</p> <p>Findings:</p> <p>The PDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.</p>

	<p>According to the submitted PAQ, in the past 12 months, there was 1 staff terminations and two disciplinary actions related to the sexual abuse or harassment of inmates. The termination occurred during this audit period, but the incident occurred prior to the audit period. The staff disciplinary actions were related to sexual harassment.</p> <p>Interviews with facility staff and the Superintendent verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law and collective bargaining agreements. According to formal informal interviews with staff indicated that they were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.</p> <p>The Auditor interviewed the Superintendent regarding the facility’s staff disciplinary policy. Interviews indicated that if a staff member is terminated for violating the facility’s sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred to the PSP for investigation and depending on the outcome, referral for prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case to the PSP when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

SCI-Chester Completed PAQ

Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 17
- Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation

Interviews with the Following:

PCM

Targeted Interviews with Volunteer and Contract Staff

Superintendent

Findings:

The PDOC policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates. In the past 12 months, there have been 0 instances where a contractor or volunteer was removed from the facility or whose security clearance was revoked as a result of sexual abuse or harassment.

Targeted interviews with 1 contract staff member and a volunteer and several informal interviews with non-sworn staff verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor spoke with several contractors during the on-site portion of the audit. They all told the auditor that the presumed consequence for engaging in sexual abuse of inmates would be termination and if warranted, criminal prosecution.

	<p>The Auditor interviewed the Superintendent and PCM regarding the disciplinary policy regarding contract staff and volunteers. The Superintendent indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to investigators, for possible prosecution, as well as reported to any relevant licensing bodies.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 17 - Discipline Related to Sexual Abuse, Sexual Harassment, and Retaliation</p> <p>SCI-Chester Completed PAQ</p> <p>Inmate Handbook (Spanish and English)</p> <p>Interviews with the Following:</p> <p>Superintendent</p> <p>PCM</p>

Health Services Administrator

Mental Health Personnel

Findings:

The agency directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation.

SCI-Chester prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be non-coercive, staff will not consider the sexual activity as an act of sexual abuse.

PDOC policy states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse.

According to the submitted PAQ, there have been 0 substantiated instances of inmate-on-inmate sexual abuse that occurred at the facility. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse. The auditor reviewed the investigative files for all allegations of sexual misconduct within the last 12 months.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions. Each investigation is taken at face value and investigated diligently and thoroughly, without regard to the status of the person as an inmate.

There are mental health staff available to provide mental health services to the inmates at SCI-Chester. Mental health staff provides an array of services, including programming, supportive counseling and crisis intervention. According to mental health staff, any decision to offer counseling or therapy to offenders and the initiation

	<p>of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the inmate. According to mental health staff, services will be provided based upon medical necessity, and each inmate would have an individualized treatment plan. This is consistent with PDOC policy.</p> <p>Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were 0 substantiated instance staff on inmate sexual abuse during the audit period.</p> <p>Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. The Auditor interviewed the PCM. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.</p> <p>Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coercive sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:
	Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual
	Section 10 - Sexual Abuse/Sexual Harassment Prevention - Medical and Mental

Health Screenings

Site Review

SCI-Chester Completed PAQ

PREA (PRAT) Screenings and Follow-up

PRAT Training

Medical Records of Individuals that reported prior victimization

Records of Prison Inmates who were identified as Previous abusers

Interview with the Following:

PCM

Medical Personnel

Mental Health Staff

Inmates that reported prior victimization

Findings:

The agency's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. It is the policy of the PDOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.

A random review of 6 inmate files of individuals who have reported prior victimization verified that the screenings were being conducted in accordance with the standards and the policy. The PAQ indicated that 100 percent of all inmates who had reported prior victimization during the last 12 months were offered mental health services in accordance with the standards. The Auditor conducted targeted interviews with inmates who had reported prior victimization. The interviews indicated that they were offered services as a result of the screening, and of those that requested services, according to their medical record, they received services within 14 days. The auditor reviewed forms where inmates indicated whether they requested or refused services. An interview with medical staff and mental health staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, the computer system automatically triggers an alert for a referral and the inmate is offered a follow-up meeting, which is scheduled at that time. Mental health staff indicated that follow-up services generally occurred within a day. This was confirmed with inmates that requested services.

In addition, 100 inmates were admitted in the last 12 months that had a history of predatory sexual behavior. According to the PAQ none of the inmates specifically requested any mental health treatment and the auditor reviewed documents where the inmates refused any mental health treatment related to their sexually predatory behavior.

The Auditor conducted a formal interview with mental health staff. The staff member indicated that inmates identified as needing follow-up care would be scheduled ASAP. Mental health staff confirm that services are offered to both inmates at risk of victimization, as well as inmates who have a history of sexually assaultive behavior.

This information is recorded in the electronic medical record and each staff member with access has an individual login and password. An interview with the PCM confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access. This information is limited access and only used to make housing, bed, work, education, and other program assignments.

