

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

Interim Final

Date of Report 07/10/18

Auditor Information

Name: Patrick J. Zirpoli Email: pzirpoli@ptd.net

Company Name: Patrick J. Zirpoli LLC.

Mailing Address: 149 Spruce Swamp Road City, State, Zip: Milanville, PA 18443

Telephone: 570-729-4131 Date of Facility Visit: 06/11/18

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Pennsylvania Department of Corrections Commonwealth of Pennsylvania

Physical Address: 1920 Technology Parkway City, State, Zip: Mechanicsburg, PA 17050

Mailing Address: Same as above City, State, Zip: Same as above

Telephone: 717-728-2573 Is Agency accredited by any organization? Yes No

The Agency is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: The Pennsylvania Department of Corrections operates as one team, embraces diversity, and commits to enhancing public safety. We are proud of our reputation as leaders in the corrections field. Our mission is to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change.

Agency Website with PREA Information: www.cor.pa.gov

Agency Chief Executive Officer

Name: John E. Wetzel Title: Secretary of Corrections

Email: [REDACTED] Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: Dave Radziewicz	Title: Agency PREA Coordinator
Email: dradziewicz@pa.gov	Telephone: 717-728-4973
PREA Coordinator Reports to: Carole Mattis, Director of the Bureau of Standards/Audits/Accreditations	Number of Compliance Managers who report to the PREA Coordinator 36

Facility Information

Name of Facility: Johnstown Community Corrections Center			
Physical Address: 301 Washington Street, Johnstown, PA 15901			
Mailing Address (if different than above): Same as above			
Telephone Number: 814-533-2416			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: The Pennsylvania Department of Corrections operates as one team, embraces diversity, and commits to enhancing public safety. We are proud of our reputation as leaders in the corrections field. Our mission is to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change.

Facility Website with PREA Information: www.cor.pa.gov

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Brian McCollim	Title: Acting Center Director
Email: bmccollim@pa.gov	Telephone: 814-533-2416

Facility PREA Compliance Manager

Name: Brian McCollim	Title: Acting Center Director
Email: bmccollim@pa.gov	Telephone: 814-533-2416

Facility Health Service Administrator			
Name: Not Applicable		Title:	
Email:		Telephone:	
Facility Characteristics			
Designated Facility Capacity: 72		Current Population of Facility: 51	
Number of residents admitted to facility during the past 12 months			208
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			106
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			174
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			206
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 yrs. and older	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			4-8 months
Facility Security Level:			Community
Resident Custody Levels:			Community
Number of staff currently employed by the facility who may have contact with residents:			18
Number of staff hired by the facility during the past 12 months who may have contact with residents:			4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: Not Applicable	
Number of Multiple Occupancy Cell Housing Units:		16 multi occupancy rooms	
Number of Open Bay/Dorm Housing Units:		Not applicable	
Description of any video or electronic monitoring technology: The facility has 34 Cameras located throughout the facility, including cameras on the exterior of the building. The cameras provide adequate coverage of reentrants housing areas, and accessed areas. The cameras are viewed in the main control area. The cameras are monitored by the security staff who work in this area. During the onsite audit the monitors were examined, the views of the cameras do not show any areas that would cause an issue of cross gender viewing.			
Medical			
Type of Medical Facility:		Not applicable	
Forensic sexual assault medical exams are conducted at:		Conemaugh Memorial Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			23

Audit Findings

Audit Narrative

Pre-Onsite Audit Phase

Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Agency PREA Coordinator Dave Radziewicz. We coordinated the date for the onsite audit at the facility, as well as scheduled Agency level interviews prior to the onsite audit.

I further had the opportunity to discuss the audit with the Acting Director/PREA Compliance Manager at the facility. During these conversations we outlined an overall audit schedule and I notified the facility of the estimated time of arrival onsite.

Posting Notice of the Audit:

I forwarded the audit postings to the Agency PREA Coordinator on April 25, 2018, he then forwarded the postings to the facility. The posting included the dates of the audit, purpose of the audit, my contact information and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing areas, visiting areas, recreational areas and all common areas. I verified the placement of the audit notices during the onsite portion of the audit during the facility tour, and during the reentrant and staff interviews. No staff nor reentrants contacted me.

Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The Agency PREA Coordinator had previously provided me all of the Pennsylvania Department of Corrections Policies and Procedures related to the Prison Rape Elimination Act. The facility PREA Compliance Manager provided me with all facility level Policies and Procedures, as well as documentation that all Department and Facility Policies and Procedures were practiced on a daily basis. They also provided me a completed PRE-Audit Questionnaire. The Policies, Procedures and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

Outreach to Community Advocacy Organizations:

On several occasions I have had the opportunity to speak with Kayla Houser of the Pennsylvania Coalition Against Rape in reference to any issues within the Pennsylvania Department of Corrections, relating to sexual abuse or sexual harassment. She did not know of any issues within the agency. Her organization works closely with the PADOCC ensuring that advocacy is provided at every facility.

Agency level interviews:

On May 9, 2018 I travelled to the Pennsylvania Department of Corrections Central Office located in Mechanicsburg, Pennsylvania. At this time I conducted interviews with the Agency PREA Coordinator, Agency Level Human resources, and the Department's Bureau of Investigations and Intelligence.

On May 10, 2018 I interviewed Daniel McIntyre, Director, Bureau of Community Corrections, as the Agency Head Interview. I also interviewed Captain Laura Hoffman-Reed in reference to the agency investigative policies and procedures. On several occasion I have had the opportunity to review investigative reports prepared and submitted by the Pennsylvania Department of Corrections, these reports were reviewed during previous audits conducted for the Department, and contracted facilities who house reentrants for the Department. These reviews have taken place within the last 12 months. The current audited facility did not have any investigations, these prior reviews were utilized to ensure compliance with investigative standards.

Onsite Audit Phase

Site Review:

On June 11, 2018 at approximately 7:30 a.m. I met with Acting Center Director Brian McCollim and Regional Director Morris Richardson Jr. We discussed the onsite portion of the audit, including facility tour, reentrants and staff interview location, and document review. After this brief meeting a facility tour was conducted. During the tour I had the opportunity to view all areas of the facility, no areas were not toured. I interacted with both staff and reentrants, as well as observed the interaction between the staff and reentrants. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While in the housing areas I observed the related PREA information, Audit Posting, and applicable policies and procedures which are accessible to all reentrants. These postings were further observed in common areas throughout the facility. While conducting the onsite audit I reviewed the log book located in main control.

Upon completion of the facility tour the reentrant interviews were conducted. They were conducted in the Center Directors Office, this provided privacy while conducting the interviews. I randomly selected the reentrants from the daily roster.

Interview Type	Number
Random Reentrant Interviews	13
Youthful Reentrants	Facility does not house
Reentrants with a Physical Disability	2
Reentrants who are Blind, Deaf, or Hard of Hearing	0
Reentrants who are Limited English Proficient	0
Reentrants with a Cognitive Disability	1
Reentrants who Identify as Lesbian, Gay or Bisexual	0
Reentrants who identify as Transgender or Intersex	0
Reentrants who Reported Sexual Abuse	0
Reentrants who Reported Sexual Victimization During Risk Screening	0
Total Reentrant Interviews	16

During the interview process several targeted categories of reentrants were not being housed at the facility.

I conducted the interviews with all reentrants in the same manner, a preamble to the interview was related to the reentrant explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No reentrants refused to speak with me. During the interviews I utilized a copy of the initial PREA information received by the reentrants, the Facility Handbook, and Screening form to visually stimulate the reentrants recollection of their initial intake process.

