

# PREA Facility Audit Report: Final

**Name of Facility:** Scranton Community Corrections Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 04/19/2018

**Date Final Report Submitted:** 08/15/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kristi Dietz	<b>Date of Signature:</b> 08/15/2018

AUDITOR INFORMATION	
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<b>Start Date of On-Site Audit:</b>	03/08/2018
<b>End Date of On-Site Audit:</b>	03/08/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Scranton Community Corrections Center
<b>Facility physical address:</b>	240 Adams Avenue, Scranton, Pennsylvania - 18510
<b>Facility Phone</b>	570 963 4215
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
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Facility Director			
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Facility Health Service Administrator			
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Facility Characteristics			
<b>Designed facility capacity:</b>		36	
<b>Current population of facility:</b>		24	
<b>Age Range</b>	<i>Adults: 18-72</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>		1	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>		14	

AGENCY INFORMATION	
<b>Name of agency:</b>	Pennsylvania Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1920 Technology Parkway, Mechanicsburg, Pennsylvania - 17050
<b>Mailing Address:</b>	
<b>Telephone number:</b>	(717) 728-2573

Agency Chief Executive Officer Information:			
<b>Name:</b>	John Wetzel	<b>Title:</b>	Secretary
<b>Email Address:</b>	██████████	<b>Telephone Number:</b>	██████████

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Radziewicz	<b>Email Address:</b>	dradziewicz@pa.gov



## AUDIT FINDINGS

### **Narrative:**

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

### Narrative

#### Introduction

A Prison Rape Elimination Act (PREA) audit was conducted of the Pennsylvania Department of Corrections (DOC), Scranton Community Corrections Center (CCC). The Scranton CCC is located at 240 Adams Ave., Scranton, PA, 18510.

A four state PREA audit consortium was formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Wisconsin Department of Corrections and the Pennsylvania Department of Corrections respectfully. Each of the four state agencies shall provide U.S. Department of Justice (DOJ) certified PREA auditors to conduct facility PREA audits during the second three year audit cycle, known as a circular audit process. Wisconsin shall conduct audits in Pennsylvania, Pennsylvania in Michigan, Michigan in Wisconsin/Maryland and Maryland audits Wisconsin. The purpose and objective of the PREA audit conducted of the Scranton CCC is to determine compliance with the U.S. Department of Justice PREA standards which became effective August 20, 2012.

Pursuant to the PREA audit consortium agreement, the Wisconsin DOC audit team members consist of U.S. DOJ trained and certified PREA auditors Kristi Dietz (lead auditor) and Gregory Bucholtz. Additionally, team member Ann Turner, a retired law enforcement detective of sensitive crimes investigations and a five year Wisconsin DOC investigator of sexual abuse, sexual harassment and retaliation investigations was the fourth member of the audit team. The onsite phase of the audit was conducted March 8, 2018. Scranton CCC has previously had a PREA audit conducted; the final report was issued May 28, 2016.

#### Pre-Onsite Audit Phase

The National PREA Resource Center's (PRC) Online Audit System (OAS) was utilized by the facility's PREA compliance manager and staff in providing agency and facility policies, reports, files, statistics, forms, training records and educational information to the audit team members as identified by the PRC's PREA Audit Questionnaire (PAQ) for community confinement facilities. The OAS was created and available for uploading information on January 4, 2018. The facility personnel completed the PREA audit questionnaire (PAQ) process on February 2, 2018.

The auditor and PREA compliance manager (PCM) established audit goals and defined expectations from the early in the audit process; December of 2017. An initial discussion was held regarding the September 2017 implementation of the PRC's PREA Auditor Handbook and how these protocols will affect the four phases of the audit. An overview of the PRC's "Process Map" was discussed and

reviewed. A collaborative plan, with goals and milestones was established (i.e. completion of the PAQ within the OAS, posting of the audit notices, ensuring a process is established for staff and residents to communicate confidentially with the auditor, establishing an onsite audit review agenda etc.).

The auditor provided the facility PCM five weeks in advance of the onsite audit, two PREA audit notices (English and Spanish poster versions) for staff, residents and the public, informing them of the scheduled date of the onsite audit, the purpose, name of auditor, auditor contact information and the confidentiality of any communications. The PCM facilitated the posting of the notices throughout the facility (all resident bedroom areas, resident TV room, facility entrances, recreation area, staff and resident kitchen areas, pay phone location, receiving area and resident bathroom entrances.). Evidence of the PREA audit notice postings was provided to the auditor five weeks in advance of the onsite phase of the audit by sending the auditor nine photos which included time/date stamps imbedded within each photo.

English and Spanish languages were utilized for the PREA audit notices, since they are the two most common languages spoken within Pennsylvania and within the PA DOC resident population. The verbiage selected was to target individuals who had at least an 8th grade reading comprehension consistent with PA DOC resident population.

The lead auditor and the PCM, also the facility point of contact (POC), scheduled weekly re-occurring conference call sessions seven weeks prior to the onsite phase of the audit. It was during the pre-onsite audit phase that the auditor and the PCM discussed goals and objectives of the audit, devised processes and a means for the auditors to have full access to; all areas within the two story facility, documents, records, files and access to staff, contractors, volunteers and residents to conduct random, targeted and specialized interviews (consistent with the PRC's interview protocols). A diagram of the facility was provided and discussed in detail on how the site review would be structured based on staff and resident hours of work and facility operations.

A week prior to the onsite review, the PCM provided the audit team members current records, reports and rosters for the auditors' document sampling prior to being onsite. The information requested included; list of youthful residents, those with disabilities and are limited English proficient, those that identify as lesbian, gay, bi-sexual, transgender or are intersex (LGBTI), residents in segregation, those who have reported sexual victimization during risk screening, staff roster, listing of "specialized" staff, contractors and volunteers who have contact with residents, all grievances and incident reports made in the last 12 months preceding the audit and all allegations of sexual abuse and harassment reported for investigation within the last 12 months to include those residents who reported sexual abuse.

When arriving on site, the PCM provided the current resident/reentrant roster at the auditor's request (transient population). It should be noted, the PREA standards define a "resident" as any person confined or detained in a juvenile facility or in a community confinement facility. The PA DOC's Bureau of Community Corrections (BCC) refers to those detained in a community confinement facility as a "reentrant". For purposes of this report, the audit team will refer to "reentrant" in an effort to be consistent with agency policy and practice.

The above information assisted the auditors in assigning primary roles and responsibilities among the audit team members and enabled the auditors to analyze and assess whether policy directives aligned with institution processes in relationship to the requirements of each PREA standard and provision.

Contact was made with Just Detention International and the community's Women's Victim Center

(representative interviewed) whether they had received any correspondences or concerning communications specific to Scranton CCC regarding sexual abuse, sexual harassment or retaliation allegations; they responded back to the auditor that they had not.

The auditors researched whether the facility or agency has experienced any recent litigation specific to the PREA, whether they are under a federal consent decree and if US DOJ had any active investigations specific to the conditions of confinement at Scranton CCC. This review did not reveal any such findings.

Prior to the onsite review, the auditors conducted several broad web search reviews to determine if there was any relevant information that may shed light on the history and culture of the facility and agency. A review for budgetary, staffing changes, for history of the facility, its mission, community relations, news articles specific to the facility, staff and reentrants that could inform the audit. Nothing noteworthy was found that would inform or influence the PREA audit.

A website review of the PA DOC website was conducted and the auditor was able to view numerous items and resources specific to the agency's efforts to communicate, educate and promote the PREA goals and objectives; PA DOC has a zero tolerance policy towards all forms of sexual abuse, sexual harassment within the department. Staffs are informed on how to fulfill their responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment. Reentrants are informed they have a right to be free from sexual abuse, sexual harassment and both reentrants and staff has a right to be free from retaliation for reporting any allegation. Staff, reentrants and the public are informed how to report incidents of sexual abuse, sexual harassment and retaliation incidents.

PA DOC's website provides an extensive series of PREA specific agency policies which include a statement to incorporate best practices for the trauma-informed care of victims of sexual abuse and sexual harassment in a confinement setting. A review of the state's mandatory reporting laws and information provided by the PREA coordinator revealed that there is a mandatory reporting law for sexual abuse of someone under the age of 18. Any reports that are received from someone who is less than 18 would also have to have a report made to "Pennsylvania Child Line" which notifies the county children youth and family agencies to investigate. No resident/reentrant under the age of 18 has been placed at Scranton CCC during the past 12 months according to staff interviews and facility admission records.

Zero correspondences were received from individuals/reentrants specific to the Scranton CCC PREA audit in advance of the onsite phase of the audit. The auditor was able to verify from informal interviews with facility staff and reentrants that reentrants have access to the US postal services outside the facility to mail items of their choosing.

## On-Site Audit Phase

### Entrance Briefing

The audit team members arrived at Scranton CCC on Thursday, March 9, 2018 at approximately 7:30 a.m. and met with the Acting Director and a specialized staff member to conduct our "Entrance Briefing". Staff and auditors were introduced, a review of the tentative day's agenda was discussed, and the logistics of the facility reviewed. The lead auditor shared the objectives of a PREA audit (achieving PREA compliance and sexual safety within the facility) and the audit methodology that will be utilized which may be different than the previous audit (acknowledging the implementation of the PREA Auditor Handbook). The lead auditor provided a handout to all in attendance, which was an overview of the PREA Audit Methodology obtained from the PRC. The handout provides an overview of the audit triangulation (PREA

standards, institution practice and policies) process coupled with the information triangulation (document review, site review and interviews) process and analysis. At the conclusion of the "Entrance Briefing" the audit team members, the Director and specialized staff commenced the site review of the two story facility.

The Scranton Community Corrections Center (CCC) is located in downtown Scranton, Pennsylvania and is operated by the Pennsylvania Department of Corrections. The center is a two story building. The first floor houses the monitor's main station (security staff post), reentrant dayroom, conference room, two counselor offices, support staff office, director's office, staff kitchenette, two staff bathrooms, urinalysis and strip search room, reentrant orientation room and a secured storage room. Upon entering the facility's main entrance, there is a secured utility room, a bathroom and two payphones mounted to the wall.

The second floor of the facility houses six dormitory style rooms, a reentrant kitchen and a laundry room with washers and driers. The reentrant bathroom consists of three individual toilet stalls with privacy doors, four sinks and an open shower area with four shower heads and one privacy curtain hung at the entrance into the shower area.

The director and his staff provided complete access to all areas within the facility at the auditors' requests. The general understanding and approach to the site review was; open all doors locked or not and provide the auditors with an understanding of who has access and for what purpose(s). The objective of the review was to assess the day to day practices used by facility staff to promote sexual safety within the facility. In addition, the auditors were able to interview all specialized staff that was currently onsite during first and second shifts.

The auditors conducted frequent informal interviews with staff and reentrants throughout the site review and were able to observe active work areas and facility operations. The informal interviews proved useful in determining facility culture and were used to supplement the formal interviews throughout the day. One of BCC's specialized staff that is trained to conduct sexual abuse, sexual harassment and retaliation investigations arrived at the facility mid-morning to participate in the onsite audit.

#### Request of Facility Lists (for document sampling)

The auditor had requested a number of items for review during the onsite audit. The PCM provided these items during the onsite review;

- Complete reentrant roster;
- o Break down of reentrants by the following; youthful reentrant, those with disabilities, Limited English Proficient, LGBTI, in segregated housing, in isolation, reentrant who reported sexual abuse, reentrant who reported sexual victimization during risk screening.
- Employee Roster
- Contractors/Volunteers who have contact with reentrants
- All grievances within the past 12 months
- Incident reports within the past 12 months
- All allegations of sexual abuse and sexual harassment in the past 12 months
- All hotline calls made during the past 12 months
- Break down of SA/SH and Retaliation allegations from past 12 months

#### Interviews

The audit team conducted formal interviews with staff and reentrants totaling 35 individuals over the course of the audit (32 conducted during the onsite review). The PCM provided a reentrant roster current for this date; the total reentrants were 32 (capacity 36). One individual was currently hospitalized. The sampling technique utilized to initially select reentrants, was to interview each reentrant currently present at the facility. Throughout the day, as a reentrant returned to the facility the auditors conducted an interview with them. For the random sample of reentrant interviews, a sample was selected from each of the six dormitory rooms. Similarly, a random sample was selected from the lists of targeted reentrants to be interviewed.

Staff and reentrants were interviewed individually, one at a time with one auditor, in a private setting. The National PREA Resource Center's interview protocols were followed as a baseline for asking questions. The objective was to ascertain the individual's knowledge of the PREA standards, sexual safety in confinement, their specific roles and responsibilities and general attitudes about preventing sexual abuse and sexual harassment and their knowledge of how to report same. A total of 14 staff were employed at the facility and 34 reentrants housed at the facility on the day of the onsite audit.

#### Staff Interviews Conducted

Agency Head/Designee – Completed in Oct. 2017 by a WI DOC PREA auditor as part of the audit consortium

Facility Director/Designee – 1

PREA Coordinator – 1 (conducted in person; interviewed during PREA onsite audit on Jan. 10, 2018 at SCI Retreat)

Agency Contract Administrator – 1 (PC provided contract information; interviewed in person on Jan. 10, 2018 at SCI Retreat)

Mental Health Staff – There are no onsite or contracted mental health providers. Services are coordinated with community providers as necessary.

Medical Staff – There are no onsite or contracted medical providers. Services are coordinated with community providers as necessary. The auditor did speak with a hospital representative to verify the MOU for medical treatment and services would be provided as the agreement states which the representative was able to confirm.

Administrative/Humane Resources Staff – 1 (phone interview)

SAFE and SANE Staff – 1 (phone interview)

Volunteers – 0 (the facility staff report there are no volunteers at this facility; this was confirmed by informal and formal interviews with staff and reentrants)

Contractors – 0 (the facility staff report there are no contractors at this facility; this was confirmed by informal and formal interviews with staff and reentrants)

Investigative staff – 1 (phone interview)

Staff who perform screening for risk of victimization/abusiveness – 1

Staff on the incident review team – 1

Designated staff member charged with monitoring retaliation – 1

First responders security - 2

First responders non-security staff – 1

Intake staff – 1

Random staff (representative of first and second shifts) – 5

\*A total of 18 random and specialized staff was interviewed during the onsite audit.

## Resident/Reentrant Interviews Conducted

For both the random and targeted reentrant population interviews, the PREA Compliance Manager provided a list of reentrants from which a systematic random sampling technique was utilized to select reentrants. For the random sample of reentrant interviews, a sample was selected from each of the six dormitory rooms, striving for a geographically diverse sampling from within the facility. Similarly, a random sample was selected from the lists of targeted reentrants to be interviewed (as listed below).

Youthful Residents – 0 (no reentrant under the age of 18 at the facility verified by admission documents, reentrant and staff interviews)

Residents with a Disability – 1 (two identified by facility)

Residents who are Limited English Proficient – 0 (no reentrant was currently housed at the facility who is LEP; verified by formal and informal staff and reentrant interviews)

Residents who identify as Lesbian, Gay or Bisexual – 0 (staff reported no reentrant has currently identified as LGB; supported by reentrant informal interviews)

Residents who identify as Transgender or Intersex – 0 (staff reported no reentrant currently identifies as Transgender or Intersex)

Residents Who Reported Sexual Abuse – 0 (no reentrant has reported sexual abuse during the past 12 months according to facility and agency records; this was confirmed by specialized staff during onsite interviews)

Random Residents – 13 (representation from each of the six dormitories)

## Processes and Areas Observed

One or more of the auditor team members, were able to directly observe the following processes within the facility or have it re-created. This was done for purposes of determining whether the day to day operations demonstrate compliance with the PREA standards.

Intake process – recreated with auditor, no intakes were scheduled or occurred while the auditors were onsite. Specialized staff provides reentrant intake PREA education and conduct the initial risk assessment screening upon admission to the facility (typically within hours of arrival).

Risk screening – auditor and specialized staff were able to recreate a 20-30 day risk re-assessment utilizing the agency's PREA Risk Assessment Tool (PRAT).

Records storage and security of risk screening data – the auditor was provided a tutorial of the agency's WebTAS software system. The auditor was able to view the security measures within the system which is designed to protect and restrict access to a reentrant's confidential and sensitive information; available only to those staff that have a working need to know (counselors and director).

The reentrant grievance system was explained and a secured grievance collection box was viewed in outside the director's office in the main dayroom of the facility.

Reentrant public pay phones were observed at the entrance of the facility. Reentrants are allowed to have their personal cell phones on person and in the facility.

PREA posters were observed throughout the facility (English and Spanish) which provides information to reentrants; write to the Pennsylvania BCI/PREA Coordinator for reporting incidents of sexual abuse outside the facility/agency. Additional information is made available to the residents to contact the Pennsylvania Coalition Against Rape for emotional support services.

Camera surveillance is in place throughout the facility to include the following locations; both entrances to facility, all movement points in stairwells from first to second floor, TV room, laundry room, kitchen, hallways to capture all movement in and out of dormitories and reentrant bathroom, intake area, all movement thorough fairways on first floor to capture movement in and out of offices, bathrooms and

storage rooms.

The PCM and staff report that there are no volunteer, contracted or staff run programs that occur on site since the facility does not have space available for such activities. Reentrants confirmed this through informal discussions.

The auditors viewed the camera placements and monitoring techniques utilized by staff at the monitoring staff's post. The designated video monitor post is not a gender specific post. Cameras are neither in the reentrant dormitory rooms nor in the bathroom.

Reentrants have their own kitchen area to make meals and store their food and across the hall is the coin operated laundry area. Camera surveillance enhances supervision, safety and security within these areas.

#### Onsite Documentation Review

A sampling of documents and electronic records were reviewed during the onsite phase of the audit. The information gleaned from these reviews will supplement the information that the facility provided in the OAS. Documentation, observations and interviews were used to corroborate one and other and to determine whether policy directives were institutionalized as part of the day to day operations.

The auditor team members reviewed a sampling of the following documents, files and records during the onsite phase of the audit (this is an abbreviated list of the items reviewed, further detail is provided within each of the specific standards as applicable):

One investigation file (one allegation reported during the past 12 months) specific to sexual harassment was reviewed and discussed during the onsite review. The total number of investigations consisted of the following:

- Zero sexual abuse, one sexual harassment and zero retaliation allegations were received in the past 12 months. This was confirmed by the agency's OSII investigation tracking system.

Training records (staff only; no contractors and volunteers) for individual staff and staff' verification form acknowledging training was received was understood. These records are archived electronically and in hardcopy format. The documentation indicated all 16 individuals had completed PREA education training in 2017. BCC employee investigator training records (23 of the 23 BCC investigators) were reviewed by the auditor which indicated staff had received specialized investigation training specific to the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

The auditor reviewed five random human resources files and found all have PREA waiver and disclosure forms in place.

Reentrant grievances; when a reentrant submits a grievance specific to sexual abuse by staff, the grievance is "rejected" from the grievance system and forwarded for investigation to specialized staff. Zero grievances were received alleging sexual abuse. One grievance was filed during the 12 month review period; this grievance and corresponding documentation was reviewed by the auditor. All grievances since 2013 were also reviewed (total nine).

Risk assessments for risk of victimization and abusiveness records were selected and reviewed during the onsite audit. Six random months (of a 12 month period) were selected and records randomly selected from each month were viewed. Each record selected in the ICAR system showed that the reentrant had a PRAT completed within the first 72 hours of arriving at the facility (typically same day of arrival). Additionally, six random records were selected from the WebTAS system and five of the six records indicated the residents had received a PRAT reassessment within 20-30 days of arrival to the facility consistent with agency policy (see 115.241).

Reentrant education records; intake and comprehensive education sessions records were reviewed. Six randomly selected reentrant records were selected by the auditor during the onsite phase of the audit. It

was observed staff had documented in the ICAR (reentrant case notes) system indicating that the reentrant had attended the PREA education session and signed the BCC ADM 008 attachment 2-J on file (hard copy filed in the reentrant record).

Supervisory rounds “log book” entries were reviewed by the auditors and it was noted that weekly entries were made on a consistent basis.

#### Exit Briefing

An exit briefing occurred with the Director and one specialized staff member to include the three members of the audit team. The audit team members recognized and thanked the facility and agency representative staff who provided significant support of our requests during the site review and for providing timely answers to our extensive list of questions.

The lead auditor provided an over view of the next phase of the audit; “Evidence Review and Interim Report” (as applicable) which officially began the next calendar day (completion of the onsite audit) March 9, 2018.

## AUDIT FINDINGS

### Facility Characteristics:

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

### Facility Characteristics

Scranton Community Corrections Center (CCC) is located at 240 Adams Avenue in downtown Scranton, Pennsylvania and is operated by the Pennsylvania Department of Corrections. The mission of the Scranton CCC is to "provide a monitored reentry of residents from incarceration to responsible community living".

In 2012, the PA DOC incorporated the SIP-Hope Program (State Intermediate Punishment). This is a four phase program; Scranton CCC provides support for a reentrant during phase three of the program which allows the reentrant to leave the facility to pursue employment and participate in mandatory outpatient drug treatment (as appropriate).

The average length of stay for a reentrant is 95 days. The age range of reentrants during the past 12 months is from 18-72 years of age and is primarily a male facility. There is 16 staff employed at the facility, 12 of which are monitors (security personnel). The reentrant capacity is 36 and the count was 32 on the day of the site review. The facility does not have program space available; therefore there is no contract or volunteer staff.

The center is a two story building. The first floor consists of the monitor's station (security post), staff offices, reentrant day room, conference room, and reentrant intake area and staff kitchenette. The second floor is the reentrant housing area consisting of six dormitories style rooms (six beds to a room), a reentrant TV room, kitchen area, laundry, and bathroom and shower area.

Staff offices are located on the first floor. Most staff activities and reentrant professional interactions occur on the first floor with the exception of when the monitors are conducting wellness and security rounds on the second floor. Scranton CCC is staffed as indirect supervision on the second floor, due to the physical layout of the facility.

The facility is monitored by 27 surveillance cameras. These cameras are positioned to capture movement and activity within the following locations; both entrances/exits of the facility, all movement points in stairwells from first to second floor, TV room, laundry room, kitchen, hallways that captures movement in and out of dormitories and reentrant bathroom, intake area, movement is captured in the main thoroughfares on first floor to include movement in and out of staff offices, bathrooms and storage rooms.

There are no medical services provided at the facility, medical and mental health access occurs in the community as needed.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

### Post-Onsite Audit Phase

#### Summary of Audit Findings

Exceeds Standard – 0

Meets Standard – 39

Does Not Meet Standard - 2

The following two standards have been identified for corrective action:

#### §115.241(c). Screening for risk of victimization and abusiveness

The corrective action is an agency policy, therefore the PA DOC PREA Coordinator has been identified as the point of contact to address the following items in partnership with the lead auditor;

1. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
2. Eliminate compound assessment questions and replace with singular.
3. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI reentrants. This requires a basic understanding of:
  - Sexual orientation;
  - Gender identity;
  - Gender expression;
  - How sex is assigned at birth;
  - Staff's own gaps in knowledge and cultural beliefs;
  - How the above factors may impact the ability to conduct effective interviews and assessments;
4. Technical assistance has been requested and will be provided by the National PREA Resource Center (PRC) to assist the agency in addressing the above listed items. Milestones and deliverables to include dates and the criteria in which the auditor will assess for compliance is still being developed collaboratively with the PC and PRC subject matter expert at the time this interim report is scheduled for submission.

#### §115.242(a). Use of screening information

1. Utilize screening information from an objective screening tool 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 of high risk of being sexually abusive.
2. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
3. Eliminate compound assessment questions and replace with singular.
4. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI reentrants. This requires a basic understanding of:
  - Sexual orientation;
  - Gender identity;
  - Gender expression;
  - How sex is assigned at birth;
  - Staff's own gaps in knowledge and cultural beliefs;
  - How the above factors may impact the ability to conduct effective interviews and assessments;
5. Technical assistance has been requested and will be provided by the National PREA Resource Center (PRC) to assist the agency in addressing the above listed items. Milestones and deliverables to include dates and the criteria in which the auditor will assess for compliance is still being developed collaboratively with the PC and PRC subject matter expert at the time this interim report is scheduled for submission.

#### Corrective Action Plan Summary

In March, 2017 the agency PC made a request for technical assistance to the National PREA Resource Center (PRC) to assist with revisions for the agency's PREA Risk Assessment Tool (PRAT). The PRC has agreed to provide assistance to address the items the auditor has identified specific to §115.241(c) Screening for risk of victimization and abusiveness and §115.242(a) Use of screening information.

The first session to address corrective action included the auditors, PA DOC PC and an agency representative, PRC representatives and a PRC contracted subject matter expert (SME) on April 12, 2018.