PDOC policy states that medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. This is written in policy and confirmed during staff interviews.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 14 – Responding to Reports of Sexual Abuse</p> <p>Nursing Evaluation Tool</p> <p>Shift Commander and Alleged Victim Checklist</p> <p>Medical/Mental Health Contact Notes</p> <p>Investigative Records</p> <p>Inmates Medical Records</p> <p>Interviews with Medical Practitioners</p> <p>Site Review</p>

SCI-Chester Completed PAQ

Interviews with Staff, including the following:

- a. PCM
- b. Investigator
- c. Medical Staff
- d. Random Security Staff

Findings:

The PDOC policy is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The staff are aware of their responsibilities with regard to protection of the victim and evidence in the case of a report of sexual assault. In addition, the contracted medical and mental health services are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PCM and medical staff. For services that are outside their scope, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at the local emergency department by qualified forensic nurse examiners, in accordance with the MOU provided to the auditor. An advocate from the Delaware County Victim Assistance Center is available and will accompany the inmate during forensic services. The auditor confirmed that availability by reviewing the documents provided that included the scope of services and the MOU with the Delaware County Victim Assistance Center.

PDOC policy states that all inmate victims of sexual abuse will be offered information and access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for

	<p>services or identify the alleged abuser, and the requirement to make a provision for STD prophylaxis or emergency contraception, if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility. There have been 0 allegations of sexual abuse at the SCI-Chester in the last 12 months requiring these services.</p> <p>SCI-Chester policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been 0 allegations of sexual abuse at the SCI-Chester in the last 12 months requiring these services. The Auditor was able to review investigative files to verify that they are in compliance with the standards.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 14 – Responding to Reports of Sexual Abuse</p> <p>Medical and Mental Health Records</p> <p>MOU with Delaware County Victim Assistance Center</p>

Site Review

SCI-Chester Completed PAQ

Interview with the Following:

PCM

Random Staff

Medical Staff

Mental Health Staff

Findings:

The PDOC policy is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care.

Targeted interview with mental health staff determined that they do provide services to those who have been identified as sexual predators or at high risk for sexually predatory behavior. However, the mental health staff indicated that it would be handled like any other medical condition and would require consent and would be based upon the individual needs of the inmate. In addition, all inmates identified are evaluated within the time period required by the standard.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis.

PDOC policy states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser

	<p>or cooperates with any investigation arising out of the incident. Interviews with medical staff confirm that these services would be provided to the inmate at no cost. There have been 0 allegations of sexual abuse at the SCI-Chester in the last 12 months requiring these services.</p> <p>Staff interviews confirmed the medical and mental health staff's knowledge of the policy and standard. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them. In addition, the mental and medical staff both indicated that inmates were likely receiving services that are equal to community standards.</p> <p>Both the medical and mental health staff indicated that each treatment plan is individualized based upon medical necessity. The auditor was able to review the medical records and investigative files and there is no evidence that inmates were charged any co-payments related to any evaluation or treatment related to sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 16 – Sexual Abuse Incident Review</p> <p>SCI-Chester Completed PAQ</p>

Incident Reviews from the Audit Period

Interview with the Following:

Superintendent

Interview with PCM/Review Team Member

Findings:

The PDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Agency policy states that a sexual abuse incident review will be conducted within 15 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel as well as other personnel. The personnel are detailed in appointed member of the team and their roles are defined by policy.

According to the PAQ, during this review period there have been 13 total allegations of sexual abuse and corresponding administrative allegations that required an incident review (this also included cases closed that occurred prior to the audit period). The auditor reviewed the examples of the incident reviews provided by the facility. They were completed within 30 days of the end of the investigation and considered all elements as required by the standard.

In accordance with the standard, PDOC policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. An interview with members of the incident review team (the PCM and Superintendent) confirmed that if there was an incident that required a review, all these factors would be considered. These elements are included as part of a standardized instrument used to document the review. An interview with the PCM confirms that a report of the findings, including recommendations for improvement,

would be completed, and submitted for inclusion in the file. The Superintendent will review the recommendations. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented. The auditor reviewed all of the incident reviews and confirmed that the reviews were completed in accordance with the standards.

The SCI-Chester has appointed a team that conducts incident reviews at the conclusion of any sexual abuse investigations as stipulated by the standard. This was confirmed by targeted interviews. A written report of the findings is prepared and maintained by the PCM. The Auditor was also provided with a list of the members of the incident review team as outlined in their policy. The agency uses a standardized form which makes is consistent across the agency.

Sexual Abuse Incident Reviews are conducted in a standardized method agency wide. Team members meet to discuss the various components required by the standard. The PCM tracks the incident reviews to ensure that they are complete and require a copy be submitted to them upon completion in the required timeframe. This oversight and standardization are completed for all sexual abuse allegations.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 20 – Data Collection and Retention</p> <p>2021 Agency Annual Report</p>

2021 BJS SSV

Interview with PCM

Website

Findings:

The PDOC policy is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse. The Auditor reviewed the Annual Report available on the facility website, including the Agency's aggregated sexual abuse data for calendar year 2021.