Upon completion of the reentrant interviews the staff interviews were conducted in the Directors Office, these interviews were conducted. As previously stated the agency level interviews were conducted on May 9th and 10th 2018. During the process I interviewed staff in the following categories:

Interview Type	Number
Random Staff Interviews	6
Intermediate or Higher Level Staff Conducting Unannounced Rounds and Intake Staff	1
Administrative Staff	2
Victim Advocate	1
Investigative Staff	2
Staff who Perform Screening	2
Agency Head Designee	1
Agency PREA Coordinator	1
Staff on the Sexual Abuse Incident Review Team	1
Director/PREA Compliance Manager and Designated to Monitor for Retaliation	1
Total Staff Interviews	18

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. During the interviews I utilized a copy of the training/policies and any documentation related to a specific targeted interview. These items were used to visually stimulate the staff's recollection on the daily practices at the facility.

The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases, with the applicable standard to each.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases	Applicable Standard
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Organizational Chart – Dept. of Corrections Organizational Chart - Facility	Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language Current contract monitoring reports	Standard 115.212: Contracting with other entities for the confinement of residents

<p>Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Staffing Plan & PREA reports for CCC's dated February 7, 2018. Daily Assignment Post Roster Facility diagrams showing camera locations Log (showing rounds) – all shifts</p>	<p>Standard 115.213: Supervision and Monitoring</p>
<p>Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Section 2-8 Cross-Gender Search and Seizure Training rosters</p>	<p>Standard 115.215: Limits to cross-gender viewing and searches</p>
<p>Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Translated materials provided to reentrants (regarding PREA) Contract with Propio language Services which expires on 06/30/18.</p>	<p>Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient</p>
<p>4.1.1, Human Resources and Labor Relations Procedures Manual Section 40- Conducting Employee Background Investigations 4.1.1, Human Resources and Labor Relations Procedures manual Section 41-Employment of Job Applicants Having Adverse Contacts with Criminal Justice Agencies PA Title 18 Crimes Code Verification of the Rap Back System through JNET</p>	<p>Standard 115.217: Hiring and Promotion Decisions</p>
<p>Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Camera locations on Plot Plan</p>	<p>Standard 115.218: Upgrades to facilities and technologies</p>
<p>Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigative reports Letter of agreement with Victim Services Inc. for victim advocacy. Letter of agreement with Conemaugh Memorial Medical Center Documentation of completed investigations for medical examinations</p>	<p>Standard 115.221: Evidence Protocol and Forensic Medical Examination</p>
<p>Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Documentation of completed investigations MOU with the Pennsylvania State Police Agencies website</p>	<p>Standard 115.222: Policies to Ensure Referral of Allegations for Investigations</p>

Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act PREA Training PowerPoint 2018 PREA Training Rosters Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors	Standard 115.231: Employee Training
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Completed Acknowledgement Forms	Standard 115.232: Volunteer and Contractor Training
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Orientation Roster with arrival date PREA Sexual Abuse Awareness Handout Receipt for Reentrants (English and Spanish) PREA Education Receipt for Reentrants (English and Spanish)	Standard 115.233: Resident Education
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Specialized PREA Investigation Training PowerPoint – relevant pages Training Records for Investigators	Standard 115.234: Specialized training: Investigations
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act	Standard 115.235: Specialized training: Medical and mental health care
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Completed PRAT in WEBTAS Spreadsheet showing dates of screenings	Standard 115.241: Screening for risk of victimization and abusiveness
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Housing Unit Rosters	Standard 115.242: Use of screening information
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Reentrant Handbook w/relevant language (English and Spanish) Memorandum of Understanding between Pennsylvania Department of Corrections and Pennsylvania State Police PA DOC Website Reporting posters at facility	Standard 115.251: Resident reporting
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act	Standard 115.252: Exhaustion of administrative remedies
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Letter of agreement with Victim Services Inc. for victim advocacy.	Standard 115.253: Resident access to outside confidential support services
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Copies of Posted Reporting Instructions Agency Website	Standard 115.254: Third-party reporting

Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Agency Investigations of Sexual Abuse and Sexual Harassment	Standard 115.261: Staff and agency reporting duties
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Agency Investigations of Sexual Abuse and Sexual Harassment	Standard 115.262: Agency protection duties
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports	Standard 115.263: Reporting to other confinement facilities
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Agency Investigations of Sexual Abuse and Sexual Harassment	Standard 115.264: Staff first responder duties
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Agency Investigations of Sexual Abuse and Sexual Harassment	Standard 115.265: Coordinated response
Ty Stanton Director of Human Resources dated January 13, 2015.	Standard 115.266: Preservation of ability to protect reentrants from contact with abusers
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act	Standard 115.267: Agency protection against retaliation
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports Specialized Training Power Point Specialized Training Rosters	Standard 115.271: Criminal and administrative agency investigations
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports	Standard 115.272: Evidentiary standard for administrative investigations
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports	Standard 115.273: Reporting to residents
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports	Standard 115.276: Disciplinary sanctions for staff
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports	Standard 115.277: Corrective action for contractors and volunteers
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports	Standard 115.278: Disciplinary sanctions for residents
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act Investigation Reports Letter of Agreement with Conemaugh Memorial Medical Center for forensic examinations	Standard 115.282: Access to emergency medical and mental health services
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act	Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act	Standard 115.286: Sexual abuse incident reviews
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act DOC Website Data reports from 2011 through 2016	Standard 115.287: Data collection
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act DOC Website Data reports from 2011 through 2016	Standard 115.288: Data review for corrective action
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act DOC Website Data reports from 2011 through 2016	Standard 115.289: Data storage, publication, and destruction
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act DOC Website PREA reports from current auditing cycle	Standard 115.401: Frequency and scope of audits
Pennsylvania Department of Corrections Policy: BCM-ADM 008 Prison Rape Elimination Act DOC Website PREA reports from current auditing cycle	Standard 115.403: Audit contents and findings

At the conclusion of the Onsite Audit an exit conference was held with the administration. At this time I provided an overview of the audit findings during the onsite audit portion.

Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

Facility Characteristics

The Pennsylvania Department of Corrections Johnstown CCC is located at 301 Washington Street Johnstown, PA 15901. The facility is located in the downtown area of Johnstown, this allows the reentrants to walk to work, attend programming, and for meals.

In the spring of 1995, the PA Department of Corrections, leased the building the facility is currently located in. This location was selected based on it having ample space for residential housing for an expanding population, as well as increased office space, and storage.

The program was originally conceived as a short-term program where reentrants would serve out the last few months of their minimum sentences and has gradually evolved into the Community Corrections Center that it is today. Parolees and State Intermediate Punishment Reentrants, are currently operating under the BCC Activity Planner Pilot that was implemented region wide in 2015, and now is being piloted statewide.

The basic premise of the pilot is to afford Reentrants leave based on their accomplishments and/or setbacks toward reentry. The facility staff focus their attention on the Reentrants reintegration back into their communities by providing counseling supports, workshops, community service connections, referrals for treatment in the community, while maintaining the safe orderly operations of the facility. The onus of responsibility in the community is put back on the Reentrant, in conjunction with their board action and supervision by PA Board of Probation and Parole.

The facility is housed in a three story building, which has the capacity to house 72 male residents. The facility is staffed with both male and female monitors and counselors.

The main entrance to the building is located on the first floor, entry is controlled by a locked door, and the Community Correction Center Monitor needs to allow access into the building. This immediate area is also surveilled by cameras. Anyone entering the building must clear the metal detector in the lobby. The CCC Monitors Station is located in the lobby area, a window allows the monitors to have direct view of the entrance and lobby.

The first floor consists of staff offices, entry into this area is controlled by another locked door. Handicap reentrants rooms, the kitchen, dry storage, laundry room/bathroom, lounge and sally port are located on the first floor. The bathroom for one of the handicap reentrants rooms is located in the hallway, the second room has a bathroom and shower within the room.

The second floor consists of offices, reentrants housing areas, bathrooms and a lounge area.

The third floor has additional housing areas and bathrooms.

The floors of the facilities are accessed via two stairwells, one at either end of the building.

All areas of the facility are under direct supervision of staff. The monitor station is placed to allow adequate staff supervision. Supervision is also accomplished by multiple unannounced rounds throughout the facility.