#### Meeting summary:

1. The PRC SME will provide the PC recommendations to address the items the auditor identified in need of corrective action 115.241 Screening for risk of victimization and abusiveness and 115.242 Use of screening information;
  - a. Adopt new or revised definitions for specific terms/words used in the PRAT as identified by the auditor;
  - b. Rewording of specific questions as identified by the auditor within the PRAT;
  - c. Incorporate the above items into the agency PRAT training materials.
2. Review, adopt and implement (as the agency determines) recommendations provide by the SME prior to May 17, 2018.
3. Training is scheduled for the agency's PCMs on May 17, 2018. Part of this training will be dedicated to educating and training the PCMs on the revisions specific to the PRAT tool; the rationale and purpose for the revisions and on how to implement and train these revisions at each respective agency facility.
4. The auditor and the PC will work to mutually identify specific criteria and methods that the auditor will utilize to assess for compliance in the near future. This is scheduled to occur after receiving the PRC SME's recommendations for revisions to the PRAT. The interim report is due for submission (45 days after the completion of the onsite review) which is why specific criteria and methods to determine

compliance with the standard have not been included in this interim report.

On April 19, 2018 the auditor held an interim report results meeting with the Scranton CCC PCM and PA DOC PC to discuss the corrective actions steps as outlined above and next steps going forward.

The auditor submitted the interim report in the PRC's Online Audit System on Thursday, April 19, 2018.

1. All deficiencies and recommended corrective action steps were reviewed as identified in the auditor's interim report;
2. A list of required deliverables and changes the auditor must verify to determine that the facility is in compliance with all PREA Standards;
3. A proposed methodology for how the auditor will verify compliance has yet to be determined with the agency (as noted above);
4. An agreed upon timeline for implementing all the required corrective actions steps is currently being developed with the auditor and PC as outlined above.

#### Post-Onsite Audit Phase

##### Final Report

On April 19, 2018 the lead auditor scheduled a conference call to provide an overview and results of the interim report findings to the facility superintendent/PREA compliance manager and agency PREA coordinator. The interim report was submitted April 19, 2018 via the OAS and the auditor provided a copy of the report electronically to the facility's PREA compliance manager and the agency PREA coordinator this same date.

A series of scheduled conference calls was held in the following month to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate. Auditors Bucholtz and Dietz were currently involved in two prior PREA audits for PA DOC facilities and the corrective action that effected Scranton CCC was mutual to all state correctional facilities, as a result corrective action planning had begun in March 2018 with the agency PC.

On April 12, 2018 a "Kick Off Session" was held with representatives of the National PREA Resource Center (PRC), the PC and his director, auditors Dietz and Bucholtz and subject matter expert Bernadette Brown who was under contract with the PRC to provide the agency technical assistance (per the agency's request) in revising the PREA Risk Assessment Tool (PRAT), PRAT User Manual and training materials to support the PRAT revisions. A 30 day plan was identified to incorporate revisions specific to the PRAT, PRAT User Manual and agency policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training.

The PC and auditors remained in regular communications during the next 30 days as the revisions occurred within the agency's PRAT WebTAS software system and with policy and user guide updates occurring. On May 15, 2018 the PC provided a memorandum to all agency PCMs and training coordinators informing them required training for all staff that administer PRATs is scheduled for May 23-25, 2018 (five separate sessions). Staff was required to register through the employee training software called the LSO, as a result electronic training records were available for the auditors review and verify individual staff training records. Additionally, the auditors were provided a link to participate in training.

The agency revised PRAT went “live” in the WebTAS software system on May 25, 2018 and from this date forward the revised PRAT was in use throughout the agency. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

1. 115.241 (c) Screening for risk of victimization and abusiveness – Such assessments shall be conducted using an objective-screening instrument.
  - a. Adopt terms and definitions current and consistent with the PREA standards and National PRC resources. The agency adopted and incorporated the technical assistance recommendations provided.
  - b. The agency eliminated compound questions and replaced with singular versions.
  - c. The agency adopted the technical assistance recommendations provided to enhance effective and professional communications with LGBTI inmates and implemented those into staff training, the PRAT and the PRAT User Guide.
  - d. The PC will provide the auditors with a copy of staff training records for those who perform PRATs at the facility.
  - e. The PC will provide the auditors with a copy of the revised PRAT training curriculum and PRAT User Guide for review prior to implementing.
  - f. The auditors will interview staff when on site and observe a PRAT being administered or have the process re-created.
  - g. The auditors will be provided a list of all inmate admissions for the months of June and July to conduct random interviews of inmates who have been admitted to the facility during these months and to review PRAT WebTAS records that initial and reassessments have occurred during this time frame utilizing the revised PRAT.
2. 115.242 (a) Use of screening information – The agency shall use information from the risk screening required by 115.41 to inform housing, be, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
  - a. Utilize screening information from an objective-screening tool to inform housing, bed, work, education and program assignments. With the proposed changes to the PRAT, incorporate those items into the training curriculum and staff user guide as recommended by the PRC’s technical assistance personnel.

On June 18, 2018 the agency issued a policy bulletin to all staff informing them that revisions to several BCC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a copy of this memorandum and the revised policies and forms. The following are policy summary highlights;

- A copy of the revised PRAT in English and Spanish.
- PRAT Instructions.
- “Significant changes to have been made to questions 5 through 8 to more accurately capture sexual orientation, gender identity, and gender expression.”
- “Question 5 now includes the scoring options of heterosexual/Straight, Bi-Sexual, Gay/Lesbian, Self-Identified (a text box is included to record response) and No Response.”
- “Question 6 now solely addresses intersex medical conditions and eliminates perception of sexual orientation.”
- “Question 7 now includes an option for inmates to identify their gender expression to aid in determining perception of gender non-conformity.”
- Question 8 now includes revised options for scoring gender identity, Man, Woman, Transgender, Self-Identified (a text box is included to record responses) and No Response.”

- Question 9 now includes an option to document whether an inmate accepts the offering of a referral for medical or mental health evaluations after disclosure of sexual victimization.”

#### Corrective Action Verification Process

##### 1. Additional Documentation Reviewed:

- a. BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Prevention and Training
- b. PREA Risk Assessment Tool (PRAT), effective 6/18/18 in both English and Spanish
- c. PRAT Instructions, attachment 2-E, effective 6/18/18
- d. PRAT User Guide, updated May 2018
- e. Staff training records; LSO Software
- f. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/18/18
- g. LSO Employee training records

##### 2. Interviews:

- a. Specialized staff
- b. PREA Coordinator
- c. Reentrants

##### 3. Site Review Observations:

- a. Re-created initial PRAT assessment
- b. Observation of records and revised PRAT in the WebTAS software system

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Sunday, July 22, 2018. Auditors Bucholtz and Dietz arrived onsite at noon and met with the agency PC and a specialized staff who performs PRATS to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically. The reentrant population was 25 on this date. The facility has a capacity of 36.

The following is a list of activities that occurred during the onsite review for corrective action verification and were utilized to evaluate and analyze for corrective action compliance.

1. Based on the intake list of all reentrants who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted interviews of all reentrants (4) who were at the facility this day who had been received at the facility during the months of June and July 2018. .
2. These same reentrants recalled having had a PRAT administered the same day they arrived at the facility.
3. A specialized staff member was interviewed who administers the initial and reassessment PRATs. This individual could articulate the changes to the PRAT and had acknowledged receiving training in late May. The staff stated they felt clarification on a few questions had helped when reentrants had questions and when describing the reentrant’s build enable the employee to be more consistent.
4. A verification of the employee’s training record indicated training was completed on May 25, 2018
5. The PC was able to provide the auditors paper copy records of screen shots from the WebTAS system of the four reentrants that were randomly selected for interviews and also for verification that they received the revised PRAT upon arrival. All four records verified compliance with agency policy.

#### Submission of Final Report

Conclusion:

115.241 (c) Screening for risk of victimization and abusiveness

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the use of an objective-screening instrument. The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

115.242 (a) Use of screening information

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the agency to use information from the risk screening required by 115. 241 (utilizing an objective screening instrument) to inform housing, bed, work, education and programing assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

The lead auditor, via the OAS on Wednesday, August 15, 2018, submitted the final PREA audit report for Scranton CCC and an electronic copy was provided to the agency PREA coordinator and the facility Superintendent/PREA compliance manager.

**Standards**

**Auditor Overall Determination Definitions**

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

**Auditor Discussion Instructions**

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages</li> <li>c. Policy BCC-ADM 008 PREA Procedures Manual, Section 7 (Disciplinary and Administrative Action) 4 pages</li> <li>d. Policy BCC-ADM 008 PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) 5 pages</li> <li>e. Policy BCC-ADM 008 PREA Procedures Manual Glossary of Terms</li> <li>f. Agency Table of Organization</li> <li>g. Agency Mission Statement</li> <li>h. PREA Resource Center (PRC) List of Certified Auditors</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Acting Facility Director/PREA Compliance Manager</li> <li>c. Random Staff</li> <li>d. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.211 (a) 1-5. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 2 requires the Department to take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of reentrants. It will also implement the PREA Standards to ensure that all aspects of operations work toward preventing, detecting, and responding to such conduct resulting in a safer environment.</p> <p>A glossary of terms is also set forth by the Department in BCC-ADM 008. A list of terms is provided related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape.</p> <p>Sanctions for those found to have participated in prohibited behaviors is described in BCC-ADM 008 PREA Procedures Manual Section 7 (Disciplinary and Administrative Action) for both staff and reentrants. For staff, Section 7 maintains that any employee who violates the Department's zero tolerance policy by engaging in, failing to report or knowingly condones sexual abuse or sexual harassment of a reentrant shall be subject to disciplinary or administrative action up to and including termination. Additionally, terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have</p>

been terminated if not for their resignation are required to be reported to law enforcement agencies, unless the activity was not clearly criminal, and to any relevant licensing bodies. BCC-ADM008 Section 7 also discusses in detail the sanctions for reentrants who have participated in prohibited behaviors.

115.211 (b) 1-2. The Pennsylvania Department of Corrections has one statewide PREA Coordinator, Mr. David Radziewicz, who is responsible for PREA compliance for all state correctional institutions and community corrections centers. Policy BCC-ADM 008 PREA Procedures Manual Section 2 (Prevention and Training), stipulates that the PREA coordinator's sole responsibility is to develop, implement, and oversee the Department's efforts to comply with the federal PREA Standards in all facilities. So 100% of the PREA coordinator's time is allocated to obtaining and maintaining compliance with the federal PREA Standards. This was also confirmed during the Auditor's previous interview with the PREA coordinator on 1/10/18.

According to the Department's table of organization, the PREA coordinator reports directly to the Director of the Bureau of Standards, Audits and Accreditation. The Director reports to the Executive Secretary for the Department of Corrections. According to the Auditor's interview with the PREA coordinator, he also meets regularly with the Secretary of the Department of Corrections on all PREA related matters. The PREA coordinator also maintained that he has sufficient authority within the Department of Corrections to make decisions and provide guidance to the PREA compliance managers at each institution and community corrections center to ensure compliance with the PREA Standards.

115.211 (c) 1-3. The facility director at each state community corrections center have been designated as the PREA compliance manager (PCM), and have been given sufficient time and authority to coordinate compliance with departmental policies and federal PREA Standards. At CCC-Scranton, the PCM is Jeffrey James. Mr. James confirmed during his interview with the auditor that he had sufficient time and authority to serve as the PCM, in addition to his duties as the acting facility director.

Policy BCC-ADM008 Section 2 also describes in detail the duties of the PREA compliance manager and stipulates that the facility director or designee is responsible for maintaining compliance with the PREA Standards. For matters related to the PREA at the agency level, the PCM reports to the PREA coordinator who indicated during his interview that he communicates with the PREA compliance managers on a regular basis via telephone, email, video conference, site visits and during an annual 1 ½ day annual conference. This was also confirmed by the acting facility director/PREA compliance manager. Monthly reports are also required to be submitted to the PREA coordinator.

Random reentrant interviews conducted during the onsite audit phase indicated that they were aware that the facility director also acted as the PREA compliance manager. Similarly, random staff interviews also confirmed this as well.

Corrective Action: The audit team recommends no corrective action.

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages</li> <li>c. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Attachment 2-B)</li> <li>d. Commonwealth of Pennsylvania, Department of General Services, Bureau of Procurement (Invitation for Bids) 96 pages</li> <li>e. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Cambria, 29 pages</li> <li>f. Memorandum of Understanding between the Commonwealth of Pennsylvania and the County of Chester, 25 pages</li> <li>g. Memorandum of Understanding between the Commonwealth of Pennsylvania and County of Lackawanna, 28 pages</li> <li>h. Memorandum of Understanding between the Commonwealth of Pennsylvania and County of Montgomery, 26 pages</li> <li>i. Pennsylvania Department of Corrections, Bureau of Community Corrections (PREA Contract Compliance Monitoring Report, 2017)</li> <li>j. Berks County Jail System (2017 PREA audit report)</li> <li>k. Firetree LTD, Capital Pavilion (2017 PREA audit report)</li> <li>l. York County Prison (2017 PREA audit report)</li> <li>m. GEO Group, Inc. Alle-Kiski Pavilion (2017 audit report)</li> <li>n. Gaudenzia Sienna House PREA Contract Compliance Monitoring Report</li> <li>o. Contracts between the Commonwealth of Pennsylvania and Firetree LTD, Keystone Correctional Services, Inc., and Renewal, Inc.</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.212 (a) 1-4. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 2 (Prevention and Training) requires that the Department include in any new contract or contract renewal for the housing of a reentrant with a private entity or other entities, including other government agencies, the obligation to adopt and comply with the PREA Standards and the agency’s policies related to PREA compliance.</p> <p>Additionally, Section 2 maintains that contracted entities shall undergo regular, mandated audits on a three-year basis, as required by the PREA Standards. All contracted entities are expected to have an official PREA audit by a certified Department of Justice (DOJ) PREA auditor once during every three year audit cycle as directed in the PREA Standard.</p> <p>115.212 (b) 1-2. Policy BCC-ADM 008, Section 2 also stipulates that the Department provide</p>

for contract monitoring to ensure that the contract service provider is complying with the PREA Standards with any new contract or contract renewal. The Department completes a PREA Contract Compliance Monitoring Report during the years in which a PREA audit is not completed. During the pre-onsite audit phase, copies of the PREA Contract Compliance Monitoring Reports were provided to the Auditor for review and showed that they were detailed in regard to explaining any changes made by the facility to ensure compliance with the PREA Standards and/or deficiencies in need of corrective action. The monitoring report is maintained as an attachment (Attachment 2-B) as part of policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 (Prevention and Training). During the pre-onsite audit phase, CCC-Scranton provided a completed sample of the PREA Contract Compliance Monitoring Report from Gaudenzia Sienna House.

Although the Statewide PREA coordinator indicated that no contracts have been renewed since the last PREA audits within the agency, CCC-Scranton provided sample copies of PREA audits during the pre-onsite audit phase that included the following:

Berks County Jail System (2017 PREA Audit Report);  
Firetree LTD, Capital Pavilion (2017 PREA audit report)  
GEO Group, Inc. Alle-Kiski Pavilion (2017 PREA audit report)  
York County Prison (2017 PREA audit report)

In addition, Memorandum of Understandings (MOUs) between the Department and counties of Cambria, Chester, Lackawanna, and Montgomery were reviewed by the Auditor. All MOUs contain PREA language under Section 15 that stipulates that the county must agree to adopt the federal PREA Standards.

An interview with the agency's contract administrator did not occur as the agency was previously audited. Notes from the interview with the agency's contract administrator were reviewed prior to the onsite audit phase as the previous auditor is also an employee of the Wisconsin Department of Corrections, similar to the auditor for CCC-Scranton. However, the Statewide PREA coordinator was interviewed in January, 2018 by this auditor and provided further information regarding the Department's contracting with other entities for the confinement of inmates.

Correction Action: The audit team recommends no corrective action.

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages</li> <li>c. Bureau of Community Corrections Staffing Plan 2018 (Region 2 – Scranton CCC)</li> <li>d. Bureau of Community Corrections CCC Monitor Schedule 2017 Mandatory Overtime</li> <li>e. Policy 8.3.1, Bureau of Community Corrections Security Procedures Manual, Section 15 (Facility Staffing) 2 pages</li> <li>f. CCC-Scranton Floor Plan Camera Listing</li> <li>g. CCC-Scranton Facility Population Reports</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Acting Facility Director</li> <li>b. PREA Coordinator</li> <li>c. Random Staff Interviews</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility Walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.213 (a) 1-3. Pennsylvania Department of Corrections Bureau of Community Corrections Policy BCC-ADM 008, PREA Procedures Manual, Section 2 (Prevention and Training) requires the Bureau Director to develop and document a CCC staffing plan in accordance with department policy 8.3.1, Bureau of Community Corrections Security Procedures Manual, Section 15. Under policy 8.3.1, the Bureau Director is required to develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse.</p> <p>In calculating adequate staffing levels and determining the need for video monitoring, policy 8.3.1 requires that the Bureau Director take into consideration the following in accordance with the PREA Standards (115.213):</p> <ol style="list-style-type: none"> <li>1. The physical size and layout of the facility;</li> <li>2. Number and type of offenders assigned to the facility;</li> <li>3. Video monitoring capabilities to protect offenders against sexual abuse;</li> <li>4. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and;</li> <li>5. Any other relevant factors</li> </ol> <p>In addition, policy BCC-ADM 008, Section 2 states that the agency PREA coordinator is responsible for working with each facility on an annual basis to assess, determine, and document whether adjustments are needed to the staffing plan, deployment of the video</p>

monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The PREA coordinator also reviews any documentation for non-compliance with a staffing plan.

During the pre-onsite audit phase, CCC-Scranton provided a copy of the 2018 staffing plan (dated 2/1/18) that was completed by the Bureau Director. The staffing plan is predicated on a total rated capacity of 36 beds for a population composed of parole and state intermediate punishment (SIP) reentrants. CCC-Scranton has reported an average daily reentrant population of 33 in the past 12 months. On the day of the onsite audit, a total of 32 reentrants were housed at the facility. The staffing plan provides for 16 employees that include a center director (1), community corrections center monitors (12), corrections counselors (2), and clerk typist (1).

CCC-Scranton also provided the auditor with a floor plan camera listing during the pre-onsite audit phase that provides the locations of 27 cameras that covers the two floors of the facility. The auditor was able to review the camera placements during the onsite audit review and verified that video surveillance coverage of the facility is excellent.

Auditor interviews with the acting facility director/PREA compliance manager and PREA coordinator confirmed that the facility director has the authority to provide input by documenting any concerns and/or suggestions they may have and submitting them to the PREA coordinator or Bureau Major.

According to the auditor's interview with the acting facility director, any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan. This was also supported through a review of overtime logs for all 3 shifts during all of calendar year 2017.

115.213 (b) 1-2. Policy 8.3.1 Security Procedures Manual, Section 15 (Facility Staffing) requires that the Bureau Director document circumstances and justifications for any deviation from the staffing plan. In the past 12 months, CCC-Scranton reported that there have been no deviations from the staffing plan. According to the Auditor's interview with the acting facility director, the staffing plan is fulfilled through either voluntary or mandatory overtime. This was verified through a review of overtime logs for each month in 2017 for all 3 shifts.

115.213 (c) 1. Policy 008 PREA Procedures Manual, Section 2 (Prevention and Training) provides the duties of the PREA coordinator and sets forth the requirement of working with each facility on an annual basis regarding their staffing plan. Specifically, the policy states that the PREA coordinator will, "Work with each facility on an annual basis to assess, determine, and document whether adjustments are needed to: the staffing plan, deployment of the video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

The statewide PREA coordinator is also required to review any documentation for non-compliance with the staffing plan. During the onsite audit phase, CCC-Scranton's acting facility director/PREA compliance manager indicated that the PREA coordinator reviews the needs of the facility on an annual basis. During an interview with the PREA coordinator in January, 2018, he confirmed participation in the review of each CCC facility's staffing plan.

Corrective Action: The audit team recommends no corrective action.



115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 2 (Prevention and Training) 15 pages</li> <li>c. Policy BCC-ADM 8.3.1 Security Procedures Manual, Section 30 (Searches) 17 pages</li> <li>d. Bureau of Community Corrections Strip Search Log</li> <li>e. Cross-Gender Search Validation Form (Attachment 2-D)</li> <li>f. Offender Searches PowerPoint, 47 slides</li> <li>g. Staff In-Service Training Roster for PREA Related Courses</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations <ol style="list-style-type: none"> <li>a. Facility walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.215 (a) 1-3. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) mandates that staff shall not conduct cross-gender strip searches except under exigent circumstances. Body cavity searches can only be conducted when performed by a physician. During the pre-onsite audit phase, CCC-Scranton reported that in the past 12 months, zero cross-gender strip or cross-gender visual body cavity searches were performed. Interviews conducted during the onsite audit phase with random staff (non-medical) and reentrants confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed except under exigent circumstances and are not being conducted at CCC-Scranton.</p> <p>Policy 8.3.1 Security Procedures Manual, Section 30 (Searches) also stipulates that community corrections staff shall not conduct a cross-gender strip search of any offender. Further, the policy prohibits staff from conducting body cavity searches as well as strip searches of a reentrant identifying as transgender.</p> <p>115.215 (b) 1-2. Policy 8.3.1 Security Procedures Manual, Section 30 (Searches) maintains that only female staff may conduct pat searches of female or transitioning female offenders. If the appropriate gender staff are not available to conduct a pat search or strip search and there is credible information to indicate the offender possesses a weapon, 911 shall be immediately contacted for assistance.</p> <p>During the pre-onsite audit phase, CCC-Scranton stated that they do not conduct cross-gender pat-down searches of female reentrants as the facility only houses male reentrants. This was confirmed by the auditor during the onsite audit phase.</p>

115.215 (c) 1-2. Policy DC-ADM 008 PREA Procedures Manual, Section 2 (Sexual Abuse/Sexual Harassment Prevention and Training) requires that all cross-gender strip searches be documented on the Cross-Gender Search Validation Form (Attachment 2-D). During the pre-onsite audit phase, CCC-Scranton stated that they do not conduct cross-gender strip searches of female reentrants as the facility only houses male reentrants.

CCC-Scranton reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff has been conducted during this PREA audit period. During the onsite audit phase, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male reentrants occurred in the past 12 months, as no Cross-Gender Search Validation forms were on file at the facility. This was also confirmed during interviews with random staff and reentrants who all indicated that they were not aware of any female officers conducting cross-gender strip searches. Policy dictates that if the appropriate gender staff is not available to conduct a pat search or strip search and there is credible information to indicate the offender possesses a weapon, 911 shall be immediately contacted for assistance.

115.215 (d) 1-2. Policy BCC-ADM 008 PREA Procedures Manual, Section 2 (Prevention and Training) mandates that reentrants be able 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 dorm room checks or security rounds. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well (e.g., video surveillance).

During the onsite audit phase, the walkthrough of the reentrant housing areas located on the second floor showed that reentrants had a great degree of privacy available to them. Privacy was also available in the shower and bathroom areas. Interviews conducted with random reentrants also confirmed that staff does not view them shower, perform bodily functions, or change clothes except during routine cell checks. Policy BCC-ADM 008 also requires that staff of the opposite gender announce their presence prior to entering a bathroom area, shower area, or authorized changing area

Policy also requires that staff of the opposite gender verbally announce their presence when entering onto the housing units. In particular, policy BCC-ADM 008 states that when the status quo of the gender-supervision on the housing unit changes from exclusively same gender, to mixed-gender or cross-gender supervision, staff are required to verbally announce the presence of opposite gender person(s) on the housing unit. The announcement is required for staff (security and non-security), volunteers, visitors, and contractors.

During the onsite audit phase, the auditor did observe that female staff made the cross-gender announcement when entering into the inmate housing units. All of the random reentrants interviewed indicated that female staff always announces their presence when entering the housing units. This was also verified during the interviews with random staff at CCC-Scranton.

115.215 (e) 1-2. Policy 8.3.1 Security Procedures Manual, Section 30 (Searches) prohibits community corrections staff from conducting a search or physical examination for the sole

purpose of determining any reentrants genital status. If the reentrant's genital status is unknown, it may be determined during conversations with the offender, 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.

During the pre-onsite audit phase, CCC-Scranton reported zero such searches occurring in the past 12 months. The facility also reported that no transgender reentrants were currently being housed at CCC-Scranton during the onsite audit phase. As such, no transgender reentrants could be interviewed. Interviews with random staff did confirm that they are prohibited by policy from searching a transgender or intersex reentrant for the sole purpose of determining the inmate's genital status.

115.215 (f) 1-2. Policy 8.3.1 Security Procedures Manual, Section 30 (Searches) requires that staff be trained in how to conduct cross-gender pat searches, and in searches of transgender and intersex reentrants, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. During the pre-onsite audit phase, CCC-Scranton reported 100 percent of staff has received training on conducting cross-gender pat-down searches, and searches of transgender and intersex reentrants.

