

# PREA Facility Audit Report: Final

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

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/04/2019

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> Paula J. Stoudt	<b>Date of Signature:</b> 03/04/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Stoudt, Paula
<b>Address:</b>	
<b>Email:</b>	Paula.Stoudt@wi.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	10/22/2018
<b>End Date of On-Site Audit:</b>	10/22/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Sharon Community Corrections Center
<b>Facility physical address:</b>	300 West State Street, Sharon, Pennsylvania - 16146
<b>Facility Phone</b>	724-983-5135
<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			
<b>Name:</b>	W. Joel Murray	<b>Title:</b>	Center Director
<b>Email Address:</b>	wmurray@pa.gov	<b>Telephone Number:</b>	724-983-5135

Facility Director			
<b>Name:</b>	W. Joel Murray	<b>Title:</b>	Center Director
<b>Email Address:</b>	wmurray@pa.gov	<b>Telephone Number:</b>	724-983-5135

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	
<b>Name:</b>	William Murray	<b>Email Address:</b>	wmurray@pa.gov

Facility Health Service Administrator			
<b>Name:</b>	N/A	<b>Title:</b>	N/A
<b>Email Address:</b>	N/A	<b>Telephone Number:</b>	N/A

Facility Characteristics			
<b>Designed facility capacity:</b>	34		
<b>Current population of facility:</b>	34		
<b>Age Range</b>	<i>Adults:</i> 21-66	<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.

The Prison Rape Elimination Act (PREA) audit of Sharon CCC located at 300 West State Street, Sharon PA was conducted by Department of Justice (DOJ) certified PREA auditors Paula Stoudt and Ernette Griggs. The auditors are employees of the State of Wisconsin, Department of Corrections (DOC). The audit was conducted as part of a consortium between the states of Pennsylvania, Maryland, Michigan, and Wisconsin.

In preparation for the on-site audit scheduled for October 22, 2018, audit notices were sent to the PREA Compliance Manager (PCM) at Sharon CCC on August 30th, 2018. The notices were written in English and Spanish and included the purpose, the date of the on-site visit, confidentiality, and auditor contact information. As requested, photographs depicting notices displayed in various locations throughout the facility were emailed by the PCM to confirm timely placement.

The Pre-Audit Questionnaire was completed and submitted via the PREA Online Audit System (OAS) by facility and Bureau staff. Prior to the on-site visit, this auditor reviewed the Pre-Audit Questionnaire and uploaded documents. Uploaded documents included BCC-ADM 008 PREA Policy and Procedures Manual, Grievance Policies and Procedures, Legal Policy and Procedures, PA DOC PREA Annual Reports, BCC Security Procedures, Human Resource Policies, examples of forms indicating facility procedures, training materials, training records, hiring documents, investigation documents, Collective Bargaining Agreements, and Letters of Agreement. This auditor reviewed the facility layout, staff schedule, and Sharon CCC Count Log provided by the PREA Compliance Manager/Center Director.

The on-site portion of the audit was conducted on October 22, 2018. The day began with introductions and an entrance meeting. Present for Pennsylvania Department of Corrections were: Center Director Joel Murray; BCC Regional Director Morris Richardson; DOJ Certified Auditor Val Kusiak; and Corrections Counselor Eric Patton. The meeting consisted of introductions, a brief overview of the facility programming, and a discussion regarding the on-site visit process.

Following the entrance meeting, the auditors were provided a comprehensive facility tour of the building. The ground floor was toured first. This is the main floor of the building and contains staff offices, lounge space for residents and the CCM Station. The 2nd floor of the building is where residents live. There are 7 bedrooms that are shared by residents and 4 bathrooms that are also shared. The top floor of the building is an attic that is off-limits to residents. The door is secured. Lastly, the basement of the facility was toured which includes a resident kitchen, shower and laundry room. Other areas of the basement included a large storage area and boiler room which residents did not have access to. Doors to these areas were secured. A large internal staircase connects the all levels of the building and there are cameras in this stairway. Fifteen (15) cameras are placed throughout Sharon CCC. There are two areas that the camera can be viewed. These two areas are the CCC Monitor station and the Center Directors

office. Cameras have recording capability and can be played back for 60-90 days. During the tour, audit notices and PREA information were visible throughout the facility. Staff also announced the presence of females on the 2nd floor living area as we were entering the 2nd floor.

Following the facility tour, staff and resident interviews were conducted. Interviews were conducted by the auditors in two separate private rooms. Sharon CCC is designed for residents to leave the facility for employment and programming. Thirteen (13) random staff were interviewed from 1st and 2nd shifts and two phone interviews were conducted with 3rd shift Monitor staff.