During the original PREA Audit of this facility on July 26, 2016 the third floor and several rooms were off limits to reentrants, these areas were kept locked at all times and written notices were placed on the doors. These areas have been opened for reentrant use, the facility has ensured the sexual safety of reentrants in these areas by installing cameras, and through staff rounds.

Summary of Audit Findings

Number of Standards Exceeded: 5

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- § 115.234 Specialized training: Investigations.
- § 115.241 Screening for risk of victimization and abusiveness.
- § 115.271 Criminal and administrative agency investigations.
- § 115.286 Sexual abuse incident reviews.

Number of Standards Met: 36

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.217 Hiring and promotion decisions.
- § 115.218 Upgrades to facilities and technologies.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.231 Employee training.
- § 115.232 Volunteer and contractor training.
- § 115.233 Resident education.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.242 Use of screening information.
- § 115.251 Resident reporting.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.287 Data collection.
- § 115.288 Data review for corrective action.
- § 115.289 Data storage, publication, and destruction.

§ 115.401 Frequency and scope of audits.
§ 115.403 Audit contents and findings.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The Commonwealth of Pennsylvania Department of Corrections, policy subject Prison Rape Elimination Act (PREA), policy number BCC-ADM 008. This policy was issued on April 28, 2017 and became effective on May 30, 2017. This policy dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.

I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated an agency wide PREA Coordinator. During the interview he related that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards, and their daily application in the Pennsylvania Department of Corrections. He is also a DOJ Certified Auditor and assists in conducting circular PREA Audits for the Pennsylvania Department of Corrections. I reviewed the Department of Corrections Organizational Chart and found that the PREA Coordinator is in the upper-level of the administration.

The agency has also designated a PREA Compliance Manager at each of their facilities. During the interview with the PREA Compliance Manager they related that they have enough time to implement the PREA Standards at the facility.

During the interviews at the facility I was informed that the Agency PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues.

Prior to the onsite audit all documentation was reviewed, during the onsite portion I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and reentrants.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the agencies overall commitment to sexual safety in their facilities, this commitment is shared by all staff from the Director down.

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The Pennsylvania Department of Corrections holds contracts with Contracted County Jails and Community Contract Facilities. They have added language in the contracts specific to PREA. This language states that all contracted facilities must comply with the PREA standards, are subject to Department inspection, and a PREA Audit.

During the interview with the PREA Coordinator we discussed the audit cycle of the contracted facilities, and the monitoring of the audits. I was informed that a contract monitor works directly with the PREA Coordinator to ensure the contracted facilities are complying with PREA under this standard, and are submitting to a PREA audits as per the contract.

I further verified the audits and compliance by the contracted facilities by reviewing the Contracted Facility information on the Agencies website, and navigating to the individual contracted facility website. I ensured the contracted facility had the PREA information posted and reports listed. Some of the Contracted Agencies with only one facility did not conduct an audit during the first year of the current auditing cycle. Although the Contractor is complying with PREA, they are not compliant with the agency contract. This was brought to the attention of the PREA Coordinator.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.213: Supervision and monitoring

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect reentrants against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned policies. I further questioned staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility will fill posts with overtime if needed to be at full compliment.

The staffing plan was completed by the Director Bureau of Community Corrections on February 18, 2018. This was confirmed through review of the staffing plan and staff interviews.

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime.

The facility has not had any incidents related to sexual abuse or sexual harassment. The facility administrators review other incidents that have occurred at the facility, as well as discussing normal facility operation. They discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

A Tour Scan system has been installed at the facility to adequately document security rounds. The Tour Scan buttons have been placed throughout the facility in locations that force the staff to enter all housing areas, and turn around so they completely view the rooms.

The agency has implemented a policy and practice of having intermediate-level or management level employees conduct and document unannounced tours to identify and deter staff sexual abuse and sexual harassment. These unannounced tours take place during all shifts at the facility. The agency has a policy prohibiting staff from alerting other staff members that these supervisory tours are occurring. I further confirmed the tours are occurring during the staff and reentrant interviews as well as reviewing the BCC Facility PREA Compliance Report.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and reentrant interviews, as well as review of policy. I also confirmed that the facility has not conducted a search under these circumstances.

The facility is an all-male facility and does not house any females.

The above policies outline procedures and practices that enables reentrants 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 housing unit checks. The policies further dictates that staff of the opposite gender announce their presence when entering a reentrant housing unit. These practices were confirmed during the staff and reentrant interviews as well as during the facility tour when I observed the announcements taking place.

All showers and bathroom stalls have operational doors or curtains providing the reentrants with privacy.

The facility does not search or physically examine a transgender or intersex reentrant for the sole purpose of determining the reentrant's genital status. If the reentrant's genital status is unknown, it is determined during conversations with the reentrant, 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. I further confirmed the practices during the staff interviews. When a transgender or intersex reentrant is placed at this facility, they would have been identified as such by the facility they were being transferred from.

The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex reentrants, in a professional and respectful manner, and in the least

intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency and facility are substantially compliant with the requirements of this standard, and all provisions.

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

115.216 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The agency has taken appropriate steps to ensure that reentrants with disabilities (including, for example, reentrants who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. These steps include, when necessary to ensure effective communication with reentrants who are deaf or hard of hearing, providing access to interpreters who can interpret

effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with reentrants with disabilities, including reentrants who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The agency outlines the response to reentrants in these categories in the reviewed policies.

The agency has taken 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 reentrants who are limited English proficient. The agency holds a contract with PROPIO LS LLC for language services, this service offers over the phone interpretation, the contract is valid through June 30, 2018.

The agency does not rely on reentrant interpreters, reentrant readers, or other types of reentrant assistants. The interviewed agency investigators are aware of the approved interpreters and confirmed during their interview that they utilize these services.

During the reentrant interviews I interviewed a reentrant with a Cognitive Disabilities. He related that the staff further explained the sexual abuse and sexual harassment policies, and ensured that he understood the reporting avenues.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The following is the agency hiring procedures to ensure that an extensive background is completed 4.1.1, Human Resources and Labor Relations Procedures Manual Section 40- Conducting Employee Background Investigations states the following:

Background investigations for all candidates for positions in the Department will be in accordance with Management Directive 515.15, Identification, Employment, and Education Verification Checks and M505.5, Commercial Driver License, Drug and Alcohol Testing and Licensing Requirements and processed in the manner listed below. (§115.17 [c] [1])

General Processing

1. The Facility Human Resource Office will conduct a preliminary background investigation and prepare an appointment package for all new hires and rehires that have been separated for more than 60 days and which shall contain the items outlined in the Checklist for Background Check Requests (refer to Section 38, Attachment 38-C of this procedures manual).
2. The Facility Human Resource Office need only conduct a CLEAN/JNET for all rehires that have been separated for less than 60 days. The results must be submitted to the Background Coordinator in the Bureau of Human Resources (BHR), Workforce Management Division.
3. The local criminal history check may be done by CLEAN/JNET, letter, or personal contact, however, appropriate documentation must be attached to verify the CLEAN/JNET inquiries on wanted persons and warrants, criminal history in Pennsylvania and all other states outside Pennsylvania,

Bureau of Motor Vehicles, and Protection from Abuse (PFA) orders on all names listed by applicant. If the response received is insufficient, contact should be made with local District Magistrates or Clerk of Courts for all counties of residences listed. Verification should also be made for any criminal justice violation disclosed on application, indicated on RAP sheet, or discovered during the preliminary background investigation, to include out-of-state charges.