A PowerPoint presentation was also provided as validation of the training materials, as were staff in-service training rosters for the course titled "Offender Searches." A review of CCC-Scranton's in-service records for 2017 confirmed that all staff in work status had been trained. The auditor reviewed the training curriculum "Offender Searches" that was developed by the Department's Training Academy during the pre-onsite audit and found it to be appropriate and consistent with national standards for conducting searches. The random interviews with staff indicated that they were all trained in the "Offender Searches" curriculum.

Corrective Action: The audit team recommends no corrective action.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 Section 2, PREA Procedures Manual, (Prevention and Training) 15 pages</li> <li>c. Policy BCC-ADM 005 (Community Corrections Resident Legal)</li> <li>d. PROPIO LS LLC Contract with Department of Corrections</li> <li>e. Department's Foreign Language Employee Directory</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Acting Facility Director</li> <li>b. Agency Head (Interview of 9/29/17)</li> <li>c. Reentrants with a Cognitive Disability (1)</li> <li>d. Reentrants with a Physical Disability (1)</li> <li>e. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA signage throughout the facility (English and Spanish)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.216 (a) 1-11. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 2 (Prevention and Training) provides for the access to information for Special Populations. Policy BCC-ADM 005 (Community Corrections Resident Legal) also outlines the Bureau of Community Corrections' approach to providing services to reentrants with disabilities. In effect, these policies maintain that a reentrant will not be denied services solely for reason of their disability. During the onsite audit phase, interviews were conducted with one (1) reentrant with a cognitive disability and one (1) with a physical disability. Each indicated that they are provided with access to facility services and are provided with material on their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment.</p> <p>BCC-ADM 005 provides that the agency the agency will ensure that reentrants with disabilities have an equal opportunity to participate in or benefit from all aspects of Department efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written materials are required to either be delivered in alternative formats that accommodate a reentrant's disability or the information be delivered through alternative methods, such as reading it to the reentrant or communicating through an interpreter, which ensures the understanding of the PREA-related material.</p> <p>Although the current audit of CCC-Scranton did not include an interview with the Department's agency head (previously completed during earlier audit 9/29/17), the Secretary indicated that the Department maintains materials in Spanish and braille. A braille shop is operational at the</p>

agency's female prison. The state also maintains a contract for a sign language interpreter and a TTY system available for deaf and hard of hearing reentrants and translators for PREA related matters. The auditor confirmed that the Department of Corrections maintains a TTY system and also has developed a list of all staff throughout the agency who speak a language other than English who can be utilized for interpreter services.

115.216 (b) 1-2. For reentrants who are limited English proficient, the Department requires facilities to take reasonable steps to ensure access to the efforts to prevent, detect, and respond to sexual abuse, including steps to provide qualified interpreters. It is the facility director's/PREA compliance manager's responsibility to ensure that only staff members or qualified contractors that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, provide translation for reentrants. If a multi-lingual staff member is not available, then the current contracted translation service (PROPIO LS LLC) must be utilized.

During the pre-onsite audit phase, CCC-Scranton reported that they have never had a need to utilize the interpreter service in the past 12 months, and no reentrants with limited English proficiency were housed at the facility during the onsite audit phase. However, the auditor was able to successfully utilize and test the contracted translation service, PROPIO LS LLC during three (3) separate audits at other Pennsylvania Department of Corrections facilities in January and March, 2018 (SCI-Dallas, SCI-Retreat, and SCI-Waymart).

115.216 (c) 1-3. Bureau of Community Corrections policy also requires that facilities not rely on reentrant interpreters, reentrant readers, or other types of reentrant assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the reentrant's safety, the performance of first response duties or the investigation of the reentrant's allegations. Justification for any use of a reentrant interpreter must be documented.

Although the agency head was not interviewed during the audit of CCC-Scranton, notes from an earlier interview indicated that the Department of Corrections has a contract with a sign language interpreter, as well as access to PREA resources in braille to ensure equal opportunity and participation for inmates with disabilities to prevent, detect, and respond to sexual abuse and sexual harassment. One (1) reentrant with a cognitive disability was interviewed during the onsite audit phase, and indicated that he had no problems reading the PREA information (e.g., handouts, video, and posters) made available at the facility and knew how to access interpretation services via staff. The reentrant was also able to clearly articulate how they could report sexual abuse or sexual harassment and were aware of their rights pursuant to the Prison Rape Elimination Act.

The auditor's interview with CCC-Scranton's acting facility director/PREA compliance manager verified the information provided during the pre-onsite audit phase that there have not been any instances in the past 12 months where reentrant interpreters, readers, or other types of reentrant assistants have been used. CCC-Scranton provided a directory of DOC staff who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. If necessary, the agency maintains a contract through 6/30/18 with PROPIO LS LLC for their language translation needs if no qualified staff or contractor is available. Interviews with random staff confirmed that they were not aware of any

instance where a reentrant interpreter was used to report an allegation of sexual abuse or sexual harassment.

During the walkthrough of CCC-Scranton, the auditor observed PREA posters displayed throughout the facility in Spanish as well as English. Information pertaining to the Prison Rape Elimination Act is also provided to inmates in Spanish and English during the intake process. The contracted language line, PROPIO LS LLC, includes over 200 languages for interpreter services.

Corrective Action: The audit team recommends no corrective action.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 41 (Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies)</li> <li>c. Policy 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 31 (Contractor and Volunteer Services)</li> <li>d. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 3 (Employee Arrests – Felony, Misdemeanor, or Summary Offense)</li> <li>e. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 40 (Conducting Pre-Employment Background Investigations)</li> <li>f. Policy 1.1.4 Centralized Clearances Procedures Manual, Section 4 (Centralized Clearance Check Procedures)</li> <li>g. Pennsylvania Department of Corrections Code of Ethics</li> <li>h. Pennsylvania Department of Corrections Application for Employment</li> <li>i. Position Vacancy Interest Form</li> <li>j. PREA Current/Prior Employer Letter</li> <li>k. Centralized Clearance Check Information Request Form</li> <li>l. Sample of employee background checks and completed applications</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Administrative (Human Resources) Staff</li> <li>b. Acting Facility Director</li> <li>c. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Sample of Personnel Files</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.217 (a) 1-6. Pennsylvania Department of Corrections policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 41 (Employment of Job Applicants Having Prior Adverse Contacts with Criminal Justice Agencies) maintains that the Department will ensure that any job applicant who has had adverse contact with a criminal justice agency be evaluated as to his/her suitability for employment. Consistent with PREA, the Department shall not hire or promote anyone who:</p> <ol style="list-style-type: none"> <li>a. 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) to include state facilities for persons who are mentally ill, disabled, or retarded or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care;</li> </ol>

- b. has 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; and/or
- c. has been convicted of any offense under the following (or equivalent out of state offense):

- 1. Title 18 Pa. C.S.A. Chapter 31 – Sexual Offenses; or
- 2. Title 18 Pa. C.S.A. Chapter 59 – Public Indecency.

Also, consistent with the PREA, the Department considers any incidents of sexual harassment in determining whether to hire or promote anyone. During the pre-onsite audit phase, CCC-Scranton provided a sample copy of a personnel file background check. During the post-onsite audit phase, the auditor interviewed an administrative (Human Resources) staff member who is responsible for the Department's Community Corrections Centers' human resources, including Scranton. The auditor was informed that all hiring and background checks are now completed by the agency at the Department's central office. The auditor was able to review five (5) additional personnel records during the onsite audit phase and accompanying forms that document the application process. The interview with human resources confirmed that the forms were a mandatory component of the application process to be hired.

115.217 (b) 1. Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) requires that consistent with the Prison Rape Elimination Act (PREA), prior to the engagement of any contractors, the contractor and all of the contractor's employees and/or subcontractors that may have contact with inmates will be investigated to ensure that the Department does not enlist the services of any person(s) who has either engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution, as defined in 42 U.S.C. §1997, and/or has 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. The Department is required to also consider any incidents of sexual harassment when determining whether to enlist the services of any contractor who may have contact with reentrants or inmates.

In addition, Department policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) requires the consideration of any incidents of sexual harassment in determining whether to hire or promote, including contractors or volunteers who may have contact with reentrants or inmates. The PREA Current/Prior Employer Letter (Attachment 40-B, Policy 4.1.1 Section 40-Conducting Pre-Employment Background Investigations) is also used by the agency for potential contractors. The interview with human resources during the post-onsite audit phase confirmed that all applicants for employment, including contractors, are required to sign a consent release for a criminal background check to be completed. Bureau of Community Corrections policy 8.3.1 Security Procedures Manual, Section 31 (Contractor and Volunteer Clearances) also sets forth that every person who provides recurring on-site services and has individual/group contact with reentrants at a Community Corrections Center, either by volunteering or through contract (medical, food service, religious groups, support groups, etc.) is not permitted reentrant contact until they have submitted to a criminal background check, PREA background check, and has received clearance from the department.

115.217 (c) 1-2. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) stipulates that human resource offices submit a background check request for all prospective new hires and rehires that have been separated for more than 60 days to the Office of Special Investigations and Intelligence (OSII). CCC-Scranton requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This was also confirmed during the auditor's interview with human resources during the post-onsite audit phase. Two (2) of the personnel files reviewed during the onsite audit phase were of staff who had been hired in the past 2 years.

Human Resources also indicated that when an employee or contractor reports having been employed by another Department facility and is requesting employment at CCC-Scranton, contact is made with the prior facility to inquire into past discipline, with the PREA Current/Prior Employer Letter sent and returned completed. According to human resources, the Commonwealth of Pennsylvania maintains a human resources computer program that allows any state agency to "flag" any employee or contractor who has resigned their position in lieu of termination, including for sexual abuse.

The agency's Office of Special Investigations and Intelligence (OSII) conduct a full background investigation, and notify the Bureau of Community Corrections' human resources of the results. The findings are then provided to CCC-Scranton. As noted in the comments in subsection (a) of Standard 115.217, all hiring and background checks are now completed by the agency at the Department's central office.

The information provided by CCC-Scranton during the pre-onsite audit phase included documentation of the agency's background check packet that included the Application for Employment, Centralized Clearance Check Information Request form, PREA Current Prior Employer Letter, and Position Vacancy Interest form. CCC-Scranton reported zero individuals hired in the past 12 months who may have contact with inmates who have had a criminal background record check completed.

115.217 (d) 1-2. Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) maintains that prior to the engagement of any contractors, the contractor and all of the contractor's employees and/or subcontractors that may have contact with inmates will be investigated to ensure that the Department does not enlist the services of any person(s) who has either engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution, as defined in 42 U.S.C. §1997, and/or has 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. The Department is required to also consider any incidents of sexual harassment when determining whether to enlist the services of any contractor who may have contact with reentrants or inmates.

Additionally, policy 1.1.4 provides that, "If a contractor or the contractor's employee or subcontractor indicates on the Centralized Clearance Check Information Request Form

(Public) that he/she has worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42.U.S.C. §1997, the Requestor shall send a PREA Current/Prior Employer Letter (Attachment 4-A) to that candidate's previous employer, wait two weeks for a response from the employer, document the request for information, and provide that documentation to the facility Security Office." Contract service providers, volunteers, and PA Prison Society Official Visitors may be approved for a period of access up to 24 months. All other recurring visitors may be approved for a maximum of 12 months.

Bureau of Community Corrections policy 8.3.1 Security Procedures Manual, Section 31 (Contractor and Volunteer Clearances) also sets forth that every person who provides recurring on-site services and has individual/group contact with reentrants at a Community Corrections Center, either by volunteering or through contract (medical, food service, religious groups, support groups, etc.) is not permitted reentrant contact until they have submitted to a criminal background check, PREA background check, and has received clearance from the department. In the past 12 months, CCC-Scranton reported zero contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates.

115.217 (e) 1. Policy 1.1.4 Centralized Clearances Procedures Manual Section 4 (Centralized Clearance Check Procedures) stipulates that the Centralized Clearance Unit (CCU) is responsible for conducting criminal history checks on all contractors every two (2) years. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 3 (Employee Arrests - Felony, Misdemeanor, or Summary Offenses) stipulates that employees charged with criminal misconduct shall be dealt with appropriately, which is dependent upon the seriousness of the charge and any resultant violations of the Department of Corrections Code of Ethics, as well as the Governor's Code of Conduct. All Department employees are cross-checked against the Justice Network (JNET) system on a daily basis to identify employees that have had a negative contact with law enforcement. If an employee has a negative contact with law enforcement, JNET sends an alert to the agency's central office who then notifies the facility.

The auditor's interview with human resources confirmed the use of the JNET system that is conducted for employees at all facilities. Notification to the agency via JNET is in "real-time," thus exceeding the requirement of this subsection of Standard 115.217 of conducting documented background checks for employees at least every five (5) years.

115.217 (f) 1-3. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 (Recruitment, Selection, and Placement for Non-Civil Service Positions) contains the agency's Application for Employment (Attachment 38-A) and Background Investigation Questionnaire (Pages 1-8). Both contain questions about an applicant's previous misconduct as described in paragraph (a) of this section. Additionally, policy 4.1.1 Section 3 (Employee Arrests - Felony, Misdemeanor, or Summary Offenses) maintains that the employee is responsible for reporting any negative contact with law enforcement to his/her supervisor, security, or designee. Further, the employee is required to report such contact as soon as possible or no later than his/her next scheduled work day.

The Employee Code of Ethics handbook also requires the applicant to disclose any previous misconduct. During the Auditor's interview with human resources it was explained that the

application process for staff and contractors is the same. All staff is required to sign a consent release, provide any criminal history, and affirm that the information being provided is accurate and complete. The information is included in the Department of Corrections employee application packet which was reviewed during both the pre-onsite audit and onsite audit phases. Random interviews with staff confirmed that employees are required to notify their supervisor of any negative contact with law enforcement.

115.217 (g) 1. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 38 (Recruitment, Selection, and Placement for Non-Civil Service Positions) contains the agency's Application for Employment (Attachment 38-A) and Background Investigation Questionnaire (Pages 1-8). The Application for Employment contains the "Consent to Release Information for Prison Rape Elimination Act Compliance" which requests that the applicant (staff or contractor) authorize the Department of Corrections to investigate and ascertain any and all information concerning their prior employment as it relates to sexual abuse and sexual harassment. The consent form maintains that if the applicant does not desire to sign the authorization they will not be hired for a position that requires contact with reentrants or inmates without conducting a background investigation compliant with the Prison Rape Elimination Act.

The Background Investigation Questionnaire also maintains an "Oath and Signature" section that states, "I do solemnly swear (or affirm) that this Application and any attachments contain no misrepresentation or falsification, omission or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any material omission or provision of materially false information will be grounds for non-selection or discipline, up to and including termination of employment." Human resources also confirmed that all background checks completed by the Office of Special Investigations and Intelligence review applications for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination.

115.217 (h) 1. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 40 (Conducting Pre-Employment Background Investigations) requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receipt of a request from another facility for whom the person has applied to work. The policy also stipulates that human resource offices are responsible for sending the PREA Consent to Release of Information Form, along with the PREA Current/Prior Employer Letter to the applicant's prior employers, receiving and reviewing their responses, and determining whether the applicant may be hired.

Upon a former employee signing the "Authorization to Obtain Information/Waiver" form that is included in the application packet, the applicant has authorized the Department to release their Official Personnel Folder to the Department if they were a former Commonwealth employee. Human resources confirmed that this process occurs on a regular basis.

Corrective Action: The audit team recommends no corrective action.

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC 8.3.1 Security Procedures Manual, Section 42 (CCTV Monitoring and Recording Systems)</li> <li>c. Policy BCC 8.3.1 Security Procedures Manual, Section 6 (Maintenance, Repair, and Construction)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Acting Facility Director</li> <li>b. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Facility walkthrough</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.218 (a) 1: Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-8.3.1 Security Procedures Manual Section, 42 (CCTV Monitoring and Recording Systems) requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the ability to protect residents from sexual abuse. Similarly, policy 8.3.1, Section 6 (Maintenance, Repair and, Construction) maintains that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect offenders from sexual abuse.</p> <p>During the pre-onsite audit phase, CCC-Scranton reported that the facility has not made a substantial expansion or modification since their last PREA audit on May 20, 2016. However, CCC-Scranton did report during the pre-onsite audit phase that one interior camera had to be replaced in 2017.</p> <p>During the onsite audit phase, the auditor did not observe any new structures to the physical plant. Interviews with the acting facility director and random staff confirmed that CCC-Scranton has not acquired a new facility or made any substantial expansion or modification since the last PREA audit of May, 2016.</p> <p>115.218 (b) 1. BCC policy 8.3.1 Security Procedures Manual Section, 42 (CCTV Monitoring and Recording Systems) requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the ability to protect residents from sexual abuse. During the pre-onsite audit phase, CCC-Scranton reported that one camera had been replaced in the interior of the facility in 2017.</p>

During the onsite audit phase, the auditor was able to review the camera placements and view the monitors within the facility. A total of 27 cameras are installed at the facility, with two (2) DVR's available and capable of recording 30 days worth of video. The audit team was impressed by the number of, and locations of the cameras.

Corrective Action: The audit team recommends no corrective action.

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.221 – Evidence protocol and forensic medical examinations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections Bureau of Community Correction Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual (PA DOC/BCC)</li> <li>b. Memorandum of Understanding (MOU) with Pennsylvania State Police (PSP)</li> <li>c. Administrative investigation file</li> <li>d. Pre-Audit Questionnaire (PAQ)</li> <li>e. Memorandum of Understanding (MOU) with Geisinger Community Medical Center (GCMC)</li> <li>f. Memorandum of Understanding (MOU) with Woman’s Resource Center (WRC).</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative staff</li> <li>b. PREA compliance manager</li> <li>c. Random staff</li> <li>d. Random reentrant</li> <li>e. Specialized staff</li> </ol> </li> <li>3. Site Review Observations:</li> </ol> <p>Findings (By Provision):</p> <p>115.221 (a). Scranton Community Corrections Center (CCC) has adopted a comprehensive agency policy PA DOC BCC-ADM 008. Scranton CCC staff does not conduct administrative or criminal investigations pertaining to allegations of sexual abuse and sexual harassment. Per BCC-ADM 008 staff do not conduct interviews or collect statements from anyone unless directed by the department investigator.</p> <p>During the onsite phase of the audit, auditors interviewed random staff that stated they were aware and understood the department policy for obtaining usable physical evidence. During interviews with random staff, Scranton CCC staff knew that if they were to receive an allegation of sexual abuse or sexual harassment they were to notify the PA DOC/Bureau of Community Corrections (BCC) Management Operations Center (MOC) which is staffed 24-7 by DOC supervisory staff. The MOC center staff would assist in guiding Scranton CCC staff in their response to an allegation of sexual abuse; ensure the victim is in a safe place, to secure the scene; call 911 if any alleged victim requires emergency medical treatment. The MOC center staff contact the BCC Major or designee who then assigns a trained investigator. Scranton CCC staff said they could also call 911 for an immediate/emergency response. Scranton CCC has not had an allegation of sexual abuse in the past two years. The auditor verified this through staff interviews, BCC and facility record reviews as well as by reviewing the information submitted in the PAQ.</p>

The auditors interviewed BCC investigative staff during the on site portion of the audit and determined they were knowledgeable of the BCC-ADM 008 policy directives and their responsibilities in response to an allegation of sexual abuse.

The MOC staff responsibilities are;

1. Receive reports of sexual abuse and sexual harassment from all facility staff at BCC CCC facilities.
2. Upon notification of a sexual abuse or sexual harassment incident/allegation, the BCC-MOC shall ensure;
  - a. the safety of the alleged victim;
  - b. "911" is contacted for any alleged victim that requires emergency medical treatment;
  - c. an alleged sexual abuse victim is provided access to a forensic medical examination as outlined in section 4 of the procedures manual;
  - d. an alleged sexual abuse victim is provided access to a victim advocate as outlined in section 4 of the procedures manual;
  - e. an alleged sexual abuse victim is provided access to a mental health evaluation as outlined in section 4 of the procedures manual;
  - f. facility staff on duty follow required protocol and conduct no further questioning of the alleged victim;
  - g. notifications are made, as appropriate, to the facility director/designee, regional director/designee, Bureau Duty Officer, PREA captain/designee, and law enforcement.

115.221 (b). The MOU between Scranton CCC and Geisinger Community Medical Center (GCMC) was reviewed by the auditor in the PAQ. A portion of the MOU states; GCMC will follow uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol shall be developmentally appropriate for youth where applicable and as appropriate shall be 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, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

The auditor interviewed a representative of GCMC during the evidence review phase of the audit, who confirmed the MOU agreement was in place.

By policy and practice no youth are housed at Scranton CCC. The auditors were able to verify this through facilities records, onsite observations and staff and reentrant interviews.

115.221 (c). Scranton CCC policy states they would offer all reentrants who experience sexual abuse access to forensic medical examinations without financial cost to the victim. This practice is in PA DOC agency policy BCC-ADM 008, the PCM/Facility Director shall coordinate medical services related to sexual abuse for his/her facility and where possible, utilize a hospital that employs Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) to conduct sexual abuse examinations. The facility shall enter into a letter of agreement with the hospital or shall document its attempts to enter into such an agreement.

Community Corrections staff shall not take any photographs when a sexual abuse allegation is made. The collection of any photographic evidence must be conducted by the outside medical

professional or law enforcement. On site facility medical staff shall not conduct forensic medical exams of DOC reentrants.

Auditors viewed the signed MOU between Scranton CCC and GCMC in the PAQ. The MOU indicates that GCMC will offer all victims of sexual abuse access to forensic medical examinations, without financial cost to the victim, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE), Sexual Assault Nurse Examiners (SANE) or Sexual Assault Response Team (SART) where possible. If SAFE's, SANE's or SART's cannot be made available, the examination can be performed by other qualified medical practitioners. The auditor interviewed the PCM during the onsite review and it was evident the PCM was knowledgeable of his responsibilities if an allegation of sexual abuse was received at Scranton CCC.

115.221 (d-e). BCC-ADM 008 states in part, if requested by the victim, DOC will arrange for a victim advocate to accompany and support the victim through the forensic exam process and provide emotional support, crisis intervention and referrals.

The auditor observed a signed MOU between Scranton CCC and the Woman's Resource Center (WRC). A portion of the MOU indicates that an advocate from WRC will provide advocacy and accompany the victim to the hospital or other location where a forensic examination is to be conducted, provide confidential supportive services to the victim either by telephone, mail or in person, accompany the victim to court proceedings.

During the evidence review phase of the audit, the auditor interviewed a representative of the WRC who confirmed the MOU provisions and shared that the WRC has not received any requests for services from the facility in over a year.

There have not been any reported sexual abuse allegations at Scranton CCC in the past two-year's, 2016-2017 according to facility and BCC staff and determined after reviewing facility records (grievances and investigative tracking logs) and by interviewing external stakeholders.

115.221(f). Responsibility for conducting criminal investigations falls under the jurisdiction of the Pennsylvania State Police (PSP). The auditor was provided a copy of a current memorandum of understanding outlining the scope of responsibilities on behalf of the PSP to comply with the applicable PREA standards (115.221 a-f) when receiving allegations of sexual abuse at a BCC facility.

During specialized staff interviews, staff stated that PSP would be contacted regarding all allegations of sexual abuse. The PSP investigator provides guidance as to whether a Sexual Assault Nurse Examine (SANE) is appropriate or not. The PSP, Scranton CCC personnel, and PA DOC utilize a 96-hour guideline for determining whether a SANE exam shall be performed or not.

115.221 (g-h). Not applicable, BCC nor facility staff conduct sexual assault or forensic exams.

Corrective Action: The audit team recommends no corrective action.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.222 – Policies to ensure referrals of allegations for investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. Memorandum of Understanding (MOU) with Pennsylvania State Police (PSP)</li> <li>c. Administrative investigation.</li> <li>d. Pre-Audit Questionnaire (PAQ)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA tracking system (WebTas)</li> <li>b. Random criminal and investigative files</li> </ol> </li> <li>4. Findings (By Provision): <p>115.222 (a). Scranton CCC staff does not conduct administrative or criminal investigations pertaining to allegations of sexual abuse and sexual harassment. Per BCC-ADM 008 facility staffs do not conduct interviews or collect statements from anyone unless directed by the Bureau of Community Corrections (BCC) investigator. Scranton CCC by policy is to contact the PA DOC /BCC Management Operations Center (MOC) which is staff 24-7, answered by BCC supervisory staff. The MOC center staff would assist in guiding Scranton CCC staff in their response to an allegation of sexual abuse and sexual harassment; to secure a potential crime scene and whether to call 911 if any alleged victim requires emergency medical treatment. The MOC center staff contact their BCC Major or designee who then assigns an investigator. Agency investigators are instructed to follow BCC-ADM008 Section 5 policy, which states in part, “shall ensure every reported incident/allegation of sexual abuse and/or sexual harassment of a reentrant is investigated promptly, thoroughly, objectively, and a confidential report is completed as outlined in Department policy 8.3.1. ‘</p> <p>The Pennsylvania DOC-BCC employs a PREA tracking system (WebTAS) to ensure accountability, progress and completion of all allegations of sexual abuse and sexual harassment in accordance with BCC-ADM 008. The PREA tracking system is a web-based application designed to track all incidences of sexual abuse and sexual harassment for U.S. Department of Justice reporting purposes. The PREA tracking system entries go directly to Pennsylvania DOC Office of Special Investigations and Intelligence (OSII) for final review.</p> <p>During the onsite review, the auditor conducted interviews with MOC investigative staff responsible for conducting sexual abuse, sexual harassment and retaliation investigations at</p> </li> </ol>

Scranton CCC. The auditor reviewed the one sexual harassment administrative investigation reported in 2017. Through this review the auditor concluded that the investigation, contained the following:

- interview was conducted of the reentrant complainant(s);
- interview conducted of all reentrant witnesses;
- interview of all staff member witnesses conducted;
- review and copy corroborating evidence, including but not limited to; all log

Book entries, work-related reports, reentrant grievances, and other pertinent documentation specific to the allegation of sexual harassment and included the documentation in the investigative report.