Staff and residents of Sharon CCC alike were aware of the zero tolerance policy and the rights of residents to be free from sexual abuse and sexual harassment. Staff and residents were aware of the various ways to report sexual abuse and sexual harassment. Staff were well aware of their responsibilities in assuring these rights are being met, and should an incident occur, staff knew their role in responding and reporting.

A total of twenty (20) staff were interviewed or provided information for this audit. Thirteen (13) random staff in the Corrections Monitor classification were interviewed. Corrections Monitors are centrally located within the facility on the ground floor; however, they make security rounds of the Center on a regular basis. Specialized Interviews were also conducted with staff and staff were chosen based on the responsibilities and assigned duties at Sharon CCC.

The following specialized interviews were conducted: Facility Director, PREA Compliance Manager, Human Resources, staff who conduct investigations, intermediate or higher level staff, staff who perform intake, staff who perform risk screening assessments, and staff who monitor retaliation, Agency Contract Administrator, Agency Head. The following interviews were not conducted: education and program staff who work with youthful residents, staff who supervise residents in segregated housing, medical and mental health staff, and staff who conduct cross gender non-medical strip searches. Sharon CCC does not house youthful offenders, does not utilize segregated housing, and non-medical cross-gender strip searches do not occur. Sharon CCC does not offer on-site medical and mental health programming, but refers residents to community based providers. The PREA Coordinator was available for questions and clarifications throughout the Sharon CCC audit.

Fourteen (14) residents were interviewed, consisting of random and targeted interviews according to DOJ interview protocols. The following targeted interviews were not conducted as there were no residents identified who met the criteria for interview: youthful resident, resident in segregated housing, resident who disclosed during screening, and a resident who reported sexual abuse or sexual harassment. Residents consistently answered that staff of the opposite gender of the resident announce themselves when entering the living area and make regular daily PREA announcement over the PA system, they are aware of their rights to be free from sexual abuse and sexual harassment, and have a right not to be punished for reporting. Residents, consistently indicated they were asked questions about the sexual safety the day they arrived at the facility, and again shortly after they arrived. All residents were able to describe at least one avenue in which to report sexual abuse or sexual harassment.

A significant amount of documents and file material was available through the Pre-Audit Questionnaire. During the on-site portion of the audit, this auditor reviewed investigative file material and signed resident forms acknowledging PREA education components. Human Resource functions are delegated to various offices and housed and tracked electronically. The HR Analyst for the Office of Administration was interviewed by phone and further discussed the structure of the Bureau of Community Correction Human

Resources. The PREA Coordinator assisted this auditor with obtaining additional training records for BCC staff after the on-site portion of the audit.

At the conclusion of the on-site phase of the audit, an exit meeting was conducted with Facility Director Joel Murray and Corrections Counselor Eric Patton. Initial observations were shared with the facility staff. One concern that was immediately addressed were the shower curtains in the basement of the building. These curtains were down to the floor in length and did not provide for adequate visual monitoring of residents while in the shower. This auditor was informed that PREA compliant shower curtains were on order and the current shower curtains would be replaced with these curtains. An e-mail was received on 10/30/18 demonstrating the curtains had been ordered and delivered to Sharon CCC.

During the post-audit phase, additional interviews were conducted with agencies outside of DOC. The Nursing Supervisor of the Sexual Assault Forensic Examiner Program at UPMC-Horizon was interviewed by phone on 10/23/18. She confirmed that UPMC-Horizon provides sexual assault examinations to residents who are sexually assaulted at Sharon CCC. The program at UPMC-Horizon is a 24 hour, 7 day a week program. If a SAFE/SANE nurse is not available on site, there is always a nurse on call that would be called-in to conduct a SANE exam. There have been no incidents of sexual abuse at Sharon CCC that have required the services of UPMC-Horizon.

Overall, it was apparent that staff at Sharon CCC are well aware of the zero-tolerance policy on sexual assault and sexual harassment of residents in their care and that they make efforts to remain in compliance with the PREA standards. Residents at Sharon CCC were also aware of the zero-tolerance policy and their right to be free from sexual abuse and sexual harassment while at Sharon CCC and how to make a report if the need arises.

There is no corrective action required for this audit.

## 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.

The Sharon Community Corrections Center is located on one half acre property at the edge of the city of Sharon. The facility is a large red brick building on the grounds of what was once the estate of Sharon steel industrialist Simon Perkins. Built in 1914, the home contains many of the original architectural elements from that period. The estate is now owned by The United Way, and that organization leases the building to the Pennsylvania Department of Corrections. The facility has been maintained and operated by the Pennsylvania Department of Corrections since 1974. The facility has been continuously accredited by the American Correctional Association since 1987 with the last ACA report being 2018.