4. Consistent with the Prison Rape Elimination Act (PREA)

a. Prior employment in any type of prison, jail, lockup, community confinement facility, juvenile facility, or other institution will be further investigated to ensure that the candidate has not been found to have any of the following: (§115.17 [a] [1])

- (1) have 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) (§115.17 [a][1]); and
- (2) have been convicted or civilly or administratively adjudicated for 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. (§115.17 [a] [2][3])

b. Human Resource Offices will be responsible for sending the PREA Consent to Release of Information Form, along with the PREA Current/Prior Employer Letter (Attachment 40-A) to the attention of applicable employer's Human Resource Offices via certified mail, receiving and reviewing their responses, and determining whether the applicant may be hired consistent with the PREA. Human Resource Offices should wait a minimum of two weeks for a response before proceeding with the hiring process. If the answer is "yes" to any of the questions, then the information will be forwarded to the Background Coordinator in the BHR, Workforce Management Division, to obtain the Office of Chief Counsel's concurrence that the candidate will be considered unsuitable for hire. Unless prohibited by law, the Director of the BHR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

4.1.1, Human Resources and Labor Relations Procedures manual Section 41-Employment of Job Applicants Having Adverse Contacts with Criminal Justice Agencies states the following:

1. The Department shall ensure that any job applicant who has had an adverse contact with a criminal justice agency shall be evaluated as to his/her suitability for employment.

2. Consist with the Prison Rape Elimination Act (PREA), the Department shall not hire or promote anyone who:

- a) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional institution;
- b) 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;
- c) has been civilly or administratively adjudicated to have engaged in the activity described above; and/or

d) the Department will consider any incidents of sexual harassment in determining whether to hire or promote anyone.

3. Any applicant who has been convicted of a felony or a misdemeanor punishable by a term of imprisonment of more than two years (first degree misdemeanor) shall not be considered as suitable for employment in a position requiring use of a firearm.

1.1.4, Centralized Clearances Procedures Manual Section 4-Centralized Clearance Check Procedures addresses contractor criminal background checks. The policy reads as follows:

1. Prior employment of contractors will be further investigated to ensure that the Department does not enlist the services of any contractor(s) who may have contact with inmates who: (§115.17 [a])

- a. have engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) (§115.17 [a] [1]); and/or
- b. have been convicted or civilly or administratively adjudicated for 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. (§115.17 [a] [2] [3])

2. The Department shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates. (§115.17 [b])

The above procedure will identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same.

During the documentation review, and review of personnel files I found that this process is also being utilized in the promotion system throughout the agency. This was further confirmed through agency level interviews, and interviews of promoted personnel.

The agency has also implemented a background investigation process for all new employees, contractors and volunteers. The background investigations are being conducted as per Department policy. During the review of personnel files I ensured that the background checks were being completed. Part of the background investigation is a Criminal History Check through the National Crime Information Center (NCIC).

The agency utilizes the CLEAN/JNET criminal charge alert. This system notifies the agency if any changes occur in any Staff, Volunteer or Contractors Criminal History, this system runs constantly and negates the five year Criminal History Check.

I also confirmed that the agency has the authority to suspend the security clearance of any contractor, volunteer or employee of a Contracting Agency which is housing inmates or reentrants for the agency.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

The agency has not made any substantial expansion to this facility, but during the interviews I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the reentrants.

This was apparent during the facility tour, when the facility was audited in 2016 two areas were off limits and locked. Since that time these areas have had security cameras placed in them, as well as Tour Scan buttons, and have been opened for reentrant access.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency is responsible for the administrative investigations of all sexual abuse and sexual harassment incidents. These investigations are initially responded to by a trained agency investigator. This investigator will coordinate any further response to an incident. If an investigation is deemed to be a criminal investigation the Pennsylvania State Police will be notified to conduct the criminal investigation.

I reviewed the training materials utilized, and interviewed agency investigators. I found that they follow the evidence protocols outlined in the policy, and are well versed in evidence identification and collection.

The facility has a Letter of Agreement with Conemaugh Memorial Medical Center for forensic examinations. The facility provides forensic examinations by a Sexual Assault Nurse Examiners (SANEs). The facility also has a Letter of Agreement with Victim Services Inc. for victim advocacy.

The protocols outlined in the policies are developmentally appropriate for youth, and exceed nationally accepted standards.

The aforementioned victim advocates are available to the victim during the forensic medical examination process and investigatory interviews and they provide emotional support, crisis intervention, information, and referrals. Although these services have not been utilized at this facility, I verified their availability through interviews and review of the Letter of Agreement.

The facility has not had any PREA related incidents where these services were utilized. I verified agency wide use of these services through previous interviews with investigators, and review of completed investigative reports by both DOC Investigators and the Pennsylvania State Police.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews and review of the agency investigative reports.

The agency investigates administrative allegations and the Pennsylvania State Police conduct the criminal allegations. I verified that the investigative procedure is published on the agencies website.

The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency provides training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials, I found that they address all areas. The employees receive the initial training and annual updates. I further confirmed the training during the staff interviews and the review of training records. It was confirmed during staff interviews that if an issue did arise it would be addressed during the start of shift briefing.

All employees receive training on both genders, this was confirmed during review of training materials and during staff interviews.

The employees are verifying the receipt of the training through a signature, this was verified during the review of the sample signature logs.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has trained all volunteers and contractors who have contact with reentrants on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was confirmed during prior volunteer and contractor interviews at other DOC and Contracted facilities.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with reentrants. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was confirmed during the prior volunteer and contractor interviews. I also reviewed the completed PREA Orientation Receipt for Department and Contract Employees and Volunteers.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.233: Resident education

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

During the intake process reentrants receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the reentrant and staff interviews, this information is located in the facility handbook. I further confirmed this by reviewing reentrant files and ensuring that the acknowledgment forms were in the files and signed by the reentrants. This material is available in both English and Spanish.

All the new transfers watch a PREA educational video. The Corrections Counselor II ensures that the reentrants watch the video, and discuss any main topics or answer questions. This takes place within the 72 hours and is conducted in conjunction with the initial screening.

The facility provides the reentrant education in formats accessible to all reentrants, this includes reentrants who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to reentrants who have limited reading skills. During staff interviews I confirmed that the Counselor would make any assessment as to a disability and further ensure that the reentrant understood the education.

The facility has all key information on the zero tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the reentrant and staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.234: Specialized training: Investigations

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The BCC-ADM 008, Section 2- Prevention and Training addresses education for investigators states that any employee who conducts sexual abuse investigations shall receive specialized training specific to Confinement settings through the Department or other approved source. This training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative actions or prosecution referral. (§115.234[a][b][d]).

The training provided was initially created by me during my employment with the Pennsylvania State Police, this training has been modified over the years but consistently exceeds the requirements of the standard.

I reviewed investigations completed by the PADOX Investigators as well as the Pennsylvania State Police from a wide range of facilities. I found the investigations to be thorough and completed in a very timely manner.

This facility has not had any investigations within the last 12 months.

The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as review of the training records.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The facility does not have any medical or mental health professionals who work within the facility.

At the agency level through staff interviews and prior audits conducted for the Pennsylvania Department of Corrections, I found that all agency full and part-time medical and mental health care practitioners are trained on the following:

- How to detect and assess signs of sexual abuse and sexual harassment;

- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Overall the agency medical staff at the facilities do not conduct sexual assault examinations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

All reentrants are assessed within 72 hours of arriving at the facility. The screening is being conducted by the reentrants counselor. This screening is conducted utilizing the PREA Risk Assessment Tool (PRAT), which is a computer based system on the WebTas. These instruments identify all areas of victimization enumerated in this standard. This was verified through interviews with staff and reentrants, as well as review of the completed instruments. The Counselors are being trained on how to conduct these screening.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during review of the screening tool and interviews with both staff and reentrants.

The facility is reassessing all reentrants within 30 days of arrival, this reassessment is being conducted by the counselors, and they are taking into considerations all information available to them at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews.

Both counselors utilized a spreadsheet that identified the reentrants arrival date, initial PRAT date and 30 day PRAT date. I reviewed these spreadsheets and found that the screenings are consistently completed in the allotted time.

The facility would reassess a reentrant's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the reentrant's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Reentrants are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during review of the screening tools, and during the staff and reentrant interviews.

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools are only available to counselors at the facility.