The auditor interviewed investigative staff and reviewed a 12-month period in the agency PREA tracking system finding one unsubstantiated sexual harassment allegation. Zero sexual abuse allegations and zero retaliation allegations were filed or recorded.

115.222 (b) Scranton CCC has adopted agency policy, BCC-ADM 008 Bureau of Community Corrections PREA Procedures Manual. A copy of this policy was observed posted on the PA DOC agency public website by the auditor. A portion of the policy states, "The Bureau Major/designee shall refer incidents/allegations of sexual abuse or sexual harassment of a reentrant for criminal investigation, unless it does not involve potentially criminal behavior, and assign a Bureau of Community Corrections (BCC) investigator to track the progress. If the case is being investigated for criminal charges, the Department investigators shall suspend the administrative investigation and allow the criminal investigation to take precedence. The Bureau Major and/or Office of Special Investigations and Intelligence (OSII) shall coordinate with the criminal investigator/District Attorney's Office (as applicable) to determine when to resume the administrative investigation so as to avoid interference with the criminal investigation."

During the onsite review, the auditor interviewed a BCC specialize staff who confirmed the above practices would occur if an allegation of sexual abuse, harassment or retaliation would occur and was knowledgeable of those responsibilities.

115.222 (c-d) Responsibility for conducting criminal investigations is under the jurisdiction of the PSP. The auditor was provided a copy of the memorandum of understanding between agencies outlining the scope, responsibility and agreement to comply with the applicable PREA standards and provisions (115.222). During the onsite review investigative staff interviews were conducted by the auditor; staff stated that PSP would be contacted regarding all allegations of sexual abuse.

Corrective Action: The audit team recommends no corrective action.

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.231 Employee Training</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. PA DOC Agency Procedures Manual; BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training</li> <li>b. 2015 PREA Basic Training Participant Guide.pdf</li> <li>c. 2015 PREA Lesson Plan Cover Sheet.pdf</li> <li>d. 2014 PREA Visual Aid - notes section.pdf</li> <li>e. 2015 PREA Course Lesson Plan.pdf</li> <li>f. 2017 Basic Training with Notes Section.pdf</li> <li>g. 2015 PREA Visual Aid-With Notes Sections.pdf</li> <li>h. Handout 1 - Sexual Abuse and Sexual Harrassment.pdf</li> <li>i. Individual employee training transcripts</li> <li>j. PREA Training Receipt for Department and Contract Employees and Volunteers Form (attachment 2-G)</li> <li>k. Pennsylvania Department of Corrections PREA Orientation Receipt for Department and Contract Employees and Volunteers (attachment 2-F)</li> <li>l. 115.31 PREA Essentials (Staff Refresher training)</li> <li>m. PREA - Immediate Response Procedure pocket card</li> <li>n. PA DOC PREA video</li> <li>o. Rodney Hulin Story, Video</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Numerous PREA posters were observed throughout the facility in staff, reentrant and public areas, informing the reader that the facility has a zero tolerance for sexual abuse and sexual harassment (English and Spanish versions) and how to report these types of incidents.</li> <li>b. During informal contacts, the auditor observed correctional officers and non-uniformed staff referring to their “pocket” PREA – Immediate Response Procedures cards. This card outlines the staff response duties upon witnessing or receiving a report of sexual abuse.</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.231 (a) (1-10). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment and has designated the PREA Compliance Manager (PCM) at each facility, who shall ensure that all employees who have contact with reentrants receive training on the agency’s zero tolerance policy against sexual abuse and sexual harassment within the</p>

department.

The auditor reviewed the agency 2017 Basic Training (BT) lesson plan and the Participant Basic Training Guide which are utilized to educate all new staff that will have contact with reentrants on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources state that reentrants have the right to be free from sexual abuse and sexual harassment and the right of reentrants and employees to be free from retaliation for reporting sexual abuse and sexual harassment. All employees receive education regarding the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse and how to avoid inappropriate relationships with reentrants. Additionally, new employees are provided training on how to communicate effectively and professionally with reentrants, including lesbian, gay, bi-sexual, transgender, intersex, or gender nonconforming reentrants. Lastly staff is instructed how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Staffs who were interviewed as random and specialized staff reported they received training consistent with each of the ten elements listed above. Staff were able to articulate training content, had knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy, that all staff and reentrants have a right to be free from retaliation for reporting sexual abuse and sexual harassment and were familiar with their reporting responsibilities.

115.231 (b) (1-2). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008 which in part states (p. 2-12) that staff shall receive training that shall be tailored to the gender of the reentrants at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility single gender facility to an opposite gender or co-ed facility. Such training shall be tailored to the gender of the reentrants at the employee's facility. Through interviews with staff, it is reported during the past 12 months, no staff transferred to Scranton CCC from a female or co-ed reentrant facility. Records reveal (consistent with staff's account) no female staff have transferred or arrived at Scranton CCC from a female or co-ed reentrant facility in the past 12 months.

115.231 (c) (1-3). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008 which in part states (p. 2-12) that every two years, the annual staff PREA education shall be provided in the form of refresher training to include current sexual abuse and sexual harassment policies and procedures. In alternate years, refresher information shall be provided on the current sexual abuse and sexual harassment policies.

The agency utilizes an internet based training management system, Learning Solutions (LSO) that tracks staff training and creates an employee training record. This software has the ability to run reports and therefore can track who, when and which employee has completed training or has training past due. Specialized staff responsible for training efforts was not available during the onsite audit but the agency's PREA coordinator stated during the evidence review phase of the audit, that staff are required to acknowledge at the end of their web based training that they understand the training they have received. A staff training completion record will not be generated within the LSO if staffs do not acknowledge the PREA Training

Receipt for Department and Contract Employees and Volunteers Form (attachment 2-G) electronically.

During the onsite audit, the auditor was able to confirm through casual interviews with staff that staff has their initial training at a central state training facility in Pennsylvania and also onsite training at the facility prior to having one on one contact with reentrants. These trainings include information on the agency's zero tolerance policy and how to report incidents of sexual abuse, sexual harassment and retaliation for reporting an incident.

Staffs are provided a PREA - Immediate Response Procedure education information pocket card to enhance staff's prompt response to a sexual abuse allegation. The auditor was able to view these PREA pocket resources during the onsite portion of the audit when interacting with numerous random staff.

During the onsite phase of the audit, the auditors observed PREA specific information at the monitor station including the following information; the agency's zero tolerance policy, first responder duties for correctional officers, the requirement for completing the agency's BCC-121 Report of Extraordinary Occurrence Report and PREA Immediate Response Procedures if witnessing or receiving a sexual abuse report.

115.231(d). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008, and developed two forms that require to verifying they have received and understand the training on the Prison Rape Elimination Act. Two forms are utilized; one during initial hire at orientation and then annually when completing refresher training:

- Pennsylvania Department of Corrections PREA Orientation Receipt for Department and Contract Employees and Volunteers form (attachment 2-F)
- PREA Training Receipt for Department and Contract Employees and Volunteers Form (attachment 2-G)

The statement on the PREA Training Receipt for Department and Contract Employees and Volunteers Form reads "I acknowledge on this date \_\_\_ I received and understand the training on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to reentrant sexual abuse, sexual harassment and I have a statutory obligation to report ALL forms of sexual abuse and sexual harassment. I acknowledge my responsibility to provide proof of training, upon request, to DOC or otherwise may be requested to repeat mandatory PREA training, to ensure compliance with PREA mandates."

The exception to signing the hard copy PREA Training Receipt for Department and Contract Employees and Volunteers form is when training is completed through web-based training, and then an electronic signature is captured and recorded. The training record shall be kept in the staff member's training file. Electronic signatures are captured and maintained in the agency's LSO system, or known as the Employee Training Transcript.

The auditor reviewed all (16) staff training records that were provided in the PAQ. These records reflect that all staff have completed their annual refresher training in (from the past 12 months) to ensure the employee knows the agency's current sexual abuse and sexual harassment policies and procedures.

The auditor asked the agency's PC if there was any means or process being utilized that demonstrated that employees receiving PREA training understood the training information provided? Staff responded the PREA Training Receipt for Department and Contract Employees and Volunteers form is utilized. The auditor recommends enhancing the current system by incorporating a pre-test, posttest or quiz. This would assist identifying individuals in need of remedial training and for the revision of training curriculum and lesson plans as needed.

Corrective Action: The audit team recommends no corrective action.

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.232 Volunteer and contractor training</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. PA DOC Agency Policy, BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training</li> <li>b. PREA Training Receipt for Department and Contract Employees and Volunteers Form (attachment 2-G)</li> <li>c. Pennsylvania Department of Corrections PREA Orientation Receipt for Department and Contract Employees and Volunteers (attachment 2-F)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Random staff</li> <li>c. Random reentrants</li> </ol> </li> <li>3. Findings (By Provision): <p>115.232 (a)(1-2). CCC-Scranton has adopted a comprehensive written policy BCC-ADM 008 and has designated the PREA Compliance Manager (PCM), who shall ensure that all volunteers and contractors who have contact with reentrants receive training on their responsibilities under the agency’s zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>115.232 (b)(1-2). CCC-Scranton has adopted a comprehensive written policy BCC-ADM 008 that states (p. 2-12) during a contractor/volunteer orientation session they shall receive training on the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report incidents or suspicions of sexual abuse sexual harassment. The training curriculum was reviewed by the auditor and was able to confirm all of the elements of the standard were present within the training materials.</p> <p>For contractors and volunteers who have contact with reentrants, they shall have the same training staff members receive during annual training and refresher training during the opposite year. The PCM reports the facility has not had any contractors or volunteers during the past 12 months. This was corroborated during informal interviews with staff and reentrants during the onsite phase of the audit. The facility does not currently have the physical space to accommodate programming or treatment services.</p> <p>115.232 (c). CCC Scranton has adopted a comprehensive written policy BCC-ADM 008, which states (p. 2-12) in part that all contractors and volunteers shall be required to sign and acknowledge the PREA Training Receipt for Department and Contract Employees and Volunteers Form (attachment 2-G) for annual refresher training and the Pennsylvania Department of Corrections PREA Orientation Receipt for Department and Contract Employees and Volunteers (attachment 2-F) Form when initially receiving PREA training. The statement on the PREA Training Receipt for Department and Contract Employees and Volunteers Form reads “I acknowledge on this date ____ I received and understand the training on the Prison</p> </li> </ol>

Rape Elimination Act (PREA). I understand that the Department of Corrections (DOC) and this facility maintains a zero tolerance policy in regard to reentrant sexual abuse, sexual harassment and I have a statutory obligation to report ALL forms of sexual abuse and sexual harassment. I acknowledge my responsibility to provide proof of training, upon request, to DOC or otherwise may be requested to repeat mandatory PREA training, to ensure compliance with PREA mandates.”

The auditor asked staff if there was any means or process being utilized that demonstrated that contractors/volunteers receiving PREA training understood the training information provided? The agency PC responded the PREA Training Receipt for Department and Contract Employees and Volunteers Form was the current means being utilized. The auditor recommends enhancing the current system by incorporating a pre-test, posttest or quizzes. This would assist identifying individuals in need of remedial training and for the revision of training curriculum and lesson plans.

Corrective Action: The audit team recommends no corrective action.

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.233 Resident education</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. PA DOC Agency PREA Procedures Manual; BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training</li> <li>b. BCC ADM 008 Section 02 Att 2-J PREA Handout Receipt for Reentrants English</li> <li>c. BCC ADM 008 Section 02 Att 2-K PREA Handout Receipt for Reentrants Spanish</li> <li>d. 11.2.1, Reception and Classification Procedures Manual Section 2 – Diagnostic and Classification Procedures</li> <li>e. BCC ADM 008 Section 02 Att 2-L Zero Tolerance Fact Sheet</li> <li>f. PREA Poster (English and Spanish); ways to report and zero tolerance information</li> <li>g. National PREA Resource Center, Reentrant Education Facilitator’s Guide, PREA: What You Need to Know, Notification of Curriculum Use, February 2014</li> <li>h. Just Detention International’s DVD; PREA, What You Need to Know</li> <li>i. PREA Reentrant Education Verification Form</li> <li>j. Reentrant Handbook 2017</li> <li>k. PREA Sexual Abuse Awareness Handout Receipt for Reentrants in English (Attachment 2-J) or Spanish (Attachment 2-K)</li> <li>l. DBA PROPIO LANGUAGE SERVICES Contract (translators)</li> <li>m. PREA Pamphlet - Sexual Abuse Awareness, End the Silence...</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Staff</li> <li>d. Targeted Reentrants</li> <li>e. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Reentrant Cumulative Adjustment Record (ICAR) software system</li> <li>b. PA DOC PREA Prevention Through Awareness posters (English and Spanish)</li> <li>c. PREA Audit Announcement posters posted throughout facility</li> <li>d. Reentrant intake procedure - recreated</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.233 (a-b). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training, which states every reentrant, including transfers and new receptions, will receive information regarding the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their</p>

rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

During the onsite review, staff recreated the intake process for the auditor (no intakes were scheduled during our site review). Consistent with policy, staffs provide the reentrant a copy of the PREA Sexual Abuse Awareness Handout in English (Attachment 2-H) or Spanish (Attachment 2-I) handout. The reentrant is then instructed to sign the PREA Sexual Abuse Awareness Handout Receipt for Reentrants form (staff sign/date as well) verifying they have been informed of the following information:

“Under the Prison Rape Elimination Act, reentrants of this facility must receive information regarding sexual abuse and sexual harassment, how to report an incident of sexual abuse or sexual harassment, and what to do if he/she is the victim of sexual abuse or sexual harassment. The “PREA Sexual Abuse Awareness Handout” that you are receiving outlines:

- What is Center Sexual Violence?
- Tips for Avoiding Sexual Abuse
- What To Do If You Have Been Sexually Abused?
- How Can You Report A Sexual Abuse or Sexual Harassment?

The PA Department of Corrections, Bureau of Community Corrections, and this Facility have a zero tolerance for sexual abuse, sexual harassment, and retaliation for reporting such behavior. If you have any questions regarding the handout, speak with a staff member immediately.

I acknowledge upon my arrival to this facility on this date that I received the “PREA Sexual Abuse Awareness Handout.” I acknowledge that any questions regarding sexual abuse or sexual harassment were answered in the handout or by staff to a degree that I understand how to report an incident of sexual abuse or sexual harassment and what to do if I am the victim of sexual abuse or sexual harassment.”

The PREA Sexual Abuse Awareness Handout in English (Attachment 2-H) or Spanish (Attachment 2-I) handout includes the following information and the auditor recommends updating this form and removing the following reference item:

A bulleted comment on the reentrant information Sexual Abuse Awareness Information handout reads “\* If someone is a known or believed to be LGBTI, it does not mean that they are automatically agreeing to sexual acts.” When updating the Sexual Abuse Awareness Information handout, staff should remove this statement. It is offensive and may be interpreted as reinforcing a negative stereotype; it does not promote a sexually safe environment or provide for effective, professional communication with LGBTI individuals.

During the onsite audit review, the audit team members interviewed targeted and random reentrants (14) who consistently stated they had received the information as noted above and were able to articulate how they could report incidents if needed.

115.233 (c) The agency has adopted a comprehensive policy, BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training. The

policy states in part that the facility director/designee shall ensure reentrant orientation and education is able to be provided in formats accessible to all reentrants including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as reentrants who have limited reading skills.

During the onsite review, the auditor interviewed the PCM who stated numerous resources are available to provide reentrant PREA orientation and education regarding the provisions of this standard, to accommodate those with special needs; PREA What you need to know video has subtitles, is available in Spanish and English and individual staff one on one education would be structured to meet the needs of the reentrant.

115.233 (d). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training which states in part that each reentrant, including transfers and new receptions, will receive a copy of the PREA Handout in English (Attachment 2-H) or Spanish (Attachment 2-I) immediately upon arrival at the facility. The reentrant shall sign the PREA Sexual Abuse Awareness Handout Receipt for Reentrants in English (Attachment 2-J) or Spanish (Attachment 2-K).

During the pre-onsite review, the auditor reviewed six, signed and dated, PREA Sexual Abuse Awareness Handout Receipt for Reentrants forms. During the onsite review, the auditor conducted a random review of this same form (six records) with staff and found all six reentrants had received information on the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

During the onsite audit review, the audit team members interviewed targeted and random reentrants (14) who consistently stated they had received the information as noted above and were able to articulate how they could report incidents if needed.

115.233 (e). Scranton CCC has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training, which states in part; at the daily 0600 (between 0530-0630), 1200 (between 1130-1230), and 2100 (between 2030-2130) hours count, facility staff shall make an announcement over the public address system utilizing the Zero Tolerance Fact Sheet (Attachment 2-L). The announcement informs reentrants and staff of the zero tolerance policy against sexual abuse/sexual harassment, how to report sexual abuse and sexual harassment and staff's duties to respond to allegations of sexual abuse/sexual harassment in an expeditious manner.

Additionally, more thorough reentrant education will be provided by a trained counselor within 14 days of reception, using: the Sexual Abuse/Sexual Harassment Reentrant Education Program (Attachment 2-M); and the PREA Resource Center video and facilitator's guide. The program may be provided to reentrants individually or in groups; security staff may not conduct the reentrant education program.

The PCM shall ensure the counselor or presenter received PREA basic training and is able to

answer questions specific to the facility's response to a PREA report. The counselor or presenter must be present at all times to facilitate discussion on the presentation/video and to answer questions and meet individually with any of the reentrants, if they request, to discuss issues related to PREA.

The auditor had an opportunity to view all the above resources and activities during the onsite phase of the PREA audit and had multiple discussions with both staff and reentrants in regards to these resources. Reentrants were readily able to articulate how they could locate or reference a means to report incidents of sexual abuse or harassment and consistently stated they would feel comfortable speaking to their counselor or the facility director.

Corrective Action: The audit team recommends no corrective action.

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234 Specialized training: Investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training</li> <li>b. BCC ADM 008 Section 05 Investigations and Retaliation Monitoring</li> <li>c. National PREA Resource Center’s Investigators Training; Utilizing Modules 1 – 5 <ol style="list-style-type: none"> <li>i. PREA Update Investigation Standards</li> <li>ii. Trauma Victim Responses</li> <li>iii. First Response Evidence Collection</li> <li>iv. Prosecutorial Collaboration</li> <li>v. Investigations Agency Culture</li> </ol> </li> <li>d. PREA Grant Project: Sexual Assault Investigator Training -7 modules; Dec. 2017</li> <li>e. Employee training transcripts of those assigned to conduct sexual abuse/sexual harassment investigations</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Staff</li> <li>d. Targeted Reentrants</li> <li>e. Random Reentrants</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.234 (a) Scranton CCC has adopted a comprehensive written policy BCC-ADM 008, which states that any staff designated to conduct sexual abuse investigations shall receive training to include but not limited to; interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative actions or prosecutorial referral.</p> <p>In 2017 the PA DOC adopted a comprehensive special investigations training program which was developed by the Massachusetts Department of Corrections by means of a technical assistance National PREA Resource grant. This seven part training curriculum provides education and instruction to those staff assigned to investigate sexual abuse allegations in a confinement setting. This seven part training curriculum was reviewed by the auditor during the pre-onsite audit phase. The lesson plan and training curriculum are utilized to provide education and instruction to those staff assigned to investigate sexual abuse allegations in a confinement setting.</p>

115.234 (b) The comprehensive training curriculum utilized to train staff assigned to investigate allegations of sexual abuse and sexual harassment includes but is not limited to; interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The training is a 12 hour course conducted in two consecutive days.

115.234 (c) (1-2). All of the 23 Bureau of Community Corrections investigators responsible for conducting investigations of sexual abuse or sexual harassment in a confinement setting completed specialized investigations training in 2017 according to their training records. The auditor reviewed all of the investigators training records during the pre-onsite audit which the facility staff provided in the PAQ. Two of the investigators that were interviewed during the onsite review, confirmed that they had received specialized investigations training specific to the elements of this standard.

Corrective Action: The audit team recommends no corrective action.

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235 Specialized training: Medical and Mental health care.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> <li>a. BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training</li> <li>b. 8.1.1, Community Corrections Centers Procedures Manual, Section 5 - Resident Procedures</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Reentrants</li> </ul> <p>Findings (By Provision):</p> <p>115.235 (a) (1-3) Scranton CCC has adopted a comprehensive written policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention and Training (pgs. 2-13 – 2-14) that states all full and part-time medical and mental health care practitioners who work regularly in the facilities will be trained in, or provide proof that they have been trained, prior to starting to provide service to the facility; 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.</p> <p>The facility states they do not have medical or mental health care practitioners who work at the facility. The auditors were able to confirm this during the onsite phase of the audit, when interviewing specialized staff and random reentrants. Reentrants receive their health care in the community after arriving at the facility. Agency policy states every reentrant who has an employer paid health insurance, a publicly funded health plan, or who uses the community public clinics may obtain medical care from any source he/she chooses.</p> <p>115.235 (b) Scranton CCC facility personnel do not conduct forensic exams. The PA DOC has a signed MOU with Geisinger Community Medical Center to provide these services as necessary.</p> <p>115.235 (c) The facility does not employ medical and mental health care practitioners at this facility, therefore there are no training records specific to this provision of the standard.</p> <p>115.235 (d) The facility does not employ medical and mental health care practitioners at this facility. This provision of the standard does not currently apply.</p>

Corrective Action: The audit team recommends no corrective action.

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.241 Screening for risk of victimization and abusiveness</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training</li> <li>b. PA DOC PREA Risk Assessment Tool (PRAT)</li> <li>c. PRAT Tracking Form</li> <li>d. PRE Tracking System-BCC Prat Tracking Tab document</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> <li>c. Specialized Staff</li> <li>d. Random Staff</li> <li>e. Targeted Reentrants</li> <li>f. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Demonstration recreated of an initial PRAT at intake</li> <li>b. PRAT records maintained in the agency’s WebTAS system</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.241 (a-b) PA DOC has adopted a comprehensive agency policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training, which states every reentrant, shall be assessed for risk of being sexually abused by other reentrants or sexually abusive toward other reentrants within 72 hours of initial reception to the facility, including transfers.</p> <p>During the onsite phase of the audit, results of risk assessments were observed by the auditor with specialized staff utilizing the automated WebTAS (reentrant information software) system. The agency’s automated PREA Risk Assessment Tool (PRAT) results and scores are maintained within the WebTAS system. Based on interviews, site observations and records reviewed within WebTAS, all reentrants are screened during the intake process for their risk of being sexually abused by other reentrants or sexually abusive toward other reentrants which ordinarily occurs within 72 hours of arrival to the facility.</p> <p>During the pre-onsite phase of the audit, the auditor reviewed six records provided by the facility in the PAQ, which showed that all six reentrants had received their initial PRAT on the same day they arrived at the facility.</p>

During the onsite review, the auditor met with specialized staff that has been provided security access based on job duties that require a “need to know” access to the WebTAS system. The review consisted of utilizing the reentrant movement history in combination of when (date) staff administered the initial risk assessment utilizing the PRAT. Of the six random reentrants selected (during the onsite review) six months, records consistently showed that reentrants received their initial assessment on the same day they arrived at the facility with the exception of one record. Staff recreated the intake process for the auditor during the onsite review to include administering the initial PRAT. It is staff’s practice to administer the initial PRAT while the reentrant is still processing through intake prior to being given a room assignment. This is consistent with reentrant and staff interview accounts.