The facility is three floors not including the basement. The 3rd floor is an attic used for storage that is not accessible to residents. The door is padlocked. The second floor is divided into seven (7) bedrooms and four (4) bathrooms that serve as the sleeping quarters for residents. There are three (3) showers located on the second floor. Administrative offices are located on the 1st floor in addition to a large dayroom used for television watching and a second large room that features a pool table. The basement contains a laundry area and two (2) showers. The basement area serves primarily as the resident kitchen and food storage area. The facility does not prepare meals for residents. Residents purchase, store, and prepare their own food. The basement also includes a large storage area, boiler room and tool room that are not accessible to residents.

All residents at the facility are state parolees from the Pennsylvania Department of Corrections. They may leave the facility each day to work or utilize community resources. Public transportation is available for these activities. The facility residents must maintain, at a minimum, full-time employment or a combination of employment and attendance at a vocational school or educational training program. Residents are expected to maintain sobriety and actively participate in community service projects. All reentrants are required to pay rent at 15% of their net income to the Department of Corrections for room and board. Each reentrant is also required to pay a minimum of 10% of their income towards court costs, restitution and fines. Violation of Sharon CCC or Department rules may result in return to a State Correctional Institution.

## 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>	4
<b>Number of standards met:</b>	37
<b>Number of standards not met:</b>	0

After a review of documents, interviews of staff, reentrants, and community providers, along with the onsite tour conducted on 10/22/18, this auditor has determined the following for Sharon CCC:

Number of standards exceeded: 3 (115.211; 115.271; 115.286)

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 41

## 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> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008 Section 2 - Prevention and Training</li> <li>3) Interviews with staff and PREA Coordinator</li> <li>4) PREA Corrections Organizational Chart</li> </ol> <p>Findings:</p> <p>115.211 (a): BCC ADM 008 Section 2 - Prevention and Training indicates that it is the policy of the Department to prohibit any form of sexual abuse and/or sexual harassment of a reentrant. The Pennsylvania Department of Corrections has zero tolerance for sexual abuse or sexual harassment. BCC ADM 002 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment by indicating that anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of a reentrant shall be subject to disciplinary action, up to and including termination, and may be subject to criminal prosecution. A reentrant, employee, contractor, or volunteer of the Department is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual abuse or sexual harassment of a reentrant. A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of a reentrant.</p> <p>Interviews with staff and reentrants at this facility confirmed that they are aware of the agency's zero tolerance policy for sexual abuse or sexual harassment and that there is a potential for disciplinary action for any prohibited behaviors as noted in BCC ADM 008; Section 7 - Disciplinary and Administrative Action.</p> <p>115. 211(b):The Agency employs David Radziewicz as the PREA Coordinator. Mr. Radziewicz indicated during his interview that he has the time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of it's community confinement facilities. He works closely with the Center Director at this location to ensure compliance.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) Signed Housing and Treatment Services Contracts</li> <li>3) Signed MOU's</li> <li>4) PREA Contract Compliance Monitoring Reports</li> <li>5) Bid for Housing Treatment Services --BCC Master Contract</li> <li>6) BCC ADM 008; Section 1, 1 - 4</li> </ol> <p>Findings:</p> <p>115.212 (a): The Agency contracts for 27 private community confinement facilities. Those contracts were renewed July 1, 2018. The final Invitation for Bid for Housing Treatment Services --BCC Master Contract stipulates that selected contractors must adopt and comply with standards of the Prison Rape Elimination Act and applicable DOC policies. BCC ADM 008; Section I. 1 - 4 states:  The Department shall include in any new contract or contract renewal for the housing of a reentrant with a private entity or other entity, including other government agencies, the entity's obligation to adopt and comply with the PREA standards and the Department's policies related to PREA compliance; All contracted entities are expected to have an official PREA audit by a Certified DOJ PREA Auditor once during every three year audit cycle as directed in PREA standard 115.401; the PCD shall provide contract monitoring to ensure the contractor is complying with the PREA standards with any new contract or contract renewal related to community corrections. The outcomes shall be documented on the BCC PREA Contract Compliance Monitoring Report; only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, shall the Department enter into a contract with an entity that fails to comply with these standards. All unsuccessful attempts shall be clearly documented.</p> <p>115.212 (b): Contract monitoring is completed between September and October of audit years. This auditor was provided with 12 examples of PREA monitoring reports to demonstrate the agency's efforts to ensure the contractor is complying with the PREA standards. There are no contracts that did not require the contractors to adopt and comply with the PREA standards.</p> <p>Interview with the Agency Contract Administrator indicates that the contracts are monitored between September and October of each year to ensure compliance.</p>

115.212 (c): The Agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards.