The reentrants are constantly being reassessed by their assigned counselors. The counselors are accessible to the reentrants, and in this atmosphere work closely with the reentrants. This gives the counselors the opportunity to observe the reentrants and ensure there is no change in their behavior or status. This was confirmed through interviews and watching the interaction between reentrants and the counselors.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those reentrants at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy and I confirmed these procedures during staff and reentrant interviews.

The agency makes all of these determinations on an individualized basis, this ensures the safety of each reentrant. This was confirmed during policy review, and staff and reentrant interviews.

I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex reentrant to a facility for male or female reentrants, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the reentrant's health and safety, and whether the placement would present management or security problems. I also confirmed that the reentrants own views would be taken into consideration during these decisions. Through policy and interviews I confirmed that if this facility housed a transgender reentrant they would be given the opportunity to shower separately from other reentrants.

I confirmed during interviews that placement and programming assignments for each transgender or intersex reentrant would be reassessed at least twice each year. This is also addressed in policy.

The agency nor facility places lesbian, gay, bisexual, transgender, or intersex reentrants in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during agency and facility level interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The facility provides the reentrants the information on reporting in pamphlet provided at intake and through signage throughout the facility. The reentrants can report in the following manners:

- Tell any Facility Staff member that you trust
- Make a written request to any staff member
- Make a written report to BCI/PREA Coordinator 1800 Elmerton Avenue Harrisburg, PA 17110

During the interviews with both staff and reentrants I confirmed that they were aware of the reporting avenues, and that they can remain anonymous.

The agencies website further instructs third parties on how to report. This was confirmed by viewing the agencies website.

The staff interviews related that they understood the agency policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provides in policy a method for staff to privately report sexual abuse and sexual harassment of reentrants. The policy allows the staff to report in the following manners:

- Verbal report to the Center Director/designee or PREA Compliance Manager.
- Written report to the Center Director/designee or PREA Compliance Manager.
- Written report to BCI/PREA Reporting 1800 Elmerton Avenue Harrisburg, PA 17110

I found during the reentrant interviews that the reentrants who were interviewed felt that if something was happening they would feel comfortable telling a staff member at the facility. This confidence in utilizing this reporting avenue shows the overall culture at the facility. Although this statement may not be true for all reentrants, the agency has provided so many different reporting avenues that a reentrant should feel comfortable with one of them.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

BCC-ADM 008, Section 3- Reporting Incidents and Allegations addresses administrative remedies

The policy reads as follows:

If a reentrant files a grievance related to sexual abuse, the grievance officer shall immediately reject the grievance and contact the BCC-MOC for investigation. The reentrant will be notified of this action. This will be considered an exhaustion of administrative remedies.

The above policy outlines that the agency overall does not accept grievances related to sexual assault.

This facility has had no grievances filed pertaining to sexual abuse, which needed to be returned to a reentrant.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

Access to outside confidential support services is outlined in the agencies policies and procedures. The reentrant would have the ability to utilize the services of Victim Services Inc. for victim advocacy with whom the facility has a Letter of Agreement. The services that the reentrants would receive are the same as the level received in the community.

All of the information required under this standard and all provisions is provided to the reentrants, this was verified through review of the documentation and interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established third party reporting methods in policy, these methods allow reentrants to report for other reentrants and outside individuals to report. The agencies website outlines the third party reporting avenues, this was confirmed through review of the agency website.

The facility has third party reporting avenues posted in areas in the facility where they can be viewed by visitors.

The policy further states that anyone may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a resident by writing to BCI/PREA Coordinator 1800 Elmerton Avenue Harrisburg, PA 17110.

During the reentrant interviews I confirmed they understood the third party reporting avenues available to them.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency policy states the following:

1. All staff, contractors, and volunteers shall provide an immediate verbal report to the Facility Director/designee of any knowledge, suspicion, or information regarding an alleged incident of sexual abuse or sexual harassment that occurred in any facility (whether or not it is part of the Agency); retaliation against reentrants or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (28 C.F.R. §115.261[a]) This information shall be documented on a DC-121, Part 3-BCC. In the absence of the Facility Director, this notification will be made to the BCC-MOC.

NOTE: If the report involves sexual abuse, the employee shall also complete first responder duties as outlined in Section 4 of this procedures manual.

2. A staff member, contractor, or volunteer may also make a private report as outlined in Subsection C. above.
3. Apart from reporting to designated supervisors or officials, staff, contractors, and volunteers shall not reveal any information related to a sexual abuse report to anyone except those specified in this procedures manual, to make treatment, investigation, or other security and management decisions. (28 C.F.R. §115.261[b])
4. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to Subsection D.1. above and to inform reentrants of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. (28 C.F.R. §115.261[c])
5. If the alleged victim is under the age of 18, or considered a vulnerable adult under a state or local "Vulnerable Persons" statute, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. (28 C.F.R. §115.261[d])

All allegations are being reported to security and administration for immediate action. This was confirmed during agency level staff interviews and review of the agency investigations at other facilities.

During the staff interviews at this facility I confirmed that they understood their obligation under the policy. During interviews all staff explained the reporting procedures as well as the initial response. All staff carry a laminated card with them that outlines the BCC PREA Sexual Abuse Allegation Immediate Response Procedures.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.262: Agency protection duties

115.262 (a)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agencies policies dictate that when any employee learns that a reentrant is subject to a substantial risk of imminent sexual abuse, the employee shall take immediate action to protect the reentrant and verbally contact the Facility Director/designee for additional direction. This information shall be documented on a DC-121, Part 3-BCC. (28 C.F.R. §115.262)

During the staff interviews I confirmed that the staff understood their obligation under this policy. I further confirmed the application of this policy during review of agency investigations at other facilities.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

Through policy the agency has established procedures and practices that meet all of the requirements of the standard and provision. The policies read as follows:

1. Upon receiving an allegation that a reentrant was sexually abused while confined at another facility, the Facility Director/designee shall document the receipt of the allegation via a DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay. The BCC-MOC shall prepare a confidential report; PREA Report – Sexual Abuse. The affected facility will be provided a copy of the confidential report and contact information in an electronic format for any follow-up questions. A copy of the notification and attachments shall be maintained in the Bureau Security Office case file. (28 C.F.R. §115.263[a][b])
2. The Bureau Director will make initial contact with the Facility Director of the affected facility by utilizing the PREA Report – Sexual Abuse to coordinate any immediate actions that may need to be taken. The Bureau Director shall make follow-up contact with the affected Facility Director to make the formal notification to the affected facility within 72 hours of report.

The policy further states that:

1. Upon receiving an allegation from another facility (Community Corrections Center [CCC], Community Contract Facility [CCF], State Correctional Institution [SCI], Contract County Jail [CCJ], etc.) about an allegation of sexual abuse or sexual harassment, the Facility Director/designee shall document the receipt of the allegation via a DC-121, Part 3-BCC and verbally notify the BCC-MOC without delay.

2. The BCC-MOC will take action as outlined in Section 2 of this procedures manual.

During the interview with the Director he informed me that no incidents of this nature have occurred at this facility but he understood his responsibility under the policy.

During my interviews with the agency investigators I confirmed that the investigations are being conducted as per this policy. I further confirmed this during review agency level investigations at other facilities.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.264: Staff first responder duties

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency policies outline the initial response by staff. These policies include all of the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation. The policy further outlines the response for any non-security staff, volunteer or contractor.

I verified compliance during the interview process, as well policy and agency investigation review. During the staff interviews they understood their initial response, they all informed me that they carry the BCC PREA Sexual Abuse Allegation Immediate Response Procedure laminated card which they would follow.

The procedure is to notify the BCC Management Operations Center (BCC-MOC), they would then advise on all appropriate steps to take.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.265: Coordinated response

115.265 (a)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The facility has adopted the BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health and the investigators. I confirmed the institutional plan through review of the plan, as well as during staff interviews.