115.241 (c) Scranton CCC has adopted an agency written policy Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training BCC-ADM 008, that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The tool will be an objective instrument that shall consider, at a minimum, the following criteria to assess reentrants for risk of sexual victimization or abusiveness:

(1) Whether the reentrant has a mental, physical, or developmental disability; (2) The age of the reentrant; (3) The physical build of the reentrant; (4) Whether the reentrant has previously been incarcerated; (5) Whether the reentrant's criminal history is exclusively nonviolent; (6) Whether the reentrant has prior convictions for sex offenses against an adult or child; (7) Whether the reentrant is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the reentrant has previously experienced sexual victimization; (9) The reentrant's own perception of vulnerability; and (10) Whether the reentrant is detained solely for civil immigration purposes.

The agency PRAT is comprised of 22 questions. Of the 22 questions, the auditor has determined some of the questions are compound questions. In those circumstances, it is unclear which question the reentrant is responding to and how the tool is scoring one response for two different questions? Additionally, some of the questions are not objective. See below; the following is a list of questions the auditor is highlighting for corrective action along with their corresponding number within the PRAT:

1. Have you ever been convicted of a crime using force or threat of force?
2. Did your current offense involve either personal violence or any sexual act?
6. Does the reentrant appear to be: (staff selection options; Heterosexual, Homosexual or Bi-Sexual)
8. Which of the following is how you describe your gender identity? Response options with definitions:
  - Cisgender – meaning you identify with the sex you were born as.
  - Transgender – meaning you identify with the opposite sex you were born as.
  - Gender non-conforming – meaning you look or behave opposite than society expects for your sex.
  - Intersex – meaning you were born with a combination of both male and female sex organs.
  - No response
9. Have you ever been physically victimized or sexually victimized before this incarceration?
10. Have you ever victimized someone either physically or sexually before this incarceration?
18. Does the reentrant appear to have a developmental disability?

115.241 (d) (1-9) Scranton CCC has adopted an agency written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The PRAT shall consider at a minimum, the 10 criteria listed in 115.241 (c) above.

The PRAT tool asks the three following questions in an effort to meet the elements of the provisions above:

4. Which of the following describes your sexual orientation? Response options: Heterosexual, Homosexual, Bi-sexual or No Response.
5. Does the reentrant appear to be: Heterosexual, Homosexual or Bi-Sexual?
8. Which of the following is how you describe your gender identity? Response options:
  - Cisgender – meaning you identify with the sex you were born as.
  - Transgender – meaning you identify with the opposite sex you were born as.
  - Gender nonconforming – meaning you look or behave opposite than society expects for your sex.
  - Intersex – meaning you were born with a combination of both male and female sex organs.
  - No response

The use of homosexual is an out dated term and pejorative. The auditor recommends corrective action for the agency to adopt and incorporate terms and definitions (when available) consistent with the PREA standards (lesbian, gay, transgender, gender nonconforming, intersex). One cannot determine a reentrant's sexual orientation by their physical appearance or mannerisms; this is an internal emotion, romantic or sexual desire of another. Intersex means a person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development, and thus is a medical condition.

In an effort to create a more inclusive, respectful and professional interaction with all reentrants, the agency should update their terminology and definitions within the PRAT. It is imperative that staff strive to develop a professional and non-judgmental rapport with the reentrant to encourage honest, complete and accurate responses. The information obtained from reentrants will be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those at high risk of being sexually victimized from those of at high risk of being sexually abusive.

115.241 (e) Scranton CCC has adopted an agency written policy Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training, that states in part the PREA risk assessments shall be conducted utilizing the PREA Risk Assessment Tool (PRAT). The initial assessment (within 72 hours of reception) shall be conducted by a trained counselor and consider prior acts of abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in order to assess reentrants for the risk of being sexually abusive. The following questions are part of the PRAT tool and the number below corresponds to the number of the question within the PRAT:

1. Have you ever been convicted of a crime using force or threat of force?
2. Does your current offense involve either personal violence or any sexual act?
10. Have you ever victimized someone either physically or sexually before this incarceration?
12. Have you ever sexually victimized anyone while incarcerated?

13. Did any of your current or prior offenses involve sexually victimizing a child victim?
14. Did any of your current or prior offenses involve sexually victimizing an adult victim?

The auditor reviewed the PRAT questions during the pre-onsite phase of the audit (in hard copy form) and again with specialized staff during the onsite phase of the audit. When viewing the agency's WebTAS system, 22 questions are programmed into the software, changes/deletions of questions cannot occur. The auditor determined through specialized staff and reentrant interviews that the above questions are utilized when staff administers the PRAT. These questions are used to assess a reentrant for risk of being sexually abusive.

115.241 (f) Scranton CCC has adopted an agency written policy, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training that states in part follow-up assessments, including the 20-30 day assessment, shall be conducted by the trained counselor assigned to the reentrant.

During the onsite review, the auditor met with two separate specialized staff who had security access into the WebTAS system (based on their job responsibilities); to view PRAT results and to determine the date of the reassessment was administered.

The auditor selected and reviewed six random reentrant records in WebTAS with staff to determine if those six reentrants had received a risk reassessment within 30 days of arriving at Scranton CCC. The records revealed that five of the six records had a reassessment completed in a timely manner consistent with agency policy. One record was determined by the auditor to have involved exigent circumstances; and the reassessment was completed after the circumstances were resolved.

During random reentrant interviews, reentrants in general recalled having been asked the risk assessment questions from the PRAT that was administered upon arrival to the facility and again within a month having an additional reassessment.

115.241 (g) Scranton CCC has adopted an agency written policy, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training, that states in part where there is an allegation of sexual abuse and/or sexual harassment, a trained counselor will administer an additional PRAT to all reentrants involved within five working days of the allegation being made. In the event that the alleged victim/alleged abuser is about to be paroled, the PRAT will be administered prior to the reentrant's release.

115.241 (h) Scranton CCC has adopted an agency written policy Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training that states reentrants shall not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation. If a reentrant refuses to answer the PRAT questions, the staff member will emphasize the importance of answering the questions honestly to assist with proper placement and document any refusals.

The auditor had several informal conversations with staff that are trained and responsible for administering a risk assessment, to include specialized staff interviews. All stated if a reentrant refuses to answer a PRAT question, the staff member administering the tool shall document that the reentrant refused to answer the question. The staff member shall also discuss with the reentrant the importance and reason for honestly answering the questions on the risk

assessment to assist in providing safe and appropriate housing, work and program assignments. The reentrant would not be punished or disciplined for not answering or refusing to answer a PRAT question.

115.241 (i) The agency has developed a PREA Risk Assessment Tool (PRAT) training curriculum to deliver training for staff who administer the PRAT. Staffs who participate in the training are provided a PREA Risk Assessment Tool User Guide. Included in the user guide is a section that is titled "Confidentiality". The information and instruction provided to staff includes:

- Security access controls limit editing and view access to the PRAT electronic data.
- Access to the data/printed reports must be handled with caution so the information is not used to the reentrant's detriment.
- Information will only be shared with other staff that has a "need to know".
- Staff shall not divulge the reentrant's PRAT score to the reentrant nor the reentrant's PRAT classification.

During the onsite audit review, the auditor met with specialized staffs who administer the PRAT. They were able to demonstrate the security features of the WebTAS system specific to the PRAT. Once staff completes a PRAT by "submitting" the assessment, the user can no longer access the report completed. Staff identified by their job responsibilities/classification (i.e. counselors and the PCM/director) and is trained in the use of the PRAT, is the only individual authorized by the agency system to log into and access the PRAT data and information. Security settings are established in the software which controls access to sensitive PRAT information and is accomplished by password protection controls.

Corrective Action: The corrective action is an agency policy, therefore the PA DOC PREA Coordinator has been identified as the point of contact to address the following items in partnership with the lead auditor;

1. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
2. Eliminate compound assessment questions and replace with singular.
3. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI reentrants. This requires a basic understanding of:
  - Sexual orientation;
  - Gender identity;
  - Gender expression;
  - How sex is assigned at birth;
  - Staff's own gaps in knowledge and cultural beliefs;
  - How the above factors may impact the ability to conduct effective interviews and assessments;
4. Technical assistance has been requested and will be provided by the National PREA Resource Center (PRC) to assist the agency in addressing the above listed items. Miles stones and deliverables to include dates and the criteria in which the auditor will assess for compliance is still being developed collaboratively with the PC and PRC subject matter expert at the time this interim report is scheduled for submission.

## Final Report

### Corrective Action Verification

On April 19, 2018 the lead auditor scheduled a conference call to provide an overview and results of the interim report findings to the facility superintendent/PREA compliance manager and agency PREA coordinator. The interim report was submitted April 19, 2018 via the OAS and the auditor provided a copy of the report electronically to the facility's PREA compliance manager and the agency PREA coordinator this same date.

A series of scheduled conference calls was held in the following month to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate. Auditors Bucholtz and Dietz were currently involved in two prior PREA audits for PA DOC facilities and the corrective action that effected Scranton CCC was mutual to all state correctional facilities, as a result corrective action planning had begun in March 2018 with the agency PC.

On April 12, 2018 a "Kick Off Session" was held with representatives of the National PREA Resource Center (PRC), the PC and his director, auditors Dietz and Bucholtz and subject matter expert Bernadette Brown who was under contract with the PRC to provide the agency technical assistance (per the agency's request) in revising the PREA Risk Assessment Tool (PRAT), PRAT User Manual and training materials to support the PRAT revisions. A 30 day plan was identified to incorporate revisions specific to the PRAT, PRAT User Manual and agency policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training.

The PC and auditors remained in regular communications during the next 30 days as the revisions occurred within the agency's PRAT WebTAS software system and with policy and user guide updates occurring. On May 15, 2018 the PC provided a memorandum to all agency PCMs and training coordinators informing them required training for all staff that administer PRATs is scheduled for May 23-25, 2018 (five separate sessions). Staff was required to register through the employee training software called the LSO, as a result electronic training records were available for the auditors review and verify individual staff training records. Additionally, the auditors were provided a link to participate in training.

The agency revised PRAT went "live" in the WebTAS software system on May 25, 2018 and from this date forward the revised PRAT was in use throughout the agency. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

1. 115.241 (c) Screening for risk of victimization and abusiveness – Such assessments shall be conducted using an objective-screening instrument.
  - a. Adopt terms and definitions current and consistent with the PREA standards and National PRC resources. The agency adopted and incorporated the technical assistance recommendations provided.
  - b. The agency eliminated compound questions and replaced with singular versions.
  - c. The agency adopted the technical assistance recommendations provided to enhance

effective and professional communications with LGBTI inmates and implemented those into staff training, the PRAT and the PRAT User Guide.

d. The PC will provide the auditors with a copy of staff training records for those who perform PRATs at the facility.

e. The PC will provide the auditors with a copy of the revised PRAT training curriculum and PRAT User Guide for review prior to implementing.

f. The auditors will interview staff when on site and observe a PRAT being administered or have the process re-created.

g. The auditors will be provided a list of all inmate admissions for the months of June and July to conduct random interviews of inmates who have been admitted to the facility during these months and to review PRAT WebTAS records that initial and reassessments have occurred during this time frame utilizing the revised PRAT.

On June 18, 2018 the agency issued a policy bulletin to all staff informing them that revisions to several BCC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a copy of this memorandum and the revised policies and forms. The following are policy summary highlights;

- A copy of the revised PRAT in English and Spanish.
- PRAT Instructions.
- “Significant changes to have been made to questions 5 through 8 to more accurately capture sexual orientation, gender identity, and gender expression.”
- “Question 5 now includes the scoring options of heterosexual/Straight, Bi-Sexual, Gay/Lesbian, Self-Identified (a text box is included to record response) and No Response.”
- “Question 6 now solely addresses intersex medical conditions and eliminates perception of sexual orientation.”
- “Question 7 now includes an option for inmates to identify their gender expression to aid in determining perception of gender non-conformity.”
- Question 8 now includes revised options for scoring gender identity, Man, Woman, Transgender, Self-Identified (a text box is included to record responses) and No Response.”
- Question 9 now includes an option to document whether an inmate accepts the offering of a referral for medical or mental health evaluations after disclosure of sexual victimization.”

Corrective Action Verification Process

1. Additional Documentation Reviewed:

- a. BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Prevention and Training
- b. PREA Risk Assessment Tool (PRAT), effective 6/18/18 in both English and Spanish
- c. PRAT Instructions, attachment 2-E, effective 6/18/18
- d. PRAT User Guide, updated May 2018
- e. Staff training records; LSO Software
- f. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/18/18
- g. LSO Employee training records

2. Interviews:

- a. Specialized staff
- b. PREA Coordinator
- c. Reentrants

3. Site Review Observations:

- a. Re-created initial PRAT assessment
- b. Observation of records and revised PRAT in the WebTAS software system

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Sunday, July 22, 2018. Auditors Bucholtz and Dietz arrived onsite at noon and met with the agency PC and a specialized staff who performs PRATS to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically. The reentrant population was 25 on this date. The facility has a capacity of 36.

The following is a list of activities that occurred during the onsite review for corrective action verification and were utilized to evaluate and analyze for corrective action compliance.

1. Based on the intake list of all reentrants who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted interviews of all reentrants (4) who were at the facility this day who had been received at the facility during the months of June and July 2018. .
2. These same reentrants recalled having had a PRAT administered the same day they arrived at the facility.
3. A specialized staff member was interviewed who administers the initial and reassessment PRATs. This individual could articulate the changes to the PRAT and had acknowledged receiving training in late May. The staff stated they felt clarification on a few questions had helped when reentrants had questions and when describing the reentrant's build enable the employee to be more consistent.
4. A verification of the employee's training record indicated training was completed on May 25, 2018
5. The PC was able to provide the auditors paper copy records of screen shots from the WebTAS system of the four reentrants that were randomly selected for interviews and also for verification that they received the revised PRAT upon arrival. All four records verified compliance with agency policy.

Submission of Final Report

Conclusion:

115.241 (c) Screening for risk of victimization and abusiveness

Based upon the review and analysis of all the available evidence, the auditor has determined the facility and agency is fully compliant with this standard requiring the use of an objective-screening instrument. The agency and facility have effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews, and revised training guides and policy. The facility is now compliant with this standard.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.242 Use of screening information</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training</li> <li>b. PREA Risk Assessment Tool (PRAT)</li> <li>c. BCC ADM 008 Section 09 Att 9-A GRC Checklist</li> <li>d. BCC ADM 008 Section 09 Working with Transgender-Intersex Reentrants</li> <li>e. Gender Review Committee (GRC) Checklist (Attachment 9-A)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Specialized Staff</li> <li>c. Random Reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. WebTAS system records (PRAT reports and information)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.242 (a-b) Scranton CCC has adopted a comprehensive agency written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 – Prevention and Training that states the information received through the administration of the PRAT shall be used to make individualized determinations regarding housing, work, education, and program assignments with the goal of keeping reentrants safe and keeping separate those reentrants at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Staff uses the PREA Risk Assessment Tool (PRAT) results to make these assessments. The information received through the administration of the PRAT questions shall be used to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those reentrants at high risk for being sexually victimized from those at high risk of being sexually abusive. The auditor was able to verify through random reentrant and targeted staff interviews that the PRAT is administered prior to a bed and work assignment is given.</p> <p>The PREA standard 115.41(c) Screening for risk of victimization and abusiveness requires that such assessments shall be conducted using an objective screening instrument. The auditor has determined that the agency’s PRAT is not an objective risk screening tool and therefore the information gleaned from this screening instrument may not accurately inform staff on reentrant bed placement or work assignments.</p> <p>The auditor discussed the practicality and use of the PRAT with staff within the facility. There is a clear understanding and process established that staff shall not make a bed or work</p>

assignment without prior approval from the counselor or director.

115.242 (c-d) Scranton CCC has adopted a comprehensive agency policy, BCC ADM 008 Section 09 Working with Transgender-Intersex Reentrants. The policy states in deciding whether to assign a transgender/intersex reentrant to a facility for male or female reentrants, and in making other housing and programming assignments, the Bureau of Community Corrections (BCC) shall consider, on a case-by-case basis, whether a placement would ensure the reentrant's personal health and safety, other reentrants' health and safety, and whether the placement would present management or security problems.

Once a reentrant has been identified as a transgender/intersex individual, the PCM will meet with the reentrant within the next business day. The PCM will discuss appropriate accommodations with the reentrant and complete the Gender Review Committee (GRC) Checklist (Attachment 9-A).

The policy also states in cases where the reentrant's potential status as transgender or intersex is revealed after placement, the Prison Rape Elimination Act (PREA) Compliance Manager (PCM) shall be notified without delay. The PCM shall meet with the reentrant and counselor to discuss the potential status change and notify the Regional Director/designee. A transgender/intersex reentrant's own views, with respect to his/her own safety shall be given serious consideration.

The purpose of the GRC is to make individualized determinations about transgender or intersex reentrants' housing and programming assignments to ensure their safety. The facility reports zero GRC occurred during the past 12-months.

115.242 (e) Scranton CCC has adopted a comprehensive agency written policy BCC ADM 008 Section 09 Working with Transgender-Intersex Reentrants. The policy states, this committee shall consider numerous items regarding the safety and care of the transgender/intersex individual. The focus will be on sleeping quarters, use of bathroom/shower facilities/facility-based activities, community-based resources, and general questions or clarifications. Additionally the policy states that transgender and intersex reentrants shall be given the opportunity to shower separately from other reentrants. Facilities will be evaluated by the GRC and determination will be made as to their ability to accommodate this requirement.

When interviewed, the PCM informed the auditor that a reentrant identifying as transgender or intersex would be offered the opportunity to shower separately from other reentrants. This would be able to accommodate this by identifying specific shower times for the transgender/intersex reentrant separate from the "open shower time"; there by restricting other reentrants from using the bathroom/shower area and allowing privacy.

115.242 (f) Scranton CCC has adopted a comprehensive agency written policy BCC ADM 008 Section 09 Working with Transgender-Intersex Reentrants. The policy states in part the GRC, in coordination with Office of Population Management, shall strive not to place transgender or intersex reentrants in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is necessary for their safety or such placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of

protecting such reentrant.

The auditor interviewed the PCM based on the policy and practice of the facility which corroborated the practices of the facility aligns with the agency policy and the element requirement of this standard. The auditor recommends the agency/facility rephrase the question “How long have you been living as that gender?” to “When did you transition?” and to add a question “Have you been diagnosis with gender dysphoria (if yes, when and by whom)?”

Interviews with the PCM, specialized staff and reentrants during the onsite portion of the audit, corroborated that LGBTI reentrants are not housed in a dedicated dorm or housing area within the facility. During the onsite review of the facility, the auditors did not observe any segregation or separation of LGBTI reentrants into dedicated dorms or living areas. The facility reports that no transgender or intersex reentrants are housed at the facility (reference 115.42 c). The agency PC and the facility PCM reports Scranton CCC is not under any consent decree or order to separately house LGBTI reentrants.

#### Corrective Action:

1. Utilize screening information from an objective screening tool 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 of high risk of being sexually abusive.
2. Adopt terms and definitions current and consistent with the PREA standards and the National PREA Resource Center resources for use in revising the agency policy, objective screening instrument (PRAT), training curriculum and staff user guide.
3. Eliminate compound assessment questions and replace with singular.
4. Develop a training curriculum that informs staff on the importance and means by which to have effective and professional communication with LGBTI reentrants. This requires a basic understanding of:
  - Sexual orientation;
  - Gender identity;
  - Gender expression;
  - How sex is assigned at birth;
  - Staff’s own gaps in knowledge and cultural beliefs;
  - How the above factors may impact the ability to conduct effective interviews and assessments;
5. Technical assistance has been requested and will be provided by the National PREA Resource Center (PRC) to assist the agency in addressing the above listed items. Miles stones and deliverables to include dates and the criteria in which the auditor will assess for compliance is still being developed collaboratively with the PC and PRC subject matter expert at the time this interim report is scheduled for submission.

#### Final Report

#### Corrective Action Verification

On April 19, 2018 the lead auditor scheduled a conference call to provide an overview and results of the interim report findings to the facility superintendent/PREA compliance manager and agency PREA coordinator. The interim report was submitted April 19, 2018 via the OAS

and the auditor provided a copy of the report electronically to the facility's PREA compliance manager and the agency PREA coordinator this same date.

A series of scheduled conference calls was held in the following month to devise a plan in partnership to address the corrective action identified in the interim report and to establish milestones over the next 180 days. The corrective action required was at the agency level (not at the facility) therefore communications were held primarily with the PC and on occasion involved agency level leadership personnel as appropriate. Auditors Bucholtz and Dietz were currently involved in two prior PREA audits for PA DOC facilities and the corrective action that effected Scranton CCC was mutual to all state correctional facilities, as a result corrective action planning had begun in March 2018 with the agency PC.

On April 12, 2018 a "Kick Off Session" was held with representatives of the National PREA Resource Center (PRC), the PC and his director, auditors Dietz and Bucholtz and subject matter expert Bernadette Brown who was under contract with the PRC to provide the agency technical assistance (per the agency's request) in revising the PREA Risk Assessment Tool (PRAT), PRAT User Manual and training materials to support the PRAT revisions. A 30 day plan was identified to incorporate revisions specific to the PRAT, PRAT User Manual and agency policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Sexual Abuse/Sexual Harassment Prevention Training.

The PC and auditors remained in regular communications during the next 30 days as the revisions occurred within the agency's PRAT WebTAS software system and with policy and user guide updates occurring. On May 15, 2018 the PC provided a memorandum to all agency PCMs and training coordinators informing them required training for all staff that administer PRATs is scheduled for May 23-25, 2018 (five separate sessions). Staff was required to register through the employee training software called the LSO, as a result electronic training records were available for the auditors review and verify individual staff training records. Additionally, the auditors were provided a link to participate in training.

The agency revised PRAT went "live" in the WebTAS software system on May 25, 2018 and from this date forward the revised PRAT was in use throughout the agency. On June 1, 2018 a conference call was held to discuss and identify collectively the methodology the auditors would use to verify compliance, identify deliverables and establish a timeline with milestones to achieve corrective action. The following items were agreed upon:

2. 115.242 (a) Use of screening information – The agency shall use information from the risk screening required by 115.41 to inform housing, be, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
  - a. Utilize screening information from an objective-screening tool to inform housing, bed, work, education and program assignments. With the proposed changes to the PRAT, incorporate those items into the training curriculum and staff user guide as recommended by the PRC's technical assistance personnel.

On June 18, 2018 the agency issued a policy bulletin to all staff informing them that revisions to several BCC-ADM 008, Section 2-01, PREA policy provisions had occurred and became effective this same date. The PC provided the auditors a copy of this memorandum and the revised policies and forms. The following are policy summary highlights;

- A copy of the revised PRAT in English and Spanish.
- PRAT Instructions.
- “Significant changes to have been made to questions 5 through 8 to more accurately capture sexual orientation, gender identity, and gender expression.”
- “Question 5 now includes the scoring options of heterosexual/Straight, Bi-Sexual, Gay/Lesbian, Self-Identified (a text box is included to record response) and No Response.”
- “Question 6 now solely addresses intersex medical conditions and eliminates perception of sexual orientation.”
- “Question 7 now includes an option for inmates to identify their gender expression to aid in determining perception of gender non-conformity.”
- Question 8 now includes revised options for scoring gender identity, Man, Woman, Transgender, Self-Identified (a text box is included to record responses) and No Response.”
- Question 9 now includes an option to document whether an inmate accepts the offering of a referral for medical or mental health evaluations after disclosure of sexual victimization.”

#### Corrective Action Verification Process

##### 1. Additional Documentation Reviewed:

- a. BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 2 – Prevention and Training
- b. PREA Risk Assessment Tool (PRAT), effective 6/18/18 in both English and Spanish
- c. PRAT Instructions, attachment 2-E, effective 6/18/18
- d. PRAT User Guide, updated May 2018
- e. Staff training records; LSO Software
- f. Bulletin, Commonwealth of Pennsylvania, Department of Corrections memorandum, effective date 6/18/18
- g. LSO Employee training records

##### 2. Interviews:

- a. Specialized staff
- b. PREA Coordinator
- c. Reentrants

##### 3. Site Review Observations:

- a. Re-created initial PRAT assessment
- b. Observation of records and revised PRAT in the WebTAS software system

In coordination with the agency PC and his director, an onsite review to verify corrective action was scheduled for and occurred on Sunday, July 22, 2018. Auditors Bucholtz and Dietz arrived onsite at noon and met with the agency PC and a specialized staff who performs PRATS to review the mutually agreed upon goals and objectives for the day and how to accomplish them logistically. The reentrant population was 25 on this date. The facility has a capacity of 36.

The following is a list of activities that occurred during the onsite review for corrective action verification and were utilized to evaluate and analyze for corrective action compliance.

1. Based on the intake list of all reentrants who arrived at the facility in June and July of 2018, (generated in the WebTAS software system), the auditors conducted interviews of all

reentrants (4) who were at the facility this day who had been received at the facility during the months of June and July 2018. .