115.213	<b>Supervision and monitoring</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-Audit Questionnaire</li> <li>2) 2018 Annual Staffing Plan and PREA Report for CCC's</li> <li>3) 8.3.1 Bureau of Community Corrections Security Procedures Manual, Section 15 - Facility Staffing</li> <li>4) BCC ADM 002, Section 2; Prevention and Training</li> <li>5) Voluntary Overtime Report</li> <li>6) BCC Facility PREA Compliance Report - August 2018</li> <li>6) Interviews with PREA Coordinator and Center Director</li> </ol> <p>Findings:</p> <p>115.213 (a): BCC ADM 002 Section 2; Prevention and Training indicates 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 Department PREA Coordinator shall also review any documentation for non-compliance with a staffing plan. The Sharon CCC 2018 staffing plan was reviewed by this auditor. It was predicated on an average daily population of 34 residents. It provides for adequate levels of staffing and takes into consideration the needs for video monitoring, physical layout of the facility, composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and other relevant factors. The facility utilizes fifteen cameras and has one DVR capable of recording 30 days worth of video. There are a total of sixteen employees at this facility. The facility Monitors are staffed with a daily breakdown of two per shift (2/2/2).</p> <p>115.213 (b): The facility does not deviate from it's staffing plan and utilizes voluntary or forced overtime to ensure posts are filled.</p> <p>115.213 (c): The facility staffing plan is reviewed annually by the PREA Coordinator and with the assistance of the Security Division. The facility PREA Compliance Report is also completed by the Center Director on a monthly basis and sent to the PREA Coordinator.</p> <p>Interviews conducted with the PREA Coordinator and Center Director indicate that they work closely together to ensure they have a facility staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. There were no</p>	

deviations in the staffing plan in the past 12 months.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual; Section 2 – Prevention and Training</li> <li>3) 8.3.1, Bureau of Community Corrections Security Procedures Manual; Section 30 – Searches</li> <li>4) Interviews with random staff and residents of the facility</li> <li>5) Photo of cross-gender announcement poster</li> <li>6) Search Training Curriculum to include specific information on how to conduct pat searches of transgender/intersex offenders</li> <li>7) Sharon CCC Employee Training Transcripts</li> </ol> <p>Findings:</p> <p>115.215 (a): 8.3.1, Bureau of Community Corrections Security Procedures Manual - Section 30 – Searches states: Community Corrections staff shall not conduct: a body cavity search (visual or internal) of any offender; a cross-gender strip search of any offender; or a strip search of a transgender offender. Only female staff may conduct pat searches of female or transitioning female offenders. Facilities shall not restrict these offenders' access to regularly available programming or other opportunities in order to comply with this provision. 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. The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>115.215 (b): The facility does house female residents and would not permit cross-gender pat-down searches of female residents if they were housed there as per the BCC Security Procedures Manual.</p> <p>115.215 (c): The facility does not house female residents; thus 115.215 (c) is not applicable.</p> <p>115.215 (d): BCC ADM 002 Section 2 - Prevention and Training - Cross-Gender Searches and Supervision</p>

Security staff shall be trained to conduct all reentrant searches in a professional, respectful, and least intrusive manner possible. Staff shall conduct searches in accordance with Department policy 8.3.1, Section 30; 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 (Example: "Female on the unit"); reentrants shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm room checks or security rounds; locations shall be designated throughout the facility that allows reentrants to shower, perform bodily functions, and change clothing with basic privacy; staff of the opposite gender shall announce their presence prior to entering a bathroom area, shower area, or authorized changing area (Example: "Female entering area").

115.215 (e): Community Corrections staff shall not conduct a search or physical examination for the sole purpose of determining any offender's genital status. If the offender'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.

Interviews with staff and residents confirmed that the female monitor who enters into the 2nd level of the facility where male residents reside consistently announces herself prior to entering the area; thus giving the residents ample notice that she is entering their area. Random staff and resident interviews also confirmed that staff do not conduct cross-gender pat searches.

115.215 (f): Training records were provided demonstrating that facility staff have been trained on how to conduct proper pat searches on transgender residents. When staff were asked about conducting pat searches on transgender residents the majority indicated they recalled the training, but did not know specific details of the training related to pat searches on transgender residents.