If an incident was deemed to be of a criminal nature the incident would be coordinated in conjunction with the Pennsylvania State Police.

After a careful review of all documentation and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

I reviewed a letter from Ty Stanton Director of Human Resources dated January 13, 2015. This letter states in part that the Department operates within the confines of collective bargaining agreements with eight (8) different unions. None of these collective bargaining agreements contain language that limit the ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. In addition, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy then governs.

I further reviewed a memo from Secretary Wetzel dated January 12, 2015. This letter reads in part that recent arbitration awards and court decisions have clarified the procedures to be followed when placing an employee on Suspension Pending Investigation status. The procedures outlined below are to be implemented immediately, without exception.

Suspensions pending investigation should only be considered when the alleged offenses are of a nature that warrants immediate removal from the workplace. Per the awards, the Department does not need to demonstrate that the employee committed the suspected offenses; but rather, that the "nature of the allegations" are such that there is just cause to remove the employee from the institution pending the outcome of the investigation.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.267: Agency protection against retaliation

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established a policy that meets this provisions of this standard. The agency has identified the facility Director/PREA Compliance Manager as the designated monitor to monitor the reentrant or staff member for alleged retaliation.

The agency has established through past incidents that they utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident. This was confirmed during review of agency investigations and through staff interviews.

This facility has not had an incident in the past 12 months.

The Director understood his obligation under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

During the policy review I established that the agency has policies in place that address all provisions of this standard. More importantly during the review of agency investigations, and staff interviews I found they understand the provisions of the standard and are applying them throughout their investigations.

The BCC Administrative Investigators have received training on how to conduct the investigations at the facility level. They work closely with the Office of Special Investigations and Intelligence or the Pennsylvania State Police during any Criminal investigation, these investigators are highly trained law enforcement officers who will conduct the in-depth criminal investigations. After reviewing investigations throughout the agency I was impressed with the consistency of the overall investigation process, and the documentation of both the administrative and criminal investigations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During the investigation review and investigator interviews I verified that they are applying preponderance of evidence to make a determination on their investigations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard and all provisions.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policies in place that address all provisions of this standard. The policy reads as follows:

1. Following the investigation into a reentrant's allegation that he or she suffered sexual abuse in a facility operated/contracted by the DOC, the PCM at the facility where the reentrant is housed shall inform the reentrant within five business days, in writing, as to whether the allegation has been determined to be: (28 C.F.R. §115.273[a])
 - a. Substantiated – an allegation that was investigated and determined to have occurred.
 - b. Unsubstantiated – an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
 - c. Unfounded – an allegation that was investigated and determined not to have occurred.
2. If another agency conducted the investigation, the Bureau of Community Corrections (BCC) PREA investigator will request the relevant information from the investigative agency and forward it to the PCM, who will inform the reentrant. (28 C.F.R. §115.273[b])
3. Following a reentrant's allegation that a staff member has committed sexual abuse or sexual harassment against the reentrant, the PCM shall subsequently inform the reentrant when any of the following occur: (28 C.F.R. §115.273[c])
 - a. the staff member is no longer posted within the reentrant's unit;
 - b. the staff member is no longer employed at the facility;
 - c. the agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility; or
 - d. the agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility.

4. Following a reentrant's allegation that he or she has been sexually abused or sexually harassed by another reentrant, the PCM shall subsequently inform the alleged victim whenever: (28 C.F.R. §115.273[d])
 - a. the agency learns that the alleged abuser has been criminally charged related to sexual abuse or sexual harassment within the facility; or
 - b. the agency learns that the abuser has been convicted on a charge related to sexual abuse or sexual harassment within the facility.
5. These notifications apply to the alleged victim only. Third party reporters will not be notified of outcomes and/or actions.

I confirmed this through policy review, staff interviews, reentrant interviews at other facilities, and review of the agency investigations at other facilities, after a reentrant has been notified of the outcome of an investigation.

During the interview with the Acting Director/PREA Compliance Manager, he understood his obligations under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policy in place that address staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. These policies read in part:

1. Any Department or Contract employee or volunteer who violates the Department's zero tolerance policy by engaging in, failing to report, or knowingly condoning sexual abuse or sexual harassment of a reentrant shall be subject to appropriate disciplinary or administrative action. (28 C.F.R. §115.276[c])
2. Department employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Discipline shall occur in accordance with Department policy 4.1.1, "Human Resources and Labor Relations." (28 C.F.R. §115.276[a])
3. All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (28 C.F.R. §115.276[d])
4. Any Contract employee or volunteer who engages in sexual abuse shall be prohibited from contact with reentrants and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. (28 C.F.R. §115.277[a])
5. If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with reentrants. (28 C.F.R. §115.277[b])
6. Contract agency hiring, firing, and promotional practices must comply with the National Prison Rape Elimination Act (PREA) standards.

I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policy in place that addresses corrective action for volunteers and contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. These policies read in part:

1. Any Department or Contract employee or volunteer who violates the Department's zero tolerance policy by engaging in, failing to report, or knowingly condoning sexual abuse or sexual harassment of a reentrant shall be subject to appropriate disciplinary or administrative action. (28 C.F.R. §115.276[c])
2. Department employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Discipline shall occur in accordance with Department policy 4.1.1, "Human Resources and Labor Relations." (28 C.F.R. §115.276[a])
3. All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (28 C.F.R. §115.276[d])

4. Any Contract employee or volunteer who engages in sexual abuse shall be prohibited from contact with reentrants and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. (28 C.F.R. §115.277[a])
5. If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with reentrants. (28 C.F.R. §115.277[b])
6. Contract agency hiring, firing, and promotional practices must comply with the National Prison Rape Elimination Act (PREA) standards.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policy in place that addresses discipline for reentrants who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs reentrant conduct. The policy reads in part:

1. Reentrants shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the reentrant engaged in reentrant-on-reentrant sexual abuse, reentrant-on-reentrant sexual harassment, or following a criminal finding of guilt for reentrant-on-reentrant sexual abuse. (28 C.F.R. §115.278[a])
2. Sanctions shall be commensurate with the nature and circumstances of the abuse or sexual harassment committed, the reentrant's disciplinary history, and the sanctions imposed for comparable offenses by other reentrants with similar histories. (28 C.F.R. §115.278[b])
3. The disciplinary process shall consider whether a reentrant's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. (28 C.F.R. §115.278[c])
4. If the allegation of sexual abuse has been substantiated, the reentrant abuser will be discharged from the facility where the sexual abuse occurred. (28 C.F.R. §115.278[d])

5. For the purpose of disciplinary action, a report of sexual abuse or sexual harassment made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (28 C.F.R. §115.278[f])
6. The facility may discipline a reentrant for sexual contact with staff only upon a finding that the staff member did not consent to such contact. (28 C.F.R. §115.278[e])
7. The Department prohibits all sexual activity between reentrants and disciplines reentrants for such activity. The Department will not deem such activity to constitute sexual abuse if the Department determines that the activity is not coerced (meaning it is consensual). (28 C.F.R. §115.278[g])

D. Disciplinary Sanctions – PA Board of Probation and Parole (PBPP) Reentrants

1. When a PBPP reentrant is alleged to have committed sexual abuse or sexual harassment, the reentrant shall not have contact with the alleged victim. When time and circumstance permit, reentrant transfer/removal from the facility shall be coordinated by the BCC Investigator and PBPP.
2. The alleged victim of sexual abuse or sexual harassment shall not be removed from the facility based on the incident, unless he/she makes the request.
3. PBPP reentrants shall be subject to joint disciplinary sanctions and PBPP administrative action following an administrative and/or criminal finding that the reentrant engaged in sexual abuse, sexual harassment, or consensual sexual acts inside the facility.
4. The Bureau Director/designee will request follow-up confirmation of action taken by Parole Supervision staff and attach to the investigative file.