2. These same reentrants recalled having had a PRAT administered the same day they arrived at the facility.

3. A specialized staff member was interviewed who administers the initial and reassessment PRATs. This individual could articulate the changes to the PRAT and had acknowledged receiving training in late May. The staff stated they felt clarification on a few questions had helped when reentrants had questions and when describing the reentrant's build enable the employee to be more consistent. Staff stated how the information from the PRAT is used in making dorm assignments and employer placements with the goal of keeping separate those at high risk of being sexual assaulted from those at high risk of being sexual perpetrators.

4. A verification of the employee's training record indicated training was completed on May 25, 2018

5. The PC was able to provide the auditors paper copy records of screen shots from the WebTAS system of the four reentrants that were randomly selected for interviews and also for verification that they received the revised PRAT upon arrival. All four records verified compliance with agency policy.

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.251 – Inmate reporting.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. INMATE’S REQUEST TO STAFF MEMBER, Form DC-135A</li> <li>c. BCC ADM 008 Section 03 Reporting Sexual Abuse and Sexual Harassment Att 3-A PREA Poster English/Spanish</li> <li>d. BCC ADM 008 Section 02 Att 2-L Zero Tolerance Fact Sheet</li> <li>e. Sexual Abuse Awareness End the Silence...brochure</li> <li>f. PREA Sexual Abuse Awareness Handout Receipt for Reentrants form</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. Random reentrants/residents</li> <li>c. PREA compliance manager</li> <li>d. Specialized staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA Posters within the facility</li> <li>b. Pay phones within the facility</li> <li>c. Sexual Abuse Awareness End the Silence...brochure</li> <li>d. BCC ADM 008 Section 03 Reporting Sexual Abuse and Sexual Harassment Att 3-A PREA Poster English/Spanish</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.251 (a). Scranton CCC provides for a variety of mechanisms for reentrants to report sexual abuse, sexual harassment and retaliation internally within PA DOC/BCC;</p> <ul style="list-style-type: none"> <li>• Tell any staff person that you trust;</li> <li>• Make a written request to any staff member;</li> <li>• Make a written report to: BCI/PREA Coordinator, 1800 Elmerton Ave., Harrisburg, PA 17110</li> </ul> <p>The above information is made available to reentrants in the following methods:</p> <p>Sexual Abuse Awareness Handout and the Sexual Abuse Awareness End the Silence... brochure which is provided at intake upon arrival to the facility. The PREA Sexual Abuse Awareness Handout Receipt for Reentrants form is then signed by each reentrant signifying they have been informed on how to report incidents of sexual abuse, sexual harassment and retaliation.</p> <p>PREA Posters in Spanish and English are posted throughout the facility and list the ways (as noted above) how to report sexual abuse, sexual harassment and retaliation.</p> <p>The facility daily “PREA Announcement” consists of staff verbally announcing twice daily via</p>

the facility intercom the following message in part; "You can report sexual abuse and sexual harassment in several ways. Contact the nearest non-involved staff member; Report directly and anonymously in writing to the Pennsylvania State Police (Posters located at the resident telephones); if you have any questions about PREA contact Director Gibson.

The auditor reviewed a random sampling (10) of the PREA Sexual Abuse Awareness Handout Receipt for Reentrants form during the onsite review with specialized staff. All 10 forms showed that the reentrants have received information upon arrival to the facility on how to privately report incidents of sexual abuse, sexual harassment and retaliation. Reentrants also stated during random interviews that they received this information while at Scranton CCC and routinely stated they would feel comfortable reporting directly to their counselor or the director.

115.251 (b). The facility has adopted PA DOC agency policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 4 Reporting to a Report of Sexual Abuse that states; anyone, to include family, friends, and the general public, may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a reentrant by writing to the BCI/PREA Coordinator, 1800 Elmerton Avenue Harrisburg, PA 17110.

NOTE: This address is not part of the Department or Contract Agency and is able to receive and immediately forward reports of sexual abuse and sexual harassment to Agency officials. The reporter may remain anonymous upon request. This address may be used by anyone including employees, reentrants, friends, family, volunteers, visitors, contractors, vendors, and the general public.

During the onsite review the auditors observed this information posted in numerous areas throughout the facility that are readily available to staff, reentrants and the public.

115.251 (c). The facility has adopted BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 3 – Reporting Sexual Abuse and Sexual Harassment policy that states in part (p. 4-1) employees shall accept reports made verbally, in writing, anonymously, and from third parties, promptly document any verbal reports on a DC-121, Part 3-Bureau of Community Corrections (BCC) Employee Report of Incident and immediately notify the Facility Director/designee.

During the onsite review the auditor interviewed random and specialized staff and all were able to articulate their knowledge and understanding of the above policy and their responsibility to comply by documenting all verbal reports and immediately notify their supervisor and to contact the BCC MOC.

115.251 (d). The facility has adopted PA DOC agency policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 4 Reporting to a Report of Sexual Abuse that states; anyone, to include family, friends, and the general public, may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a reentrant by writing to the BCI/PREA Coordinator, 1800 Elmerton Avenue Harrisburg, PA 17110.

NOTE: This address is not part of the Department or Contract Agency and is able to receive and immediately forward reports of sexual abuse and sexual harassment to Agency officials. The reporter may remain anonymous upon request. This address may be used by anyone

including employees, reentrants, friends, family, volunteers, visitors, contractors, vendors, and the general public.

During the onsite review the auditors observed this information posted in numerous areas throughout the facility that are readily available to staff, reentrants and the public.

Corrective Action: The audit team recommends no corrective action.

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.252 – Exhaustion of administrative remedies.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. Pre-Audit Questionnaire (PAQ)</li> <li>c. One Grievance</li> <li>d. Investigative file</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative Staff</li> <li>b. PCM</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Grievance lock box</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.252 (a). The Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual policy states in part, if a reentrant files a grievance related to sexual abuse by reentrant or sexual abuse/sexual harassment by a staff member, the grievance officer shall immediately reject the grievance and contact the BCC-MOC for assignment of investigation. The reentrant will be notified of this action and that the allegation is being referred for investigation. This will be considered an exhaustion of administrative remedies.</p> <p>115.252 (b) (1-4). Department policy Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual does not allow for grievance allegations of sexual abuse. Therefore no time limits are imposed. The auditor verified this when interviewing specialized staff involved in this process.</p> <p>115.52 (c) (1-2). PA DOC agency policy Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual states in part, if a reentrant files a grievance related to sexual abuse by a reentrant or sexual abuse/sexual harassment by a staff member, the grievance officer shall immediately reject the grievance and contact the BCC-MOC for an investigation. The reentrant will be notified of this action. This will be considered an exhaustion of administrative remedies.</p> <p>During the onsite interview with Scranton CCC facility director, there was one grievance filed in the past year, which was a sexual harassment allegation by staff. A review of the investigation file and documentation showed that the reentrant received a formal grievance “rejection” written on the DC-904A form informing the reentrant that the grievance is being rejected per</p>

policy BCC-ADM-003 section 2. The auditor suggested that Scranton CCC might wish to include more specific language in the rejection letter to the reentrant, which would be consistent with the SCI facilities; "Sexual abuse is taken seriously by the Department of Corrections. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate on inmate sexual contact must be investigated to make sure that inmates are safe in this facility. This grievance is being forwarded to the security department and the PREA Compliance Manager to start that investigation."

The allegation processed through the grievance system was assigned for investigation through the BCC-MOC by a staff member trained to investigate sexual abuse/sexual harassment allegations (not the subject of the complaint) that met with the reentrant. The auditor confirmed this information during pre-audit file review. During the onsite portion of the audit, the auditor observed a grievance lock box on the main floor of the facility.

During the onsite audit review of the sexual harassment investigation the documentation showed that the grievance was not referred to any staff that was the subject of the complaint; rather the grievance was referred to the investigation staff responsible for conducting sexual abuse, sexual harassment and retaliation investigations.

115.252 (d) (1-4). N/A. Scranton CCC has adopted an agency policy Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, which states, If a reentrant files a grievance related to sexual abuse by a reentrant or sexual abuse/sexual harassment by a staff member, 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. This was verified by document submitted in the PAQ, through staff interviews and an investigation file.

115.252 (e) (1-3). N/A Scranton CCC has a policy Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual, which states, methods of reporting for friends, family, and the general public. The sexual abuse reporting address is an option for the general public to report an allegation of sexual contact. The reporting address is: BCI/PREA Coordinator, 1800 Elmerton Avenue, Harrisburg, PA 17110.

115.252 (f) (1-2). The agency does not have an established "emergency grievance" policy or process for reporting sexual abuse. All allegations of sexual abuse received via the grievance system are forwarded to a staff member trained to investigate sexual abuse/sexual harassment allegations who will interview the reentrant.

115.252 (g). The agency and facility do not have a policy or practice of disciplining a reentrant for utilizing the grievance system to report allegations of sexual abuse. This was verified through interviews with staff during the onsite phase of the audit. The facility would forward all grievance allegations of sexual abuse and sexual harassment for investigation by a staff member trained to investigate sexual abuse/sexual harassment allegations, notify the reentrant in writing and follow up with an in person interview.

Corrective Action: The audit team recommends no corrective action.



115.253	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>§115.253 – Inmate access to outside confidential support services.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. Memorandum of Understanding (MOU) with Woman’s Resource Center (WRC).</li> <li>c. BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 – Responding to a Report of Sexual Abuse</li> <li>d. BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 – Responding to a Report of Sexual Abuse attachment 4-E form “Victim of Sexual Abuse Services Offered form”</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. Random reentrants</li> <li>c. Investigative staff</li> <li>d. PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA posters posted throughout the facility.</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.253 (a). The facility has adopted BCC-ADM 008 Section 4 Responding to a Report of Sexual Abuse policy (p.4-4) states in part that the PCM shall ensure that alleged victims are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. Supportive services may be offered in a variety of methods including in person, during a non-monitored phone call and/or in writing. The preferred service delivery method is in person in a confidential setting. The PCM shall have the victim of sexual abuse complete the Victim of Sexual Abuse Services Offered form. The Victim of Sexual Abuse Services Offered form documents that the reentrant victim accepted/declined rape crisis services.</p> <p>The auditor reviewed the signed MOU agreement between Scranton CCC and Woman’s Resource Center (WRC). The WRC states they will provide a representative from WRC who will accompany the victim to the hospital or other location where a forensic examination is to be conducted, provide confidential supportive services to the victim either by telephone, mail or in person, accompany the victim to court proceedings if requested.</p> <p>WRC contact information is posted in the facility in public locations and WRC business contact cards are available to staff and reentrants which provides the WRC phone number, mailing</p>

address, email and website information and states “Services & Advocacy for Victims & Survivors of Domestic Violence & Sexual Assault”

The auditor spoke with a representative of the WRC during the evidence review phase of the audit who stated the MOU agreement is active and that staff have not received any requests for services in over a year from the facility or reentrants.

During the onsite review the audit team representative interviewed Scranton CCC staff and agency investigators who said there have not been any reported sexual abuse allegations at Scranton CCC in the past two-year’s, 2016-2017. The Scranton CCC staff provides reentrants with written information at intake on how to report sexual abuse/assault. This information was also observed posted next to reentrant pay phones at the facility (see below). Scranton CCC staff also informs reentrants, prior to giving them access, the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This information is made available on PREA posting made available in all reentrant areas of the facility as observed during the onsite phase of the audit. The posting contains the following information:

How Can You Report A Sexual Abuse or Sexual Harassment? (28 C.F.R § 115.33)

1. Tell any Department of Corrections staff member that you trust.
2. Make a written request to any staff member.
3. Send a written report to the Sexual Abuse reporting address:  
BCI/PREA Coordinator  
1800 Elmerton Ave.  
Harrisburg, PA 17110
4. Have your family notify the facility, contact the PA State Police, or submit a written report to the Sexual Abuse reporting address noted above.

Victims of Sexual Abuse Have Access to Support Services Free of Charge

Write to request more information:

PCAR  
Pennsylvania Coalition Against Rape  
P.O. Box 400  
Enola, PA 17025

You may also contact your facility’s PREA Compliance Manager for access to this service.

Interviews with random reentrants verified that Scranton CCC provides the above information to reentrants. Reentrants told the audit team that they are allowed to have their personal cell phones with them in the facility. Reentrants felt they could contact a rape crisis center in the community on their own if they wished to. Random reentrants said they also felt comfortable asking the facility counselors for assistance in locating a local rape crisis center if they could not find one on their own.

115.253 (b). The facility has adopted BCC-ADM 008 Section 4 Responding to a Report of Sexual Abuse policy (p.4-4) states in part that the PCM shall ensure that alleged victims are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. The PCM shall inform the alleged victim, prior to giving him/her 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.

Reentrants are allowed to make unrecorded phone calls from one of two pay phones located in the facility or from their own personal phone which is permissible within the facility.

115.253(c) The auditor was provided a signed MOU agreement between Scranton CCC and Woman's Resource Center (WRC), which provides advocates access to reentrants for emotional support services related to sexual abuse and sexual harassment. The provisions of the MOU were confirmed with WRC staff when interviewed during the evidence review phase of the audit.

Corrective Action: The audit team recommends no corrective action.

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.254 – Third-party reporting.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. PA DOC website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA posters</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.254 (a). Scranton CCC has adopted Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual which states that the agency shall provide a method to facilitate third-party reporting of reentrant sexual abuse or sexual harassment as outlined in PA DOC Policy BCC-ADM 008 Section 3. Anyone, to include family, friends, and the general public, may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a reentrant by writing to the BCI/PREA Coordinator, 1800 Elmerton Avenue Harrisburg, PA 17110. NOTE: This address is not part of the Department or Contract Agency and is able to receive and immediately forward reports of sexual abuse and sexual harassment to Agency officials. The reporter may remain anonymous upon request.</p> <p>During the pre-onsite phase of the audit, the auditor observed the reporting information was made available on the PA DOC website. During the onsite review the BCI/PREA Coordinator was on the PREA posters placed throughout the facility accessible to staff, reentrant and the public. The auditor interviewed the PCM who was knowledgeable of this reporting method.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.261	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 3, (Reporting Sexual Abuse and Sexual Harassment) 5 pages</li> <li>c. DC-121 Part 3-BCC, Employee Report of Incident Form</li> <li>d. Bureau of Community Corrections First Responder Checklist</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Acting Facility Director/PREA Compliance Manager</li> <li>b. Random Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.261 (a) 1-3. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment) requires all staff to immediately report to the facility director or designee any knowledge, suspicion or information regarding an alleged incident of sexual abuse or sexual harassment that occurred in any facility, whether it was at the current facility or any other facility or part of another agency; retaliation against reentrants or staff who reported such an incident and/or staff neglect violation of responsibilities that may have contributed to an incident or retaliation. During the pre-onsite audit phase, CCC-Scranton provided a copy of a reentrant’s complaint involving staff-on-reentrant sexual harassment. Interviews with random staff indicated that they are aware of their responsibility to immediately report allegations of sexual abuse or sexual harassment regardless of how they are notified.</p> <p>115.261 (b) 1. Policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment) requires that apart from reporting to facility director or designee, staff (including contractors and volunteers) shall not reveal any information related to a sexual abuse allegation to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. Interviews with random staff consistently maintained that they would immediately contact the facility director in the event of a sexual abuse allegation. Similarly, staff interviewed also stated that they would not share the information other than with staff that has a need to know.</p> <p>115.261 (c) 1-2. Policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment) requires that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform reentrants of the practitioner’s duty to report, and the limitation of confidentiality at the initiation of services. The interview with the acting facility director indicated that he would explain the need to report and that it is for the reentrant’s protection and will be shared only on a need to know basis with indicated staff (i.e. Counselor, Sexual Abuse Review Team, Pennsylvania</p>

State Police, etc.). Random staff that was interviewed reported they understood their responsibility and the confidentiality requirements for reentrant medical and mental health Information pursuant to this policy.

115.261 (d) 1. Policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment) requires that 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. CCC-Scranton reported that reentrants under the age of 18 are not housed at the facility. During the onsite audit phase, the auditor reviewed the ages of the reentrants housed at CCC-Scranton to verify that no person under the age of 18 was housed at the facility. Information pertaining to the housing of youthful offenders is also located on the PA DOC public website. The interviews with the acting facility director/PREA compliance manager confirmed that reentrants under the age of 18 are not housed at CCC-Scranton.

115.261 (e) 1. Policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment) requires staff to accept and document reports (DC-121, Part 3-BCC form) made verbally, in writing, anonymously, and from third parties and promptly notify the facility director or designee. Upon learning of an allegation of sexual abuse or sexual harassment, the facility director is required to ensure the safety of the alleged victim and verbally notify the BCC-Management Operations Center for action and investigation. The facility director is also responsible for documenting the allegations and any actions taken on the DC-121, Part 3-BCC form. During the onsite audit phase, the auditor reviewed all documentation from the one allegation of sexual harassment that was reported by a reentrant in 2017.

Corrective Action: The audit team recommends no corrective action.

115.262	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 3, (Reporting Sexual Abuse and Sexual Harassment) 5 pages</li> <li>c. Bureau of Community Corrections (BCC) First Responder Checklist (Attachment 4-D) of Policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse)</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head (Notes from Previous Auditor Interview on 9/29/17)</li> <li>b. Acting Facility Director/PREA Compliance Manager</li> <li>c. Random Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.262 (a) 1-4. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008, PREA Procedures Manual sections 2 and 4 require that when staff learn that a reentrant is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that reentrant, and verbally contact the facility director or their designee for additional direction. During the pre-onsite audit phase, CCC-Scranton reported that there were zero instances within the past 12months that the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>The interview with the agency head (conducted during a previous audit on 9/29/17) and acting facility director indicated that staff would separate the inmates immediately, and ensure the safety of the potential reentrant victim. The facility would also have the ability to transport the alleged potential victim to another community corrections center within the same region of the state.</p> <p>Although there were no occurrences reported at CCC-Scranton, the acting facility director also indicated that they would separate the alleged victim and abuser immediately and look to protect the victim. Interviews with random staff verified that the reentrants (alleged victim and perpetrator) would be separated immediately, including not leaving the alleged victim alone until a movement decision could take place, as well as reporting the imminent risk and keeping the alleged victim's identity as confidential as possible.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, Section 3, (Reporting Sexual Abuse and Sexual Harassment)</li> <li>c. Policy BCC-ADM 008, Section 1, (Data Collection)</li> <li>d. Attachment 3-C, PREA Report – Sexual Abuse</li> <li>e. DC-121 Part 3-BCC, Employee Report of Incident Form</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head (Notes from Previous Auditor Interview on 9/29/17)</li> <li>b. Acting Facility Director</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.263 (a) 1-3. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment) ensures that a reentrant may file a report of sexual abuse that occurred while confined at another facility. It is the facility director/designee’s responsibility to document the allegation (DC-121, Part 3-BCC form), and verbally notify the BCC-Management Operations Center (BCC-MOC) without delay. The BC-MOC is then required to prepare a confidential report utilizing Attachment 3-C PREA Report-Sexual Abuse form which is sent to the affected facility. The Bureau of Community Corrections Director is responsible for making the initial contact with the facility director of the affected facility to coordinate any immediate actions that may need to be taken. The Bureau Director is then required to make follow-up contact with the affected facility director within 72 hours of the report. During the pre-onsite audit phase, CCC-Scranton reported zero allegations were received in the past 12 months that a reentrant was allegedly abused while confined at another facility.</p> <p>115.263 (b) 1. Policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment) requires that notification by the Bureau Director must be provided within 72 hours after receipt of the information and documented on Attachment 3-C, PREA Report-Sexual Abuse form. During the pre-onsite audit phase, CCC-Scranton reported zero allegations were received in the past 12 months that a reentrant was allegedly abused while confined at another facility. This was also verified during the interview with the acting facility director.</p> <p>115.263 (c) 1. Policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment) requires that Attachment 3-C, PREA Report-Sexual Abuse form be maintained, including all attachments, in the Bureau Security Office case file. Due to no allegations of sexual abuse having been made at CCC-Scranton in the past 12 months, no documentation was able to be reviewed during the onsite audit phase.</p>

115.263 (d) 1-2. Policy BCC-ADM 008, Section 3 (Reporting Sexual Abuse and Sexual Harassment) requires that allegations received from another facility/agency be documented by the facility director/designee on form DC-121, Part 3-BCC and to verbally notify the BCC-Management Operations Center without delay. During the pre-onsite audit phase, CCC-Scranton reported zero allegations of sexual abuse or sexual harassment which were received from another facility.

Policy BCC-ADM 008, Section 3 also addresses incidents/allegations that may arise in the community. Upon a reentrant reporting that they have been the victim of sexual abuse in the community, the facility director/designee is responsible for ensuring the reentrant's safety and verbally notifying the BCC-Management Operations Center without delay. During the auditor's interview with the acting facility director, it was reported that no reentrants have reported being the victim of sexual abuse in the community.

Interviews with the agency head (conducted during a previous audit on 9/29/17) and the acting facility director during the onsite audit phase indicated that there would be a tracking number issued and an investigation initiated by the BCC-Management Operations Center. If out of state, the case would be assigned to the Office of Special Investigations and Intelligence (OSII) for investigation.

Corrective Action: The audit team recommends no corrective action.

115.264	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, Section 4, (Responding to a Report of Sexual Abuse)</li> <li>c. Policy BCC-ADM 008, Section 4 (Attachment 4-E)</li> <li>d. Policy BCC-ADM 008, Section 3 , (Reporting Sexual Abuse and Sexual Harassment) Attachment 3-C “PREA Report-Sexual Abuse”</li> <li>e. Bureau of Community Corrections First Responder Checklist (Attachment 4-D)</li> <li>f. PREA Pocket First Responder Card</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Security Staff and Non-Security Staff First Responders</li> <li>b. Acting Facility Director</li> <li>c. Random Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.264 (a) 1-4. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse) details the first responder duties required by this Standard upon learning that a reentrant was sexually abused. During the pre-onsite audit phase, CCC-Scranton reported zero allegations of sexual abuse in the past 12 months. There was one (1) allegation of sexual harassment that was reported by a reentrant.</p> <p>CCC-Scranton reported zero of the allegations were reported within the forensic examination timeframe that would have allowed for the collection of physical evidence from the alleged victim and alleged abuser. Zero allegations in the past 12 months involved penetrative sexual abuse.</p> <p>During the onsite audit phase, the auditor confirmed that zero allegations of sexual abuse had occurred as no completed first responder checklists or “PREA Report-Sexual Abuse” forms were on file at the facility. This was also confirmed during interviews with random staff and both security and non-security first responders.</p> <p>During the onsite audit phase, interviews conducted with security and non-security staff first responders as well as interviews with random staff indicated a significant understanding of their first responder duties and an ability to articulate them clearly to the auditor. Staff indicated they would separate the reentrants, secure the scene, and contact the facility director for further direction. Staff interviews also confirmed that, in the event of a sexual abuse allegation within the forensic examination timeframe, that they would advise both the alleged victim and perpetrator to not use the bathroom, drink, wash, brush teeth, change clothes, smoke, urinate, defecate, or drink/eat anything. CCC-Scranton has provided staff with PREA first responder cards that each possess on their person and can easily be accessible in</p>

their pockets or their ID badge holders when responding to an incident.

115.264 (b) 1. Policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse) provides a detailed, “step-by-step” process for security staff first responder duties. Security staff are required to notify the facility director, immediately separate the alleged victim and alleged abuser, secure any reported crime scene until appropriate steps can be taken to collect evidence, notify the Management Operations Center and follow any directions, and if abuse occurred within the last 96 hours that still allows for the collection of physical evidence, request the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence, including as appropriate washing brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Non-Security Staff are also required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. According to policy BCC-ADM 008, Section 4, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence. Interviews with security and non-security staff first responders indicated they would immediately contact the facility director for guidance, separate the reentrants, secure the scene, and advise the reentrants not to use the bathroom, drink, wash, brush teeth, change clothes, smoke, or to drink/eat.

Similarly, interviews with random staff suggested that they were trained in this PREA Standard (115.264), and were able to report what they needed to do as a first responder, although some needed the assistance of their PREA pocket first responder card. This was also confirmed during the auditor’s interview with the acting facility director. As noted in subsection (a), CCC-Scranton reported zero allegations of sexual abuse in the past 12 months.

Corrective Action: The audit team recommends no corrective action.