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>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008 Section 2 - Prevention and Training states and PREA Reentrant Intake Handout (English &amp; Spanish)</li> <li>3) PROPIO LANGUAGE SERVICES LLC purchase order dated 6/19/18</li> <li>4) BCC-ADM 005, "Resident Legal," Section 1</li> <li>5) BCC ADM 005 - Reasonable Accommodations</li> <li>6) DOC Foreign Language Employee Directory</li> <li>7) Interviews with Agency Head and Residents</li> </ol> <p>Findings:</p> <p>115.216 (a): BCC ADM 008 Section 2 - Prevention and Training states: Access to Information for Special Populations-- as outlined in Department policy BCC-ADM 005, "Resident Legal," Section 1, the Department shall ensure 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. The PA DOC Agency Head stated that they have interpretation services available regardless of dialect. They have postings in English and Spanish in the facilities. They have Brail information available. They also have sign language interpretation available.</p> <p>115. 216 (b): This facility has contracted with Propio Language Services, LLC for provision of telephone interpretation services. The most recent contract was entered into on 6/19/18. There is also one Spanish speaking staff person employed at this facility according to records provided.</p> <p>115.216 (c): BCC ADM 005 - Reasonable Accommodations states: at no time will a resident be permitted to act as a translator or assistant for sexual abuse or physical abuse related interviews, reporting, etc.</p> <p>There were no LEP residents at this facility at the time of the on-site portion of the audit; however, interviews with some of the staff indicate a lack of understanding with regard to the importance of not allowing another resident to act as a translator for a report of sexual abuse or harassment. This does not demonstrate a lack of compliance with this standard, but does indicate the need for staff to review policies regarding the use of the Propio Language Services that are available to residents.</p>	

The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 01.01.04, Centralized Clearances Procedures Manual; Section 4 – Centralized Clearance Check Procedures</li> <li>3) 04.01.01, Human Resources and Labor Relations Procedures Manual; Section 38 – Recruitment, Selection, and Placement for Non-Civil Service Positions; Section 40 - Conducting Pre-Employment Background Investigations; Section 41 - Job Applicants Having Adverse Contacts; Section 3 - Employee Arrests</li> <li>4) J-net Employee Sample</li> <li>5) 08.03.01 BCC Security Procedures Manual; Section 31 - Contractor and Volunteer Clearances</li> <li>6) Interview with Human Resources staff</li> </ol> <p>Findings:</p> <p>115.217 (a): Human Resources and Labor Relations Procedures Manual and the Bureau of Community Corrections Security Procedures Manual prohibits the hiring or promoting of anyone who may have contact with residents and prohibits the enlisting of services of any contractor who has engaged in sexual abuse in a confinement facility, has been convicted or attempted to engage in sexual activity in the community and/or anyone who has been civilly or administratively adjudicated to have engaged in any sexual activity. Files of employees hired within the past 12 months were reviewed and proper criminal background checks were completed; as well as, questions regarding past conduct were asked and answered by perspective employees.</p> <p>115.217 (b): The Human Resources and Labor Relations Procedures Manual clearly outlines that the agency also considers 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. Interview with the BCC Human Resources Director indicated that they also take sexual harassment into consideration when making hiring decisions.</p> <p>115.217 (c): Background checks consistent with Federal, State and local law are completed prior to hiring new employees as evidenced by the background check documentation provided in the pre-audit questionnaire and upon request from the Human Resources Director. Interview with human resources staff indicates that full background checks are completed on any prospective employees. PREA specific questions are asked on the Position Vacancy</p>

Interest Form.

115.217 (d): Agency policy does require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents; however, Sharon CCC does not enlist the services of any contractors. Thus, there was no documentation to review regarding this specific type of background record check for this facility.

115.217 (e): Human Resources and Labor Relations Procedures Manual; Section 3 - Employee Arrests - Felony, Misdemeanor, or Summary Offenses stipulates that all PA Department of Corrections employees are cross checked against the Justice Network (JNET) system on a daily basis to identify employees that have had negative contact with law enforcement (i.e., any criminal citation, criminal charge, arrest, etc.). J-net continuously monitors employees who have contact with residents. In addition to this, employees are required to report any contact with law enforcement as soon as possible.

115.217 (f): PA DOC asks applicants and employees who are seeking to promote about previous misconduct related to sexual abuse or harassment. This information is gained through the employment application. Interview with human resources staff indicates that employees are also required to report any previous misconduct as per policy and the DOC Code of Ethics.

115.217 (g): BCC Security Procedures Manual and the Human Resources and Labor Relations Procedures Manual ensure that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. This was confirmed through the interview with human resources staff.

115.217 (h): The agency provides 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. Interview with the HR Director indicated that the information follows a former employee within the state of PA. There is also a procedure in place for providing information out of state.