E. Disciplinary Sanctions – State Intermediate Punishment (SIP) Reentrants

1. When a SIP reentrant is alleged to have committed sexual abuse or sexual harassment, the reentrant shall be returned to a State Correctional Institution (SCI).
2. The alleged victim of sexual abuse or sexual harassment shall not be returned to the SCI.
3. An administrative hearing shall be conducted as outlined in Department policy 8.1.1, “Community Corrections Centers,” Section 19. Additionally, the reentrant shall remain at the SCI pending the outcome of any administrative and/or criminal investigation. The Bureau of Treatment Services (BTS) Director/designee shall be notified of the outcome of the hearing and investigation(s).
4. SIP reentrants shall be subject to disciplinary sanctions as outlined in Department policies DC-ADM 801, “Inmate Discipline,” and 7.4.1, “Alcohol and Other Drugs Treatment Programs,” Section 10 following an administrative and/or criminal finding that the reentrant engaged in sexual abuse, sexual harassment, or Misconduct #19.

5. When a SIP reentrant is found guilty of a Class 1 Misconduct related to sexual abuse, sexual harassment, or Misconduct #19, the reentrant shall remain at the SCI and be processed in accordance with Department policy, DC-ADM 008, "PREA."
6. If the allegation is unsubstantiated, unfounded, or the reentrant is found not guilty of the misconduct charge(s), he/she will be returned to community corrections.
7. If the investigation reveals the reentrant is a victim of sexual abuse, he/she will be returned to community corrections without delay and receive supportive services as outlined in Section 4 of this procedures manual.

I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews.

The audited facility has not disciplined any reentrants within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policy in place that addresses Access to Emergency Medical and Mental Health Services. The policy reads in part:

Alleged victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (28 C.F.R. §115.282[a])

The policy further states:

1. The PCM shall coordinate medical and mental health evaluations and, as appropriate, treatment for all reentrants who have been victimized by sexual abuse in any prison, jail, lockup, juvenile facility, or community confinement facility. This includes follow-up services, treatment plans, and referrals for continued care following their release from the facility. (28 C.F.R. §115.283[a][b])
2. The PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include: pregnancy tests for victims of sexually abusive vaginal penetration during incarceration; timely and comprehensive information about and timely access to emergency contraception; lawful pregnancy-related services; Sexually Transmitted Infections (STI) testing, and follow-up treatment. (28 C.F.R. §115.282[c]) (28 C.F.R. §115.283[d][e][f])
3. Medical and mental health referrals shall occur to locations providing services consistent with the community level of care. (28 C.F.R. §115.283[c])
4. Services shall be provided without financial cost to the alleged victim and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. This financial obligation ends when the reentrant is released from the facility. Any financial obligation incurred by the facility shall be reported to the Bureau Director/designee. (28 C.F.R. §115.282[d]) (28 C.F.R. §115.283[g])

The facility does not have medical onsite, through interviews I confirmed that the reentrant would be brought to the emergency room for medical treatment, and a SANE exam. All care would be provided at the same level as the community level of care.

The above policies and procedures were confirmed during the agency level interviews as well as the past agency investigation review.

During the interview with the Acting Director/PREA Compliance Manager he understood his obligations under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

The agency has policy in place that addresses ongoing medical and mental health care for sexual abuse victims and abusers. The policy reads in part:

1. The PCM shall coordinate medical and mental health evaluations and, as appropriate, treatment for all reentrants who have been victimized by sexual abuse in any prison, jail, lockup, juvenile facility, or community confinement facility. This includes follow-up services, treatment plans, and referrals for continued care following their release from the facility. (28 C.F.R. §115.283[a][b])
2. The PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include: pregnancy tests for victims of sexually abusive vaginal penetration during incarceration; timely and comprehensive information about and timely access to emergency contraception; lawful pregnancy-related services; Sexually Transmitted Infections (STI) testing, and follow-up treatment. (28 C.F.R. §115.282[c]) (28 C.F.R. §115.283[d][e][f])
3. Medical and mental health referrals shall occur to locations providing services consistent with the community level of care. (28 C.F.R. §115.283[c])
4. Services shall be provided without financial cost to the alleged victim and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident. This financial obligation ends when the reentrant is released from the facility. Any financial obligation incurred by the facility shall be reported to the Bureau Director/designee. (28 C.F.R. §115.282[d]) (28 C.F.R. §115.283[g])

F. Reentrant Abusers

The facility shall attempt to coordinate a mental health evaluation for all known reentrant-on-reentrant abusers within 60 days of learning of such abuse history and coordinate treatment when deemed appropriate by mental health practitioners. (28 C.F.R. §115.283[h])

The above policies and procedures were confirmed during the agency level interviews as well as the past agency investigation review.

During the interview with the Acting Director/PREA Compliance Manager he understood his obligations under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has policy in place that outlines the facilities review of incidents. The policy states in part that:

A. General

A Sexual Abuse Incident Review (SAIR) shall be conducted at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. No review will be conducted if the allegation has been determined to be unfounded. The review shall occur within 30 calendar days of notice of satisfactory completion of the investigation. These reviews must take place for ALL sexual abuse investigations, whether they are conducted by the Bureau Security Division or the Office of Special Investigations and Intelligence (OSII). (28 C.F.R. §115.286[a][b])

B. Sexual Abuse Incident Review (SAIR)

1. The Prison Rape Elimination Act (PREA) Compliance Manager (PCM) will co-chair the SAIR committee with the Regional Director and determine the exact composition of the team based on the nature of the incident. At a minimum, the SAIR Team may involve the: (28 C.F.R. §115.286[c])
 - a. Regional Director (Chair);
 - b. Facility Director/designee;
 - c. other designated manager or supervisor;
 - d. Bureau of Community Corrections (BCC) Investigator;
 - e. facility counselor (presence not authorized for staff on reentrant accusations);
 - f. facility medical/mental health practitioner (only if directly involved); and
 - g. Department PREA Coordinator (for Department sites) or Contract Agency PREA Coordinator (when necessary).
2. The PCM shall ensure all necessary documents are available for review (reentrant file, investigative packet, etc.) and notify the review team of the date, time, and place of the meeting.

3. The SAIR must occur at the facility where the incident occurred.
4. The team will carefully review the documentation surrounding the incident. The review will focus upon the events associated with the incident, such as housing assignment, location of the alleged incident, measures taken as a result of the allegation, need for follow-up for the alleged victim, etc.
5. The review committee will consider, at a minimum, the items outlined in the PREA Sexual Abuse Incident Review (Attachment 6-A).
6. In addition to reviewing the information surrounding the incident, the team will also gather information that can help to sensitize staff to possible clues and situations that are present before such incidents may occur. The aim is to help all staff become more proficient at detecting preventable incidents before they occur.
7. The SAIR Committee shall utilize all available information and reports to: (28 C.F.R. §115.286[d])
 - a. consider whether the incident or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (28 C.F.R. §115.286[d][1])
 - b. consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (28 C.F.R. §115.286[d][2])
 - c. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse; (28 C.F.R. §115.286[d][3])
 - d. assess the adequacy of staffing levels in that area during different shifts; (28 C.F.R. §115.286[d][4])
 - e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; (28 C.F.R. §115.286[d][5])
 - f. take action necessary to address immediate safety concerns; (28 C.F.R. §115.286[e])
 - g. utilize the PREA Sexual Abuse Incident Review to prepare a confidential report with findings and recommendations; and (28 C.F.R. §115.286[d][6]) provisions of the standard. The facility utilizes the Sexual Abuse Incident Review Form, which address all of the aforementioned questions of concern when reviewing an incident.