115.265	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008 PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) 5 pages</li> <li>c. CCC-Scranton Local Community Correction Center Plan: Coordinated Response</li> <li>d. PREA Pocket First Responder Card</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Acting Facility Director</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.265 (a) 1. During the pre-onsite audit phase, CCC-Scranton provided its local community correction center plan for their coordinated response for sexual abuse. The coordinated response plan provides a detailed description of the duties and responsibilities for a) security and non-security staff, b) facility director, c) emergency medical treatment services and, d) mental health treatment services for specific actions to be undertaken in response to an incident of sexual abuse.</p> <p>Policy BCC-ADM 008 PREA Procedures Manual, Section 4 (Responding to a Report of Sexual Abuse) stipulates that the facility shall develop a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. CCC-Scranton’s coordinated response plan also explains in detail of the multiple tasks required of the facility director that includes immediate notification to the BCC Management Operations Center to initiate investigative procedures, contacting the Pennsylvania State Police, and ensuring the completion of the first responder checklist, hospital notification, and completion of the Extraordinary Occurrence Report, DC-121 Part 2.</p> <p>CCC-Scranton utilizes Geisinger Medical Center for SAFE/SANE examinations. It also offers victims to meet with professional staff from the Scranton Counseling Center for mental health evaluation. The Women’s Resource Center of Scranton is utilized as the victim advocacy agency for the facility, with the facility director responsible for contacting them and requesting an advocate.</p> <p>All security and non-security staff have been provided with a PREA pocket first responder card that is kept on their person that explains the “step-by-step” procedures to follow for an allegation of sexual abuse. During the onsite audit phase, the auditor’s interviews with the acting facility director confirmed that staff is trained on an annual basis on the facility’s Coordinated Response Plan.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>



115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Suspension Pending Investigation Memo &amp; Procedures (January 13, 2015)</li> <li>c. H-1 Act 195 Interest Arbitration Award 2014</li> <li>d. FOSCEP MOU</li> <li>e. FOSCEP Side Letter 2016 to 2019</li> <li>f. PSCOE Interest Arbitration Award 2014-2017 Miller</li> <li>g. SEIU HC PA Side Letter 2016-2019</li> <li>h. SEIU Healthcare Side Letter (February 17, 2017)</li> <li>i. SEIU Local 668 Contract-Salary Side Letter (October 3, 2016)</li> <li>j. SEIU Local 668 Memo-Salary Side Letter (October 3, 2016)</li> <li>k. AFSCME Master Agreement 2016-2019</li> <li>l. CIVEA Agreement 2016-2019</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.266 (a) 1. During the pre-onsite audit phase, CCC-Scranton submitted collective bargaining agreements with eight different unions. The Auditor reviewed the union agreements and verified 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.</p> <p>It should also be noted that H-1 Act 195 Interest Arbitration Award states “Article 33, Section 20 shall be amended to provide that the Commonwealth shall have no requirement to furnish 24 hours advance written notification of inmate or patient charges in accordance with Section 20, when an allegation falls within the purview of the Prison Rape Elimination Act of 2003.” The previous language in Article 33 Section 20 required 24 hours advance written notification of inmate charges against an employee at least 24 hours prior to commencement of proceedings. Notes from an interview with the agency head that occurred during a previous audit (9/29/17) indicated that through binding arbitration, the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted, with suspension of 30 days to termination.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>



115.267	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, Section5, (Investigations and Retaliation Monitoring)</li> <li>c. Attachment 5-A, Retaliation Monitoring Form</li> <li>d. Attachment 4-C, Responding to a Report of Sexual Abuse Form</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Acting Facility Director/Staff Member Charged with Monitoring Retaliation</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.267 (a) 1-2. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) mandates the Department to protect all reentrants and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other reentrants or staff. Actions the Department may take include conducting a criminal or administrative investigation, housing changes or transfers for alleged victims or alleged abusers, removal of alleged abusers from contact with alleged victims, and/or emotional support services for reentrants or staff. During the onsite audit phase, the acting facility director maintained that any person who would seek to deter a reentrant from reporting sexual activity or intimidates a person who reports the alleged contact would be subject to discipline.</p> <p>Under policy BCC-ADM 008, Section 5, the facility director/PREA compliance manager is responsible for monitoring for retaliation of a reported sexual abuse for at least 90 days and document all actions on the Bureau of Community Corrections Retaliation Monitoring form (Attachment 5-A). During the pre-onsite audit phase, CCC-Scranton reported that the acting facility director is the designated staff member charged with monitoring retaliation.</p> <p>115.267 (b) 1. Policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) requires the Department to employ multiple protection measures, such as housing changes or transfer for reentrant victims or abusers, and the removal of alleged staff or reentrant abusers from contact with the victim. The Department is also required to make available emotional support services for reentrants or staff that fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigators.</p> <p>For at least 90 days following a report of sexual abuse, the facility is required to monitor the conduct and treatment of reentrants or staff to determine if there are changes that may suggest possible retaliation by reentrants or staff and act promptly to remedy such retaliation. Items the Department monitors include, a) disciplinary reports; b) housing reports; c) program changes; d) negative performance reviews and; e) reassignments of staff. Notes from an interview conducted with the agency head during an earlier audit (9/29/17) indicated that he is</p>

proactive and vocalizes the zero tolerance policy (sexual abuse, sexual harassment, and retaliation for reporting).

Similarly, during the onsite audit phase, an interview with the acting facility director indicated that the facility would immediately separate the alleged victim and abuser, and protect the reentrant by monitoring them per the policy, for at least 90 days, or more if needed. If it rises to a level in which the reentrant needs to be moved out of the facility, the acting facility director stated he would proceed with the process of doing an administrative transfer.

During the pre-onsite audit phase, CCC-Scranton reported zero instances of having to complete the Retaliation Monitoring form. This was also verified during the onsite audit phase as no Retaliation Monitoring forms were on file at the facility. The acting facility director also maintained that if a reentrant was being retaliated against, they would inform the Bureau of Community Corrections Regional Director or designee so that appropriate steps may be taken by the agency to protect the individual and remedy any such retaliation. CCC-Scranton reported no allegations of sexual abuse during the pre-onsite audit phase and, as such, no interviews with reentrants who reported sexual abuse was applicable.

115.267 (c) 1-9. Policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) requires the Department to continue monitoring for potential retaliation beyond 90 days if the initial monitoring indicates a continuing need. During the pre-onsite audit phase, CCC-Scranton reported zero times in the past 12 months an incident of retaliation occurred. During the onsite audit phase, the auditor was able to verify that no Retaliation Monitoring forms had been completed as none were on file at the facility. The interview with the acting facility director also confirmed no allegations of sexual abuse had been filed at CCC-Scranton in the past 12 months.

During the Interview with the acting facility director, it was described that they would ask the reentrant about their housing situation, any issues they may be having, and observe their behavior, which in many instances, is based on the rapport they have built with the reentrant. Follow-up would also occur with the monitoring officers and other staff who might have regular contact with the reentrant, and that they would intervene if someone was having difficulties due to their victimization, and work with affected staff or programs to assist the reentrant.

115.267 (d) 1. Policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) requires that the facility director/PREA compliance manager meet with the reentrant bi-weekly to discuss his/her progress during the retaliation monitoring period. During the onsite audit phase, a random sample (7) Retaliation Monitoring forms were reviewed. Although CCC-Scranton did not have the need to utilize the Retaliation Monitoring form in the past 12 months, the form provides that retaliation status checks be conducted within 96 hours, 15 days, 30 days, 60 days, and 90 day increments.

115.267 (e) 1. Policy BCC-ADM 008, Section 5 (Investigations and Retaliation Monitoring) ensures that if any other individual who cooperates with an investigation expresses fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation. Notes provided from an interview with the agency head during a previous audit (9/29/17) indicated that he frequently speaks to the new cadet classes and starts off the first day of the Correctional Academy. He speaks to them of ethical behavior, their duty to observe,

and report to him via email as well as to his Assistant Secretary (if there is a fear of retaliation). The auditor's interview with the acting facility director also indicated that CCC-Scranton would handle any type of retaliation toward a reentrant or staff by conducting an investigation.

Corrective Action: The audit team recommends no corrective action.

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.271 – Criminal and administrative agency investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. Memorandum of Understanding (MOU) with Pennsylvania State Police</li> <li>c. Administrative investigation.</li> <li>d. Investigative Training Lesson Plans</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.271 (a). Scranton CCC has adopted a comprehensive agency policy, BCC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual, Section 5-Investigating Allegations of Sexual Abuse and/or Sexual Harassment. Per BCC-ADM 008 CCC staff do not conduct interviews or collect statements from anyone unless directed by the department investigator. PA DOC /BCC Management Operations Center (MOC) center which is a 24-7 phone answered by DOC supervisory staff. The MOC center staff would assist in guiding Scranton CCC staff as far as next steps. The MOC center staff contact their Major or designee who then assigns an investigator.</p> <p>The policy for investigations is very detailed and directs department investigative staff on how to proceed with an investigation of sexual abuse and sexual harassment. This section states in part, “The Bureau Director/designee shall ensure every reported incident/allegation of sexual abuse and/or sexual harassment of a reentrant are investigated promptly, thoroughly, objectively, and a confidential report compiled as outlined in Department policy 8.3.1”.</p> <p>During the site review, the auditor reviewed the one investigative file, which was the sole allegation/investigation for the 2017 calendar year. In reviewing the documents contained within the file the auditor determined that BCC investigator investigated the allegation of sexual harassment promptly and thoroughly. The investigation was assigned the same date staff were informed of the allegation; the victim, alleged perpetrator, all reentrant and staff witnesses were interviewed; physical evidence was not available and so noted; and the final report was completed within 33 days.</p> <ul style="list-style-type: none"> <li>• 1 allegation that staff sexually harassment an inmate - unsubstantiated</li> </ul> <p>115.271 (b-c). The audit team received training records for the current BCC/MOC investigator(s) which showed the assigned investigators received specialized training specific to conducting sexual assault, sexual abuse and retaliation investigations in 2017. The auditor</p>

reviewed the special investigations lesson plan (reference §115.234) which was utilized for this training.

Lesson plans for this specialized investigative training includes topics on gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews with alleged victims, suspected perpetrators, and witnesses; review of prior reports and complaints of sexual abuse involving the suspected perpetrator; information on compelled interviewing and Garrity as well as Miranda rules; referral for outside law enforcement for prosecution, etc. These training topics were discussed with the investigative staff during their interviews. Investigative staff was able to articulate an understanding of the above information.

115.271 (d-h). The auditor conducted a review of the sole administrative investigative files during the onsite phase of the audit and determined that Scranton CCC retained the report, documents and evidence pertaining to the administrative investigation of alleged sexual harassment. The auditor could not evaluate the remaining part of this standard as there were no allegations of sexual abuse documented/reported in the past two years (2016-2017). Investigative staff interviewed were able to articulate their knowledge, duties and responsibilities specific to the provision of this standard.

115.271 (i). During the auditor's interview the investigative staff was able to recite investigation packet retention periods indicating they are retained for as long as the alleged abuser is incarcerated, housed in a facility operated or contracted by the department or employed by the agency, plus five additional years.

115.271 (j). The investigative and administrative staff said that they would not terminate an investigation because the alleged abuser left the facility. This applies to employee and reentrant investigations.

115.271 (k). The auditor was provided a copy of the memorandum of understanding between the PSP and PA DOC. The agreement grants PSP access for the purpose of conducting any criminal investigation.

115.271 (l). During an interview with investigative staff, the auditor was informed that the PSP investigators would be provided access to the facility so that PSP can conduct interviews.

Corrective Action: The audit team recommends no corrective action.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.272 – Evidentiary standards for administrative investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. One administrative investigative file.</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.272. Agency Investigators and Scranton CCC staff has adopted agency policy BCC-ADM 008, Prison Rape Elimination Act (PREA) which states in part, “In administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence (an event was more likely to have occurred or less likely to have occurred based on the evidence) shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Additionally in the investigative specialized training curriculum, the auditor confirmed that the following information was part of the lesson plan provided to investigators of sexual abuse, sexual harassment and retaliation allegations; “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or are substantiated.”</p> <p>During informal discussions and through specialized interviews with agency investigative staff, the auditor determined that staff had a basic knowledge and understanding of preponderance of evidence.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.273 – Reporting to reentrants.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 8 – Notification to Reentrants</li> <li>b. One administrative investigation</li> <li>c. Commonwealth of Pennsylvania Bureau of Community Corrections PREA investigation- Reentrant notification (attachment 8-A)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Investigative Staff</li> <li>b. Random staff</li> <li>c. Random reentrants</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA tracking system-WebTAS</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.273 (a). The facility has adopted Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 8 – Notification to Reentrants policy. The policy states in part that following the investigation into a reentrant’s allegation that they suffered sexual abuse in a facility, the PCM shall inform the reentrant within five business days, in writing, as to whether the allegation has been determined to be:</p> <ol style="list-style-type: none"> <li>a. Substantiated – an allegation that was investigated and determined to have occurred.</li> <li>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.</li> <li>c. Unfounded – an allegation that was investigated and determined not to have occurred.</li> </ol> <p>During the onsite review the auditor reviewed the agency’s electronic PREA tracking system in WebTAS with specialized staff. The auditor was able to verify that zero allegations of sexual abuse have occurred during the past 24 months according to staff accounts and the tracking system.</p> <p>115.273 (b). The facility has adopted Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 8 – Notification to Reentrants policy. The policy states in part that following the investigation into a reentrant’s allegation that they suffered sexual abuse in a facility, 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.</p>

During the site review, specialized staff stated they were familiar with the policy and their responsibilities specific to this provision of the standard. Zero reports of sexual abuse have occurred at the facility in the past 24 months according to the WebTAS system.

115.273 (c). The facility has adopted Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 8 – Notification to Reentrants policy. The policy states in part 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:

- 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.

During the site review, specialized staff stated they were familiar with the policy and their responsibilities specific to this provision of the standard. Zero reports of sexual abuse have occurred at the facility in the past 24 months according to the WebTAS system.

115.273 (d). The facility has adopted Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 8 – Notification to Reentrants policy. The policy states in part following a reentrant’s allegation that he/she has been sexually abused or sexually harassed by another reentrant, the PCM shall subsequently inform the alleged victim whenever:

- 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.

During the site review, specialized staff stated they were familiar with the policy and their responsibilities specific to this provision of the standard. Zero reports of sexual abuse have occurred at the facility in the past 24 months according to the WebTAS system.

115.273 (e). The facility has adopted Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Section 8 – Notification to Reentrants policy. The policy states in part following a reentrant’s allegation that he or she suffered sexual abuse in a facility operated by the DOC, the PCM at the facility where the reentrant is housed shall inform the reentrant within five business days, in writing as noted above.

The during the onsite review of the investigative file, the auditor observed that the reentrant that reported the sexual harassment allegation was provided with a DOC document titled Commonwealth of Pennsylvania Bureau of Community Corrections PREA investigation- Reentrant notification (attachment 8-A). This form notified the reentrant of the outcome of the sexual harassment investigation.

Corrective Action: The audit team recommends no corrective action.



115.276	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, (PREA Procedures Manual Section 7) 4 pages</li> <li>c. Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) 3 pages</li> <li>d. Policy 4.1.1, Human Resources and Labor Relations Procedures Manual Section 4 (Resignations in Lieu of Discharge) 4 pages</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Human Resources Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.276 (a) 1. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 7 (Disciplinary and Administrative Action) maintains that any employee who violates the Department’s zero tolerance policy by engaging in, failing to report, or knowingly condones sexual abuse or sexual harassment of a reentrant shall be subject to disciplinary or administrative action up to and including termination. Human Resources confirmed during the Auditor’s interview that all staff is subject to disciplinary sanctions up to and including termination for violations of the agency’s policies on sexual abuse or sexual harassment. In the past 12 months, CCC-Scranton reported that no staff has been subject to any disciplinary or administrative action up to and including termination. This was also confirmed during the Auditor’s interview with Human Resources during the post-onsite audit phase.</p> <p>115.276 (b) 1-2. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) stipulates that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. CCC-Scranton reported during the pre-onsite audit phase that they have had no staff terminations, resignations, or other sanctions for a violation of the agency’s sexual abuse or sexual harassment policies in the past 12 months.</p> <p>115.276 (c) 1-2. Policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 7 (Standardization of Pre-Disciplinary Conferences) requires disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. CCC-Scranton reported that they have had no staff terminations, resignations, or other sanctions for a violation of the agency’s sexual abuse or sexual harassment policies in the past 12 months. The Auditor’s interview with Human Resources confirmed that CCC-Scranton has not had a staff member disciplined in the past 12 months for sexual abuse or sexual harassment.</p>

115.276 (d) 1-2. Policy BCC-ADM 008 Prison Rape Elimination Act (PREA) Procedures Manual Section 7 (Disciplinary and Administrative Action) provides that terminations for violations of the agency's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are to be reported to law enforcement agencies, unless the activity was not clearly criminal, and to any relevant licensing bodies.

In addition, policy 4.1.1 Human Resources and Labor Relations Procedures Manual Section 4 (Resignations in Lieu of Discharge) requires that when a staff member resigns in lieu of discharge for a violation of policy BCC-ADM 008, human resources must notify of the Office of Special Investigations and Intelligence (OSII) to determine if a potential criminal violation exists. If the violation meets criminal standards, OSII must refer the case to the District Attorney's Office that has jurisdiction over the affected facility. CCC-Scranton reported that there has been zero staff in the past 12 months that were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Corrective Action: The audit team recommends no corrective action.

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 7 (Disciplinary and Administrative Action) 4 pages</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Acting Facility Director</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.277 (a) 1-3, (b) 1. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual, Section 7 (Disciplinary and Administrative Action) provides procedures for taking corrective action for contractors and volunteers, that denotes when an allegation is made involving a contractor or volunteer, the individual must be removed from contact with the alleged victim until the conclusion of an investigation. The facility is required to take appropriate measures and consider whether to prohibit any further contact with reentrants if the contractor or volunteer violates policy BCC-ADM 008 Section 7 other than by engaging in sexual abuse. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with reentrants, and is to be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>During the Pre-onsite audit phase, CCC-Scranton reported that during the past 12 months, zero contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of reentrants. The Auditor’s interview with the acting facility director also confirmed that any violation of the agency’s sexual abuse or sexual harassment policy by a contractor or volunteer would prompt the facility to prohibit their contact with reentrants and follow the procedures set forth in BCC-ADM 008.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. CCC-Scranton Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 7 (Disciplinary and Administrative Action) 4 pages</li> <li>c. Policy DC-ADM 801, Inmate Discipline Procedures Manual, Section 7 (Community Corrections)</li> <li>d. Attachment A-1 (Community Corrections – Universal Set of Rules: Updated 7/1/17)</li> <li>e. Policy DC-ADM 801 Inmate Discipline Procedures Manual Section 1, Attachment 1-A</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Acting Facility Director</li> <li>b. Random Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.278 (a) 1-3. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008 PREA Procedures Manual Section 7 (Disciplinary and Administrative Action) stipulates that reentrants shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, following an administrative finding that the reentrant engaged in reentrant-on-reentrant sexual abuse or following a criminal finding of guilt for reentrant-on-reentrant sexual abuse. During the pre-onsite audit phase, CCC-Scranton reported zero administrative or criminal findings of reentrant-on-reentrant sexual abuse in the past 12 months. The facility did report one (1) allegation of staff-on-reentrant sexual harassment that was found to be unsubstantiated.</p> <p>115.278 (b) 1. Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) requires that reentrant sanctions be commensurate with the nature and circumstances of the abuse committed, the reentrants disciplinary history, and the sanctions imposed for comparable offenses by other reentrants with similar histories. In addition, Pennsylvania Board of Probation and Parole (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.</p> <p>Additionally, policy DC-ADM 801, Section 7 maintains that the violation and sanctioning process related to paroled offenders housed in community corrections shall be conducted in accordance with the Universal Set of Rules procedures, mutually agreed upon by the Department and the PBPP. The offender is provided with the Universal Set of Rules during orientation and signs that they will comply. A review of the Universal Set of Rules found that three (3) of the 19 statements relate to sex abuse and sexual harassment.</p> <p>Policy BCC-ADM 008 Section 7 stipulates that when a State Intermediate Punishment (SIP)</p>

reentrant is alleged to have committed sexual abuse or sexual harassment, the reentrant shall be returned to a State Correctional Institution (SCI). An administrative hearing is then conducted, with the reentrant remaining at the SCI pending the outcome of the 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).

The Auditor's interview with the acting facility director verified that any disciplinary sanctions imposed on a reentrant following an administrative or criminal finding that they engaged in reentrant-on-reentrant sexual abuse would be proportionate to the nature of the circumstances of the abuse committed, the reentrant's disciplinary history, and the sanctions imposed for comparable offenses by other reentrants with similar histories.

115.278 (c) 1. Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) states that the disciplinary process shall consider whether a reentrant's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The Auditor's interview with the acting facility director also verified that a reentrant's mental health would be taken into consideration in terms of determining any type of sanction.

115.278 (d) 1-2. Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) maintains that if an allegation of sexual abuse has been substantiated, the reentrant abuser will be discharged from the facility where the sexual abuse occurred. During the pre-onsite audit phase, CCC-Scranton reported that the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse; nor does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. As a community corrections center, all reentrants are able to seek assistance in the community. The facility does, however, assist with providing information on community resources available.

115.278 (e) 1. Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) states that 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. During the pre-onsite audit phase, CCC-Scranton reported zero substantiated occurrences of reentrant sexual conduct with staff during this rating period. This was also verified through interviews with random staff during the onsite audit phase.

115.278 (f) 1. Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) ensures that for the purpose of disciplinary action, a report of sexual abuse 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. During the onsite audit phase, discussions with CCC-Scranton's acting facility director and interviews with random staff indicated that no reentrant has been disciplined for falsely reporting an allegation of sexual abuse or sexual harassment that was made in good faith.

115.278 (g) 1-2. Policy BCC-ADM 008 Section 7 (Disciplinary and Administrative Action) provides that the Department prohibit all sexual activity between reentrants and may discipline reentrants for such activity. The Department does not deem such activity to constitute sexual

abuse if, through the investigative process, determines that the activity is not coerced or forced. The Auditor's review of the agency's Inmate Misconduct/Rule Violations (DC-ADM 801 Inmate Discipline Procedures Manual Section 1, Attachment 1-A) noted the following acts of a sexual nature: rape, involuntary deviate sexual intercourse, engaging in sexual acts with others or sodomy, sexual harassment, indecent exposure, and kissing or inappropriate physical contact.

Corrective Action: The audit team recommends no corrective action.

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.282 Access to emergency medical and mental health services</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Scranton CCC Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 - Responding to a Report of Sexual Abuse</li> <li>c. Victim of Sexual Abuse Services Offered form (Attachment 4-E)</li> <li>d. Geisinger Community Medical Center MOU</li> <li>e. Women’s Resource Center MOU</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Staff First Responders</li> <li>b. PREA Compliance Manager</li> <li>c. Geisinger Community Medical Center representative</li> </ol> </li> </ol> <p>Findings (By provision):</p> <p>115.282 (a). Policy BCC-ADM 008, Section 4 Responding to a Report of Sexual Abuse states (pg. 4-3) that upon learning of a sexual abuse of a reentrant, staff shall (in part);</p> <ul style="list-style-type: none"> <li>• Call “911” if the physical or sexual assault is currently in progress;</li> <li>• Escort the alleged victim to a safe location away from others;</li> <li>• If the incident occurred within 96 hours of the reporting, request the alleged victim not take any actions that could destroy physical evidence;</li> <li>• Contact the BCC-Management Operations Center (MOC) and follow direction provided;</li> </ul> <p>Agency policy further states (pg. 4-3) 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.</p> <p>Policy states (pg. 4-4) that the PCM shall ensure that alleged victims of sexual abuse are offered and provided access to victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the PCM/designee shall be responsible to ensure the aforementioned support services have been offered.</p> <p>Scranton CCC has an MOU in place with the Women’s Resource Center, Inc. to provide confidential supportive services to the victim either by telephone, mail or in person. The auditor was able to confirm the MOU agreement with a staff representative of the WRC during the evidence review phase of the audit.</p>

The facility has a MOU agreement with the Geisinger Community Medical Center who shall be offered 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.

The facility reports zero sexual abuse allegations in the past 12 months. The auditors reviewed all nine reentrant grievances (since 2013), spoke with random and specialized staff and made contact with the Pennsylvania State Police who receives all allegations of reentrant sexual abuse allegations; all the evidence reviewed resulted in the auditor's finding of zero allegations of sexual abuse allegations have been reported at Scranton CCC in the past 12 months.

During the evidence review phase of the audit, the auditor made contact with Just Detention International who shared they have not received any communications of sexual harassment or sexual abuse specific to Scranton CCC.

115.282 (b). Scranton CCC does not have medical personnel staffed at their facility. Policy BCC-ADM 008, Section 4 (Responding to a Report of Sexual Abuse) states (pg. 4-3) 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. Upon learning of an allegation of sexual abuse of a reentrant, staff first responders shall in part be;

- Call "911" if the physical or sexual assault is currently in progress;
- Escort the alleged victim to a safe location away from others;
- If the incident occurred within 96 hours of the reporting, request the alleged victim not take any actions that could destroy physical evidence;
- Contact the BCC-Management Operations Center (MOC) and follow direction provided;
- Have the victim complete the Victim of Sexual Abuse Services Offered form (attachment 4-E. This form advises "You are offered 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."