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 8.3.1, Bureau of Community Corrections Security Procedures Manual; Section 42 – CCTV Monitoring and Recording Systems</li> <li>3) E-mail demonstrating request for one additional camera within Sharon CCC.</li> </ol> <p>Findings:</p> <p>115.218 (a): Sharon CCC has not made a substantial expansion or modification their last PREA audit in 2015.</p> <p>115.218 (b): In accordance with the BCC Security Procedures Manual, Sharon CCC re-positioned cameras/added a camera within the facility to enhance safety. This was initiated in 2017.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 8.3.1, Bureau of Community Corrections Security Procedures Manual; Section 24 – BCC Evidence Control</li> <li>3) BCC-ADM 008, Bureau of Community Corrections PREA Procedures Manual; Section 4 – Responding to a Report of Sexual Abuse to include Attachment 4-E</li> <li>4) BCC First Responder Checklist</li> <li>5) Compliance Request Letter to Pennsylvania State Police for criminal investigations</li> <li>6) MOU between Pennsylvania State Police and PA Department of Corrections</li> <li>7) PREA MOU Amendment 2017 with Pennsylvania State Police to include community confinement facilities</li> <li>8) Letter of Agreement between Sharon CCC and UPMC Horizon for provision of SANE exams</li> <li>9) Letter of Agreement between Sharon CCC and AWARE for provision of services to sexual assault victims</li> <li>10) Interviews with random staff, PREA Coordinator and SANE nurse.</li> </ol> <p>Findings:</p> <p>115.221 (a): The Bureau of Community Corrections is responsible for administrative investigations and the Pennsylvania State Police conduct all criminal investigations. Agency staff and investigators are required to preserve the scene for criminal investigators and for preservation of evidence that may be used by SANE/SAFE nurses. Random staff interviewed indicated they did understand the agency’s protocol for obtaining usable physical evidence and who is responsible for conducting sexual abuse investigations.</p> <p>115.221(b): Sharon CCC does not house youthful residents. The facility has developed a written 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 as outlined in BCC ADM 008 Section 4.</p> <p>115.221(c): Sharon CCC offers all residents who experience sexual abuse access to forensic medical examinations at no cost to the resident. Sharon CCC has an LOA with UPMC Horizon in Greenville, PA for provision of forensic medical examinations. There have been no incidents</p>

of sexual abuse at Sharon CCC within the past 12 months. Interview with the SANE nurse at UPMC Horizon indicated that they conduct all forensic medical examinations for Sharon CCC and that according to their standards it always has to be a SANE nurse who conducts the examination. If they did not have someone available at UPMC Horizon they would reach out to bring a SANE nurse in to conduct the examination.

115.221(d) & (e): Sharon CCC has a Letter of Agreement with AWARE who provides services to sexual abuse victims in Mercer County. Sharon CCC has not had to utilize the services of AWARE in the past 12 months; however, there is a well-developed process in place as outlined in the Letter of Agreement. Sharon CCC relies on the services of AWARE for victim advocacy services. The Letter of Agreement indicates that AWARE will accompany the victim to the hospital or other location where the forensic medical examination is being conducted.

115.221(f): The signed MOU between the PA DOC and Pennsylvania State Police (PSP) contains language that ensures compliance with 115.221 (a) – (e). The PSP conducts all criminal investigations of sexual abuse.

115.221(h): Sharon CCC does not utilize staff to conduct sexual abuse forensic examinations.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008; Section 5 Investigations and Retaliation Monitoring</li> <li>3) MOU between the Pennsylvania State Police and PA DOC for completion of criminal sexual abuse investigations</li> <li>4) Compliance Request for Pennsylvania State Police to confirm their commitment and adherence to the conditions set forth in the MOU</li> <li>5) Final PSP Memo dated 6/16/15 requesting that the Pennsylvania State Police effectuate the requirements of PREA standard 115.21(a) – (e).</li> <li>6) 2017 PREA Amendment to the MOU between PA DOC and the PSP</li> <li>7) Three Examples of referrals to the Pennsylvania State Police for sexual abuse/harassment allegations</li> <li>8) Links to polices on the PA DOC website</li> <li>9) Interview with Agency Head and Investigation Staff</li> </ol> <p>Findings:</p> <p>115.222(a): Per BCC ADM 008; Section 5, initial complaint information is entered into the PREA Tracking System where a number is assigned. Following that, the Bureau Major/designee makes the referral to the PSP for investigation and also assigns a Bureau of Community Corrections Investigator to track the progress. Sharon CCC had one allegation of sexual harassment during the past 12 months. An Administrative investigation was conducted and the allegation was determined to be Unfounded. The investigation file was reviewed and provided the necessary documentation to confirm the investigation was completed and closed. Interview with the Agency Head indicated that the agency ensures there is an investigation conducted for all allegations of sexual abuse or sexual harassment. The BCC-MOC has trained investigators who conduct administrative investigations. Any investigations of a criminal nature are referred to the Pennsylvania State Police and tracked by the assigned BCC-MOC investigator.</p> <p>115.222(b) &amp; (c): PA DOC has an MOU with the Pennsylvania State Police (PSP). The policy of the PA DOC is to refer all incidents/allegations of sexual abuse or sexual harassment for criminal investigation unless it does not involve potentially criminal behavior. Policies regarding the referral of allegations for sexual abuse or sexual harassment to the PSP are available on</p>

the public website. These referrals are documented using the BCC PREA Report – Sexual Abuse form. Interview with Lt. Harmon who conducts investigations for PA DOC confirmed that agency policy requires referrals to the PSP for allegations of sexual abuse and sexual harassment unless the allegation does not involve potentially criminal behavior. The MOU between the PA DOC and PSP describes the responsibilities of the PA DOC and the PSP regarding criminal investigations.