The agency further conducts reviews at the agency level. The policy for these reviews states that:

10. The Central Office PREA Administrative Review Committee (ARC) shall review SAIRs and provide feedback to BCC accordingly.
 - a. The Department PREA Coordinator/designee shall chair the Central Office PREA ARC meeting. The Central Office PREA ARC shall consist of the following:
 - (1) Bureau of Standards, Audits, and Accreditation PREA Compliance Division (PCD) representative;
 - (2) BCC Director/designee;
 - (3) BCC PREA Captain;

- (4) BCC Regional Director/designee;
- (5) OSII representative; and
- (6) Office of Chief Counsel.

b. A minimum of three randomly selected SAIR reports shall be reviewed each month to ensure consistent policy compliance and adherence to the PREA standards. The Bureau of Standards, Audits, and Accreditation PCD shall provide feedback/recommendations to the BCC Director/designee on the PREA Sexual Abuse Incident Review Plan of Action (Attachment 6-B), as applicable.

- 11. The Bureau Director/designee shall ensure the recommendations for improvement made by the Department's PREA committee are implemented by the facility, or shall provide documentation to the Executive Deputy Secretary and the Department PREA Coordinator of reasons for not doing so.
- 12. The Bureau Director/designee shall ensure a copy of the final report is provided to the Regional Director/designee for distribution to the Facility Director/designee and PCM.
- 13. The Facility Director/designee shall implement the recommendations for improvement, or shall document reasons for not doing so. The PCM will provide a copy of the documentation to the Bureau Director/designee. (28 C.F.R. §115.286[e])
- 14. Appropriate information, excluding the confidential report, may be used for in-service training for appropriate staff. References to and dissemination of protected information will be in accordance with Department policy DC-ADM 003, "Release of Information," and in accordance with state and federal laws.

I confirmed the incidents are being reviewed by reviewing the policy and all applicable documentation, I further discussed the reviews during the staff interviews. I also reviewed completed Sexual Abuse Incident Review Forms from prior incidents, I found they have been properly completed and informative.

The two part review system put into place by the Pennsylvania Department of Corrections, is unique in that they are ensuring that the reviews are properly taking place at the facility level, by randomly reviewing them at the agency level.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.287: Data collection

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established policies that address all provision of this standard. The agency policy states that:

The Bureau of Standards, Audits, and Accreditation (BSAA) shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the Department's direct control using a standardized instrument and set of definitions. (28 C.F.R. §115.287[a])

A. Department's Annual Prison Rape Elimination Act (PREA) Report

1. The BSAA shall review data collected and aggregate it annually pursuant to PREA Auditing Standard 28 C.F.R. §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by: (28 C.F.R. §115.287[b]) (28 C.F.R. §115.288[a])
 - a. identifying problem areas;
 - b. taking corrective action on an ongoing basis; and
 - c. preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.
2. All data information shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (28 C.F.R. §115.287[d])
3. Incident-based aggregate data will also be collected from every private facility the Department contracts with for the confinement of reentrants. (28 C.F.R. §115.287[c]) Information collected will be related to incidents involving Department-Funded Reentrants (DFR) as either alleged victim or alleged abuser. (28 C.F.R. §115.287[e])
4. The Department will produce an annual PREA report, capturing data from January 1 to December 31, and will provide the following information:
 - a. the number of allegations made at each facility;
 - b. the number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 each year;

- c. the number of ongoing investigations as of December 31 for each facility;
 - d. comparison of the rates of incidents for each facility from the preceding year to the current report year;
 - e. any additional information that is required by the Survey of Sexual Violence required by the Department of Justice; and (28 C.F.R. §115.287[c])
 - f. the report shall include a comparison of the current year's data and corrective actions taken to reduce the incidents of sexual abuse, sexual harassment, and retaliation with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. (28 C.F.R. §115.288[b])
5. The Department shall make all aggregated sexual abuse data information listed in Subsection A.4. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (28 C.F.R. §115.289[b])
 6. The Annual PREA Report shall be approved by the Secretary, provided to the Department of Justice, and posted on the Department website by June 30 of each year. (28 C.F.R. §115.287[f]) (28 C.F.R. §115.288[c])
 7. The Department shall securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. (28 C.F.R. §115.289[a][d])
 8. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted. (28 C.F.R. §115.289[c]) (28 C.F.R. §115.288[d]) utilizes the Sexual Assault Report, which is a data collection instrument utilized to collect all sexual abuse data.

The data is also collected from all contracted facilities.

Compliance was confirmed through review of completed data collection instruments, and staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.288: Data review for corrective action

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has established policies that address all provision of this standard. The agency policy states that:

The Bureau of Standards, Audits, and Accreditation (BSAA) shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the Department's direct control using a standardized instrument and set of definitions. (28 C.F.R. §115.287[a])

A. Department's Annual Prison Rape Elimination Act (PREA) Report

1. The BSAA shall review data collected and aggregate it annually pursuant to PREA Auditing Standard 28 C.F.R. §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by: (28 C.F.R. §115.287[b]) (28 C.F.R. §115.288[a])
 - a. identifying problem areas;
 - b. taking corrective action on an ongoing basis; and
 - c. preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.
2. All data information shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (28 C.F.R. §115.287[d])
3. Incident-based aggregate data will also be collected from every private facility the Department contracts with for the confinement of reentrants. (28 C.F.R. §115.287[c]) Information collected will be related to incidents involving Department-Funded Reentrants (DFR) as either alleged victim or alleged abuser. (28 C.F.R. §115.287[e])
4. The Department will produce an annual PREA report, capturing data from January 1 to December 31, and will provide the following information:
 - a. the number of allegations made at each facility;
 - b. the number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 each year;

- c. the number of ongoing investigations as of December 31 for each facility;
 - d. comparison of the rates of incidents for each facility from the preceding year to the current report year;
 - e. any additional information that is required by the Survey of Sexual Violence required by the Department of Justice; and (28 C.F.R. §115.287[c])
 - f. the report shall include a comparison of the current year's data and corrective actions taken to reduce the incidents of sexual abuse, sexual harassment, and retaliation with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. (28 C.F.R. §115.288[b])
5. The Department shall make all aggregated sexual abuse data information listed in Subsection A.4. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (28 C.F.R. §115.289[b])
 6. The Annual PREA Report shall be approved by the Secretary, provided to the Department of Justice, and posted on the Department website by June 30 of each year. (28 C.F.R. §115.287[f]) (28 C.F.R. §115.288[c])
 7. The Department shall securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. (28 C.F.R. §115.289[a][d])
 8. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted. (28 C.F.R. §115.289[c]) (28 C.F.R. §115.288[d])

During staff interviews I confirmed that if a trend was identified while reviewing the data a corrective action plan would be developed for that facility and immediately be put into place.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses the provisions of this standard. The policy reads in part:

The Department shall make all aggregated sexual abuse data information listed in Subsection A.4. above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. (28 C.F.R. §115.289[b])

The Annual PREA Report shall be approved by the Secretary, provided to the Department of Justice, and posted on the Department website by June 30 of each year. (28 C.F.R. §115.287[f]) (28 C.F.R. §115.288[c])

The Department shall securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. (28 C.F.R. §115.289[a][d])

Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted. (28 C.F.R. §115.289[c]) (28 C.F.R. §115.288[d])

The annual reports from 2013 through 2016 are published on the website. All personal identifiers have been removed from the reports.

The agency has also posted the Survey of Sexual Victimization Summary Forms, these forms are from 2011 through 2016.

Staff interviews and review of the annual reports further confirmed this procedure.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

All agency facilities and contracted facilities were audited once during the auditing cycle from August 20, 2013, and August 20, 2016.

The agency had formulated their Audit Schedule for the current audit cycle a copy of the audit schedule was provided to me during the PREA Coordinator Interview. I determined that utilizing the schedule the agency will conduct the one third of the PREA audits per auditing year.

During the audit process I was able to receive copies of all relevant documentation, conduct private interviews with staff and reentrants, tour the complete facility, and receive confidential correspondence from both reentrants and staff.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

EVIDENCE OF COMPLIANCE

The agency has published all final audit reports on their website, this was confirmed by navigating to the page on the website and reviewing all of the audit reports.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

AUDITOR CERTIFICATION

I certify that:

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

Patrick J. Zirpoli

July 10, 2018

Auditor Signature

Date