An interview with the PCM confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.

The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard. The report uses a standardized set of definitions, which are available on the facility website and in the PDOC policy.

Each PDOC facility completes monthly reports and submits them to the PREA Coordinator for review. The PDOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions. Each incident is logged in the PREA tracking system which allows for review and accurate collection of data throughout the agency.

The Auditor reviewed the annual agency audit recently completed that verified that the 2022 annual report has been completed and is awaiting administrative approval.

	<p>The Auditor verified this information with the statewide PREA Coordinator.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</p> <p>Section 20 - Data Collection and Retention</p> <p>SCI-Chester Completed PAQ with ADP</p> <p>Annual Report 2021</p> <p>Website with sexual abuse data</p> <p>Findings:</p> <p>The PDOC policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency website, excluding all personal identifiers after final approval.</p> <p>The Auditor reviewed the Annual Reports available on the agency website, including data for calendar year 2021. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The annual</p>

	<p>report indicates the agency's efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization.</p> <p>The report is signed by the Acting Secretary and there is no personally identifying information in the report. The 2022 report has been completed and is awaiting approval by administrative personnel. This was verified by the auditor.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Policy DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 20 – Data Collection and Retention</p> <p>SCI-Chester Completed PAQ</p> <p>PDOC Website containing sexual abuse data.</p> <p>Interview with the Following:</p> <p>Superintendent</p> <p>PCM</p>

	<p>Findings:</p> <p>The SCI-Chester policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency’s website, excluding all personal identifiers after final approval by the Executive Director. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. All sexual abuse data and files are maintained in the SPPANS electronic system, with limited facility access, including the PCM, and senior facility management. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the agency’s website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Previous Audit Report 2. Completed PAQ 3. On-Site Review <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator (Annual Agency Audit report 2023)

- Superintendent
- PCM

Observation of the following:

- Observation of, and access to all areas of the SCI-Chester during the site review

The SCI-Chester had its last PREA Audit September 30th - October 2nd , 2021. The Auditor reviewed the facility's previous PREA report. The Auditor was given full access to the facility. The facility staff was open to feedback. The facility provided the Auditor with a detailed tour of the facility. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information.

All staff at SCI-Chester cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded private interviews with inmates at the SCI-Chester, both informally and formally. The Auditor was given a private interview area to interview inmates. The SCI-Chester staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditor.

The auditor was able to observe both inmates and staff in various settings.

Prior to the on-site review, PREA notices were sent to the facility to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit as well as common areas. The Auditor received documentation that the notices to inmates were posted six weeks in advance of the first day of the audit. The auditor received 0 confidential letters from inmates at SCI-Chester.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1102 376">Evidence Relied upon to make Compliance Determination:</p> <ol data-bbox="280 483 624 591" style="list-style-type: none"><li data-bbox="280 483 624 519">1. Previous Audit Report<li data-bbox="280 555 520 591">2. PDOC Website <p data-bbox="280 698 695 734">Interviews with the following:</p> <ul data-bbox="280 770 1050 806" style="list-style-type: none"><li data-bbox="280 770 1050 806">• PREA Coordinator (Annual Agency Audit 2023) <p data-bbox="280 913 1477 1070">The Auditor reviewed the PDOC website which contains a link for the 2021 PREA Audit Report. The 2022 Annual Report has been completed and is awaiting approval by administrative personnel before posting to the website. This was verified by the auditor.</p> <p data-bbox="280 1182 1422 1258">After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p data-bbox="280 1370 616 1406">Corrective Action: None</p>

Appendix: Provision Findings		
115.11 (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
115.11 (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
115.11 (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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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 inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	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: 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
115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates 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 inmates 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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (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 inmates?	yes

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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
115.17 (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
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (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 inmates 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
115.18 (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 inmates 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.)	na
115.21 (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.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of 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
115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (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
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates 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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (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 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (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
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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.)	na
	Does the agency always refrain from requiring an inmate 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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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	na

	this standard.)	
	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.)	na
115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate 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.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates 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
115.54 (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 an inmate?	yes
115.61 (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 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 regarding retaliation against inmates 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 regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (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

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (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
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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
115.64 (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
115.65 (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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate 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 inmate 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 inmate 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
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (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 as required by 115.34?	yes
115.71 (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
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	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
115.71 (g)	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	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 agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	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 115.21(a).)	yes
115.72 (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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, 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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (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
115.76 (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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (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 security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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
115.83 (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
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (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
115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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	yes

	to § 115.87 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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (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
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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 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	Audit contents and findings	

(f)		
	<p>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.)</p>	yes