115.231	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 2017 PREA Basic Training (44 pages)</li> <li>3) PREA Basic Training Participant Guide (12 pages)</li> <li>4) BCC ADM 008; Section 2, Prevention and Training</li> <li>5) PREA 2018 Essentials Slides (12 pages)</li> <li>6) Sexual Abuse/Sexual Harassment Definitions Handout</li> <li>7) 2014 and 2015 PREA Training with Visual Notes</li> <li>8) Web Based Training Menus</li> <li>9) PREA Policy Update Training Visual Aids</li> <li>10) Dynamics of Sexual Abuse in Confinement Training</li> <li>11) Staff Training Records</li> <li>12) Interviews with Random Staff</li> </ol> <p>Findings:</p> <p>115.231(a): The PA DOC trains all employees who may have contact with residents on all 10 requirements of the standard as evidenced by the training curriculums provided in the pre-audit questionnaire. Interviews with random staff indicate they have received PREA training and understood the training they received. The training is comprehensive and contains participant guides to aid in learning.</p> <p>115.231(b): The PREA training is tailored to the gender of the residents at the facility. Staff who transfer receive additional training on gender specific posts, cross-gender announcements, and pat search/strip search procedures that may differ from the previous facility. Staff also have access to the Dynamics of Sexual Abuse in Confinement handout which outlines some of the differences between working with male and female offenders.</p> <p>115.231(c): Refresher training is conducted through web based training. PREA Essentials is the full refresher course offered during even years. Policy update training is offered during odd years which meets the requirement of the standard.</p>	

115.231(d): GET THIS. E-mail sent to David on 11/24/18 requesting training records.

115.232	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"><li>1) Pre-audit questionnaire</li><li>2) BCC ADM 008; Section 2, Prevention and Training</li><li>3) PA DOC PREA Orientation Receipt for Department and Contract Employees and Volunteers</li><li>4) BCC ADM 008; Section 11, Non-Residential Contract Services</li></ol> <p>Findings:</p> <p>115.232(a) – (c): Sharon CCC does not utilize any volunteers or contractors as services are provided off-site at community agencies. BCC ADM 008; Sections 2 and 11 ensure that volunteer and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PREA Orientation Receipt for Department and Contract Employees and Volunteers is the document used to confirm that the volunteers and contractors understand the training they have received.</p>

115.233	<b>Resident education</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008 Bureau of Community Corrections PREA Procedures Manual; Section 2, Prevention and Training</li> <li>3) BCC ADM 008 Bulletin that addresses changes to the Sexual Abuse Awareness Handout in both English and Spanish</li> <li>4) PREA Reentrant Intake Handout in English (updated 6/18)</li> <li>5) PREA Reentrant Intake Handout in Spanish (updated 6/18)</li> <li>6) 11.2.01; Reception and Classification Procedures Manual, Section 2 – Diagnostic and Classification Procedures</li> <li>7) Zero Tolerance Fact Sheet – Daily PREA Announcement</li> <li>8) Inmate Handbook 2017 Edition</li> <li>9) Sexual Abuse/Sexual Harassment Reentrant Education Program</li> <li>10) PREA Education Receipt for Reentrants in English and Spanish</li> <li>11) PREA Education Receipt Examples – Reentrants</li> <li>12) Interviews with Intake Staff and Random Residents</li> </ol> <p>Findings:</p> <p>115.233(a): BCC ADM 008; Section 2, Prevention and Training indicates that 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, reentrant rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and the agency’s policies and procedures for responding to such incidents. The Sexual Abuse/Sexual Harassment Reentrant Education document is a very thorough training document used to facilitate reentrant education. It covers all topics required in the standard. There were 67 residents admitted within the past 12 months who received this information at the time of intake into the facility. This Auditor reviewed five (5) signed acknowledgments of education received by residents during the on-site portion of the audit. Interviews of all residents indicated that they did receive the PREA education within the first day or two of their</p>	

arrival at the facility. Interview with the staff person who conducts intakes at the facility indicates that he does provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided to residents in the forms of handouts, a video, and additional staff resources.

115.233(b): The facility provides reentrants who are transferred from a different community confinement facility with the PREA intake information and also provides comprehensive education upon transfer.

115.233(c): PREA education is available in written and video format. Written format is available in English and in Spanish. Inmates who are hearing impaired are able to view subtitles during the PREA video and also provided written materials. Visually impaired residents are able to listen to the audio portion of the video and staff presenting the materials. Individualized staff instruction is provided to those inmates who require additional support or alternative formats.