The facility has a MOU agreement with the Geisinger Community Medical Center to provide timely, unimpeded access to emergency medical treatment and crisis intervention services (to a reentrant victim of sexual abuse), the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

During the onsite review, the auditors determined through staff interviews that staffs were knowledgeable of their responsibilities as a first responder to an allegation of sexual abuse (115.264).

115.282 (c). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 - Responding to a report of Sexual Abuse, states the PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, timely and comprehensive information for sexually transmitted infections, testing and follow up treatment. The agency has developed Victim of Sexual Abuse Services Offered form (Attachment 4-E) which is utilized to document that reentrants are offered (accepted/declined) medical examination.

There have been zero sexual abuse allegations reported at Scranton CCC during the past 12 months. During the onsite review, the PCM and specialized staff stated they were familiar with their duties specific to providing the reentrant access to above community medical services.

115.282 (d). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 - Responding to a report of Sexual Abuse, states the PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, requires treatment services shall be provide to the alleged victim without financial cost and regardless of whether the alleged victim names the abuser or cooperates with any investigation arising out of the incident.

A provision in the MOU agreement with Geisinger Community Medical Center states treatment services shall be provided to the victim without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the evidence review phase of the audit, the auditor interviewed a representative of the Geisinger Community Medical Center who was able to confirm that medical center did have an agreement in place to provide services.

Corrective Action: The audit team recommends no corrective action.

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.283 Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ol style="list-style-type: none"> <li>a. Scranton CCC Pre-Audit Questionnaire (PAQ)</li> <li>b. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 Responding to a Report of Sexual Abuse</li> <li>c. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 2 Prevention and Training</li> <li>d. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 Responding to a Report of Sexual Abuse form (attachment 4-E)</li> <li>e. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual</li> <li>f. Section 4 – Responding to a Report of Sexual Abuse form (attachment 4-C)</li> <li>g. Geisinger Community Medical Center MOU</li> <li>h. Women’s Resource Center MOU</li> </ol> <p>2. Interviews:</p> <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> <li>b. Pennsylvania State Police representative</li> <li>c. Specialized staff</li> </ol> <p>Findings (By provision):</p> <p>115.283 (a). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 Responding to a Report of Sexual Abuse requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all reentrants who have allegedly been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The agency has adopted BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse form (attachment 4-E) to document that they have offered and made available a medical examination, a mental health examination and rape crisis services. Additionally, attachment 4-E informs the reentrant of the following:</p> <ul style="list-style-type: none"> <li>• You are offered 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.</li> <li>• Medical treatment and crisis intervention services will be provided without financial cost to you. The facility shall inform you, prior to giving you access to outside confidential support services, of the extent to which such communication will be monitored.</li> </ul> <p>The facility reports zero sexual abuse allegations in the past 12 months. The auditors reviewed all nine reentrant grievances (since 2013), spoke with the PCM and specialized staff</p>

and made contact with the Pennsylvania State Police who receives all allegations of reentrant sexual abuse allegations; all the evidence reviewed resulted in the auditor's finding that zero allegations of sexual abuse allegations have been reported that may have occurred at Scranton CCC in the past 12 months.

During the pre-audit review, the facility reported in the PREA Audit Questionnaire, that a reentrant had disclosed during his initial PRAT that he had been previously sexually victimized while incarcerated. As a result, staff on the same date of receiving this information offered the reentrant a medical exam, mental health evaluation and rape crisis services. The BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse form (attachment 4-E) documenting that services were offered was completed this same date as well.

Scranton CCC has an MOU in place with the Women's Resource Center, Inc. to provide confidential supportive services to the victim either by telephone, mail or in person. The auditor was able to confirm the MOU agreement with a staff representative of the WRC during the evidence review phase of the audit. Staff state they have not been asked to provide services in over a year for persons at Scranton CCC.

During the evidence collection phase of the audit, the auditor made contact with Just Detention International who also stated they have not received any communications of sexual harassment or sexual abuse specific to Scranton CCC.

115.283 (b). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 Responding to a Report of Sexual Abuse requires that 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. The agency has adopted BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse form (attachment 4-C). This form informs the reentrant of the following:

- You will be monitored for follow-up for at least 90 days following a report of sexual abuse to ensure you are free from retaliation and are receiving requested treatment services.
- If you have any questions or need help accessing services, please inform your counselor.
- You may write to the addresses below for additional help and services; PCAR, P.O. Box 400, Enola, PA 17025, [www.pcar.org](http://www.pcar.org) and BCI/PREA Coordinator, 1800 Elmerton Ave., Harrisburg, PA 17110

During the pre-audit review, the facility reported in the PREA Audit Questionnaire, that a reentrant had disclosed during his initial PRAT that he had been previously sexually victimized while incarcerated. As a result, staff on the same date of receiving this information offered the reentrant a medical exam, mental health evaluation and rape crisis services. The BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse form (attachment 4-E) documenting that services were offered was completed this same date as well. The reentrant refused all services per the documentation provided.

The facility reports zero allegations of sexual abuse to have occurred at the facility during the

past 12 months. During the onsite phase of the audit, specialized staffs were interviewed and they were knowledgeable of their responsibilities consistent with agency policy as noted above if an allegation of sexual abuse would occur.

115.283 (c). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 Responding to a Report of Sexual Abuse that 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. The PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards.

During the pre-audit review, the facility reported in the PREA Audit Questionnaire, that a reentrant had disclosed during his initial PRAT that he had been previously sexually victimized while incarcerated. As a result, staff on the same date of receiving this information offered the reentrant a medical exam, mental health evaluation and rape crisis services. The BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 4 – Responding to a Report of Sexual Abuse form (attachment 4-E) documenting that services were offered was completed this same date as well. The reentrant refused all services per the documentation provided.

The facility reports zero allegations of sexual abuse to have occurred at the facility during the past 12 months. During the onsite phase of the audit, specialized staffs were interviewed and they were knowledgeable of their responsibilities consistent with agency policy as noted above if an allegation of sexual abuse would occur.

115.283 (d-e). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 Responding to a Report of Sexual Abuse that 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.

Scranton CCC has reported housing male reentrants in the past 12 months, but consistent with agency policy would be prepared to coordinate services above as appropriate if needed.

115.283 (f-g). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 Responding to a Report of Sexual Abuse requires that the PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include timely and comprehensive information sexually Transmitted Infections (STI) testing, and follow-up treatment. Additionally, 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.

PA DOC has a signed MOU agreement with Geisinger Community Medical Center (to provide services to Scranton CCC reentrants) which states in part that resident victims of sexual abuse shall be offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medical appropriate. Additionally, treatment services shall be provided to the

victim (sexual abuse) without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility reports zero allegations of sexual abuse during the past 12 months. During the onsite phase of the audit, specialized staffs were interviewed and they were knowledgeable of their responsibilities consistent with agency policy as noted above if an allegation of sexual abuse would occur to coordinate appropriate services, information, tests and treatment.

During the evidence review phase of the audit, the auditor interviewed a representative of the Geisinger Community Medical Center who was able to confirm the MOU agreement is in place.

115.283 (h). Policy BCC-ADM 008, Bureau of Community Corrections PREA Procedure Manual Section 4 Responding to a Report of Sexual Abuse states that 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.

The facility reports zero allegations of sexual abuse to have occurred at the facility during the past 12 months. During the onsite phase of the audit, specialized staffs were interviewed and they were knowledgeable of their responsibilities consistent with agency policy as noted above if an allegation of sexual abuse would occur and the reentrant sexual abuser was identified.

Corrective Action: The audit team recommends no corrective action.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>§115.286 – Sexual abuse incident reviews.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pennsylvania Department of Corrections (PA DOC) Policy BCC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual</li> <li>b. PREA tracking system (WebTas)</li> <li>c. PREA Sexual Abuse Incident Review (Attachment 6-A)</li> </ol> </li> <li>2. Interview: <ol style="list-style-type: none"> <li>a. PREA Compliance Manager</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. WebTAS PREA tracking system</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.286 (a-b). The facility has adopted the agency policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review. The policy states in part that 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).</p> <p>During the onsite review the auditors reviewed the PREA tracking system (WebTAS) with specialized staff and found that consistent with staff reports there have not been any allegations of sexual abuse reported in the past two years (2016-2017) at Scranton CCC.</p> <p>When interviewed the PCM, stated he was knowledgeable with the policy requirements and his responsibilities to full fill those requirements if an allegation sexual abuse was reported and a SAIR would be required.</p> <p>115.286 (c). The facility has adopted the agency policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review. The policy states in part that 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:</p> <ol style="list-style-type: none"> <li>a. Regional Director (Chair);</li> <li>b. Facility Director/designee;</li> <li>c. other designated manager or supervisor;</li> </ol>

- 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).

When interviewed the PCM, stated he was knowledgeable with the policy requirements and his responsibilities to full fill those requirements if an allegation sexual abuse was reported and a SAIR would be required.

115.286 (d) (1-6). The facility has adopted the agency policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review. The policy states in part that the team will carefully review the documentation surrounding the incident. The SAIR must occur at the facility where the incident occurred. 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. The review committee will consider, at a minimum, the items outlined in the PREA Sexual Abuse Incident Review (Attachment 6-A). The team shall review at a minimum;

- a. consider whether the incident or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 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;
- c. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse;
- d. assess the adequacy of staffing levels in that area during different shifts;
- e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- f. take action necessary to address immediate safety concerns;

The SAIR committee shall utilize the PREA Sexual Abuse Incident Review to prepare a confidential report with findings and recommendations; and forward the completed report with attachments via email, to the Bureau Major/designee and Facility Director/designee within five working days of the incident review.

When interviewed the PCM, stated he was knowledgeable with the policy requirements and his responsibilities to full fill those requirements if an allegation sexual abuse was reported and a SAIR would be required.

115.286 (e). The facility has adopted the agency policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review. The policy states in part that 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.

Corrective Action: The audit team recommends no corrective action.



115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287 Data collection.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection</li> <li>b. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review</li> <li>c. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review, Attachment 6-A</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA investigations data base - Special Investigations and Intelligence (OSII) system Findings (By Provision): <p>115.287 (a). The agency has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection which states in part, 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.</p> <p>The agency has adopted and implemented a comprehensive uniform data collection tool/form; BCC ADM 008 Section 6 - Sexual Abuse Incident Review. The auditor was able to verify the form during the pre-onsite review phase of the audit and then discuss its use with the PREA coordinator during an onsite audit facility review (SCI Retreat audit Jan. 2018).</p> <p>115.287 (b). The agency has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection. The policy directs 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:</p> <ol style="list-style-type: none"> <li>a. identifying problem areas;</li> <li>b. taking corrective action on an ongoing basis; and</li> <li>c. preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.</li> </ol> </li> </ol> </li> </ol> <p>The agency’s use of the BCC ADM 008 Section 6 - Sexual Abuse Incident Review form is the tool that is utilized to capture the above data and information. The auditor was able to verify the use of the form and that this is the primary means that the agency’s collects and aggregates the information (at least annually) by interviewing the PREA coordinator. The agency has made available for review in the PAQ and on the public website their annual PREA Reports from 2013-2016. 2017 information is being aggregated during this audit review period and due to US DOJ by August, 2018.</p>

115.287 (c). The agency has adopted a comprehensive written policy Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection BCC-ADM 008, which states the department will produce an annual PREA report, capturing data from January 1 to December 31, and any additional information that is required by the Survey of Sexual Violence required by the Department of Justice.

The auditor was able to verify the provision of this standard by reviewing the past annual agency PREA Reports (2013-2016) in the PAQ and on the agency website.

115.287 (d). The agency has adopted a comprehensive written policy Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection BCC-ADM 008, which states 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.

During the onsite review the auditor was able to view the agency's automated tracking system of sexual abuse, sexual harassment and retaliation investigations data base Special Investigations and Intelligence (OSII). This system directly contributes to the agency's ability to store and collect data.

115.287 (e). The agency has adopted a comprehensive written policy Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection BCC-ADM 008, which states incident-based aggregate data will be collected from every private facility the department contracts with for the confinement of reentrants. The auditor was informed by the PC that the private facilities are required to report via BCC forms and do not have access to the agency's secured OSII PREA tracking system. PA DOC staff will upload the information from the hardcopy form into the system.

115.287 (f). The agency has adopted a comprehensive written policy Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection BCC-ADM 008, which states 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. The auditor was able to confirm this by viewing the annual reports that were submitted in the PAQ and were posted on the agency's website through 2016.

Corrective Action: The audit team recommends no corrective action.

115.288	<b>Data review for corrective action</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1276 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 414 1484 873" style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Scranton CCC Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy BCC-ADM 008, PREA Procedures Manual, Section 1 (Data Collection) 4 pages</li> <li>c. Pennsylvania Department of Corrections Prison Rape Elimination Act Annual Reports (2013, 2014, 2015, 2016)</li> <li>d. Pennsylvania Department of Corrections Public Website (www.cor.pa.gov)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head (Prior Interview on 9/29/17)</li> <li>b. PREA Coordinator</li> <li>c. Acting Facility Director</li> </ol> </li> </ol> <p data-bbox="252 929 566 963">Findings (By Provision):</p> <p data-bbox="252 1008 1452 1344">115.288 (a) 1-3. Pennsylvania Department of Corrections Bureau of Community Corrections policy BCC-ADM 008, PREA Procedures Manual, Section 1 (Data Collection) stipulates that the agency's Bureau of Standards, Audits, and Accreditation (BSAA) shall review data collected and aggregate it annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This is accomplished by the BSAA by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.</p> <p data-bbox="252 1400 1452 1646">In addition, policy BCC-ADM 008, Section 1 (Data Collection) requires the BSAA to maintain, review, and collect all available incident-based documents, reports, investigation files, and sexual abuse incident reviews. Incident-based aggregate data is also collected from every private facility the Department contracts with for the confinement of reentrants. Information collected from contracted facilities pertains to incidents involving Department-Funded Reentrants (DFR) as either an alleged victim or abuser.</p> <p data-bbox="252 1702 1484 2027">The statistical data provided in the annual PREA reports for all Department of Corrections operated facilities and Contract Community Confinement Facilities (CCFs) is derived from the electronic records maintained by the agency's Office of Special Investigations and Intelligence (OSII) case management system and the PREA Tracking System (PTS). The PTS became operational in 2016 and was designed to be a centralized repository for all allegations reported under the Prison Rape Elimination Act. Additionally, the system is intended to capture all information necessary to generate the US Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization (SSV).</p> <p data-bbox="252 2083 1468 2150">During the onsite audit phase, the auditor's interview with the acting facility director confirmed that monthly PREA reports are required to be submitted to the PREA Coordinator that include</p>

data related to any allegations of sexual abuse, sexual harassment or retaliation. This was also verified during the auditor's interview with the agency's PREA Coordinator during an interview that was conducted at SCI-Retreat in January, 2018.

115.288 (b) 1-2. Policy BCC-ADM 008, PREA Procedures Manual, Section 1 (Data Collection) requires the Department to produce an annual PREA report representing information from each calendar year (January 1 – December 31) that provides 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
- 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.

During the pre-onsite audit phase, CCC-Scranton provided copies of the Department's annual PREA reports for calendar years 2013-2016. A review of the annual PREA reports indicated that the information required under Standard 115.288 is provided within the documents and that the reports are well detailed in regard to the use of the data to improve the Department's prevention, detection, and response procedures. Numerous tables are provided within the reports that compare the current year with the previous regarding the investigative findings (i.e., substantiated, unsubstantiated, unfounded, investigation ongoing) of inmate-on-inmate nonconsensual sexual acts, inmate-on-inmate abusive sexual contact, inmate-on-inmate sexual harassment, staff-on-inmate sexual misconduct, and staff-on-inmate sexual harassment for DOC operated facilities as well as Contracted Community Confinement Facilities and Contracted County Jails.

115.288 (c) 1-3. Policy BCC-ADM 008, Section 1 (Data Collection) maintains that the annual PREA report shall be approved by the Secretary, provided to the Department of Justice, and posted on the Department's website by June 30 of each year. During the post-onsite audit phase, the auditor reviewed the Pennsylvania Department of Corrections' public website which has a link to the Prison Rape Elimination Act and the annual reports. In addition, the website also provides the public the opportunity to review each facility's final PREA audit report that was completed by a certified US DOJ PREA auditor.

During the pre-onsite audit phase, the auditor was able to review the notes from an interview conducted with the agency head on 9/29/17. During the interview, the agency head confirmed that he approves the Department's annual PREA report prior to its dissemination. This was also verified through a review of the annual PREA reports which shows the agency head's signature at the end of the documents.

115.288 (d) 1-2. Policy BCC-ADM 008, Section 1 (Data Collection) requires that specific

identifying information collected for reporting purposes 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. A review of the Department's PREA audit reports from 2013-2016 that were provided by CCC-Scranton and viewed on the Department's public website showed that no individual was identifiable and that no material needed to be redacted.

Corrective Action: The audit team recommends no corrective action.

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289 Data storage, publication, and destruction.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection</li> <li>b. BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 6 – Sexual Abuse Incident Review</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Specialized staff - Investigators</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. PREA investigations data base - Special Investigations and Intelligence (OSII) system</li> </ol> <p>Findings (By Provision):</p> <p>115.289 (a). The agency has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection which states in part, 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.</p> <p>Specialized staff demonstrated how staff accesses the Special Investigations and Intelligence (OSII) computer system that stores sexual abuse, sexual harassment and retaliation investigative information. Access to the software is limited by security restrictions built into the software and security password protected. Access is restricted to those individuals who have a working need to access/submit information to this system such as trained PREA investigative staff, PCMs and PA DOC agency level staff; the PREA coordinator and his staff for submitting reports, review and quality assurance purposes.</p> <p>115.289 (b). The agency has adopted a comprehensive written policy BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection. The policy states the department shall make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the department website, at least annually.</p> <p>The audit was able to view the above listed information on the agency’s website in the format of the annual PREA Report. The auditor was able to access and view annual reports from 2013-2016. Agency policy states 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.</p> <p>115.289 (c). The agency has adopted a comprehensive written policy Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection BCC-ADM 008, which states 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</p> </li> </ol>

indicate the nature of the material redacted.

The auditor reviewed the most recent annual PREA Report 2016, on the agency's public website for any personal identifiers and found none.

115.289 (d). The agency has adopted a comprehensive written policy Bureau of Community Corrections PREA Procedures Manual Section 1 – Data Collection BCC-ADM 008, which states 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.

The OSII system began collecting and storing data June 30, 2014 as the one central repository for PREA investigations. The agency is prepared to securely store and retain all aggregate PREA data for no less than ten years after the collection.

Corrective Action: The audit team recommends no corrective action.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 Frequency and scope of audit</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> <li>a. PA DOC PREA Audit Reports – PA DOC Website</li> <li>b. PA DOC PREA Audit Schedule for Cycle Two (2017-2019)</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> </ul> <p>Findings (By Provision):</p> <p>115.401 (a). The PA DOC PREA coordinator reports 25 state correctional facilities (prisons) and 11 community confinement facilities are under the operational control of the executive branch. The auditor was informed by the agency’s PREA coordinator that there are no contracted facilities that house state inmates and there are no state facilities operated on behalf of the agency by a private organization.</p> <p>The auditor observed all 36 facilities’ PREA audit reports posted on the agency’s public website for the first audit cycle (2014-2016).</p> <p>115.401 (b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The agency reports 25 state correctional institutions (prisons) and 11 community confinement facilities operated by the state and zero under contract to house state adult residents.</p> <p>The agency PC has informed the auditor in a correspondence that acknowledges “the agency found audits between community confinement and prisons were out of balance and not evenly distributed in thirds across both types. We were heavy with prison audits and light with community confinement. We plan to correct this by auditing half of the remaining community confinement centers in year 2 and 3. We can also audit a third of our prisons for year 2; however, because we conducted more audits of prisons in year 1, by the time we reach year 3, there will be slightly less than 1/3 of our prisons to audit.”</p> <p>The agency provided the auditor the agency’s PREA audit schedule for cycle two by facility type which supported the communication from the PC as noted above.</p> <p>115.401 (h) During the onsite phase of the audit, all three members of the audit team had unfettered access to all areas of the facility. We reviewed every room within the facility and entered every door open or secured. We were able to view any operation within the facility</p>

upon our request. If a specific task or process was not occurring or scheduled to occur during our onsite review, facility staff demonstrated by recreating a process as requested by the auditors; reentrant intake functions, inmate showering process and PRAT assessments to name a few.

115.401 (i) During all phases of the audit, staff consistently made available to all three members of the audit team; documents, records, files, videos, and photo records (electronic/hard copy) in a timely manner. The auditor was permitted to take pictures of specific items and areas within the facility upon request for the auditor's use and reference in preparing the audit findings. During the onsite phase of the audit, the auditors had unfettered access to files, reports and automated information systems at the agency and facility levels.

115.401 (m). During the onsite phase of the audit, the auditor team members, the PREA compliance manager, and staff worked cooperatively to develop a confidential process and private setting for conducting interviews of both staff and reentrants. A total of 14 (of 32 reentrants assigned to the facility) formal reentrant interviews occurred and 14 random and specialized staff interviews occurred during the onsite phase of the audit.

115.401 (n). Scranton CCC PREA compliance manager (PCM) coordinated the postings of the auditor supplied "Notice of Audit" posters in English and Spanish. These posters were placed throughout the reentrant dormitory rooms, dayroom areas, bathroom, kitchen, laundry, both entrances into the facility to include intake area. The PCM provided the auditor pictures when the postings were posted (weeks in advance of the onsite audit) and the audit team members observed these posters throughout the facility when conducting the onsite phase of the audit. The "Notice of Audit" posters state in part, that any person with information relevant to this compliance audit may confidentially correspond with the lead auditor (address provided).

During random reentrant interviews, the reentrants stated they were aware that the PREA Audit notices had been posted and thought they have been "up for over a month". Reentrants have the ability to leave the facility and therefor have access to the US Postal Services to mail items directly. The auditor did not receive any reentrant correspondences.

Corrective Action: The audit team recommends no corrective action

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 Audit content findings.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> <li>a. PA DOC PREA Audit Reports – PA DOC Website</li> <li>b. PA DOC PREA Audit Schedule for Cycle Two (2017-2019)</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> </ul> <p>Findings (By Provision):</p> <p>115.403 (f). The agency has a public website and a website link dedicated to PREA information. Included on the agency’s public website is a link to all PA DOC facility final PREA audit reports since 2014. All final audit reports have been posted on the website within 90 days of issuance by auditor based on the information on the website and according to the PREA compliance manager.</p> <p>The agency has the final date of the report listed on the website as part of the “naming scheme” (facility name, final report date). Scranton CCC’s last audit report is available on the agency’s website and was viewed by the auditor; “Scranton CCC Final PREA Report dated 5-28-2016”.</p> <p>Corrective Action: The audit team recommends no corrective action</p>

## Appendix: Provision Findings

115.211 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.212 (b)	<b>Contracting with other entities for the confinement of residents</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

115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	no
	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.)	no

115.213 (a)	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	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
	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

115.213 (b)	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	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
	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

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	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)	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)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	<b>Limits to cross-gender viewing and searches</b>	
	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
	If the 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

115.215 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

115.216 (b)	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

115.217 (a)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	<b>Hiring and promotion decisions</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

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: 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

<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	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

115.221 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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

115.231 (b)	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	<b>Volunteer and contractor training</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

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	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

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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?	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?	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?	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?	no

<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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 does not conduct forensic exams.)	na

<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

115.235 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

115.241 (a)	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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

115.241 (b)	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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

<b>115.241 (e) Screening for risk of victimization and abusiveness</b>		
	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
	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
	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

<b>115.241 (f) Screening for risk of victimization and abusiveness</b>		
	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

<b>115.241 (g) Screening for risk of victimization and abusiveness</b>		
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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

<b>115.241 (h) Screening for risk of victimization and abusiveness</b>		
	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

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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

<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	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
	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

115.242 (d)	Use of screening information	
	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

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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
	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
	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

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

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

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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 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.)	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.)	na

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	<b>Resident access to outside confidential support services</b>	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	<b>Resident access to outside confidential support services</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

115.253 (c)	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	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

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	<b>Agency protection against retaliation</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

115.267 (c)	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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

<b>115.273 (b)</b>	<b>Reporting to residents</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

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

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	<b>Corrective action for contractors and volunteers</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

115.278 (a)	<b>Disciplinary sanctions for residents</b>	
	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

115.278 (b)	<b>Disciplinary sanctions for residents</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

115.278 (c)	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	no

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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

<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na

<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.287 (c)</b>	<b>Data collection</b>	
	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

<b>115.287 (d)</b>	<b>Data collection</b>	
	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

<b>115.287 (e)</b>	<b>Data collection</b>	
	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

<b>115.287 (f)</b>	<b>Data collection</b>	
	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

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</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

<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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

<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	no

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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