115.233(d): Sharon CCC maintains documentation of resident participation in PREA education sessions. This Auditor reviewed five signed acknowledgments of resident education that took place upon intake to the facility.

115.233(e): Sharon CCC had PREA postings visible throughout the facility in English and Spanish. The PREA Notices informed reentrants about the zero tolerance standard, staff and reentrant requirements for reporting, definitions of sexual abuse and sexual harassment, and methods for making a PREA report; to include the address for making a written report.

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008; Section 2, Prevention and Training</li> <li>3) PREA Grant Project – Sexual Assault Investigator Training documents 1 -7 dated January 2017</li> <li>4) PREA Resource Center Investigator Training Modules 1- 5</li> <li>5) Employee Training Transcripts (22 training records provided)</li> <li>6) Interview with Investigative staff</li> </ol> <p>Findings:</p> <p>115.234(a) – (c): BCC ADM 008 reflects that any employee who conducts sexual abuse investigations shall receive specialized training specific to confinement settings through the Department or other approved source. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative actions or prosecution referral. PA DOC investigators trained after December 2017 were trained based on adapted PRC demonstration grant project materials. This training curriculum addresses conducting such investigations in confinement settings. The agency maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. Twenty- two (22) investigator training transcripts were reviewed. Interview with Lt. Harmon confirmed that he received training specific to conducting sexual abuse investigations in confinement settings and that the training topics covered addressed all that is required in the standard.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 8.1.1, Community Corrections Centers Procedures Manual, Section 5 Resident Procedures</li> <li>3) Letter of Agreement (LOA) between Sharon CCC and UPMC Horizon</li> <li>4) BCC ADM 008, Section 2 Prevention and Training</li> </ol> <p>Findings:</p> <p>115.235 (a) – (d): This standard applies to the agency level and not facility level at Sharon CCC. Sharon CCC does not have medical and mental health practitioners who work regularly in its facilities. All medical and mental health services are provided in the community. There is a LOA with UPMC Horizon for provision of forensic medical exams for Sharon CCC residents should there be an incident of sexual abuse. All full-time or part-time medical or mental health care practitioners who work regularly in other facilities will be trained in detection of sexual abuse/sexual harassment, how to preserve evidence, how to respond effectively and professionally to victims and how and whom to report allegations.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) Copy of September 2018 PRAT Tracker</li> <li>3) BCC ADM 008, Section 2- Prevention and Training to include Attachments 2C &amp; 2D (English and Spanish PRAT)</li> <li>4) BCC ADM 008, Section 2 Bulletin 02-01</li> <li>5) PRAT Training Curriculum dated May 2018</li> <li>6) PRAT User Guide Revised 2018</li> <li>7) Staff and resident interviews</li> </ol> <p>Findings:</p> <p>115.241(a) – (b): BCC ADM 008; Section 2 Prevention and Training is the policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents. The tool used is the PREA Risk Assessment Tool or PRAT. All screening results are tracked in the PRAT Tracker. Interview with the counselor at Sharon CCC who conducts the risk screening indicated that he screens residents upon admission and/or transfer to the facility within 72 hours of their arrival utilizing the PRAT. All 13 residents were interviewed and all indicated that they were asked the screening questions within the first day or two of their arrival at the facility.</p> <p>115.241(c) – (e): The PREA Risk Assessment Tool (PRAT) is an objective screening instrument. It utilizes a set of 22 questions designed to give an objective measurement of the reentrants risk as a potential victim and/or abuser. The counselor at Sharon CCC responsible for conducting the risk screenings indicated that he uses the PRAT and that it covers any history of victimization, history of violence, incarceration history, types of disabilities, sexual orientation, etc. The process for screening begins with an orientation to what the screening tool is and then moves into specific questions. The counselor also indicated that he reviews the reentrants history prior to conducting the screen. This auditor observed a PRAT screening conducted and determined that it does cover all areas required in the standard.</p> <p>115.241(f) – (h): BCC ADM 008; Section 2 Prevention and Training – M. 1. (b) requires that reentrants be re-screened using the PRAT within 30 days after initial reception. This is tracked on the PRAT Tracker. The most recent PRAT Tracker was reviewed (September 2018) and all 30 day PRAT re-screenings were conducted. The counselor who conducts the initial and 30 day risk screenings at Sharon CCC confirmed that he does reassess the reentrants risk levels</p>

within 30 days as required by policy. BCC ADM 008; Section 2 Prevention and Training – M. 1. (c) & (d) require that a reentrants risk level be reassessed within 5 working days of an incident/allegation of sexual abuse and/or sexual harassment and also reassessed when warranted due to a referral, request or receipt of additional information that bears on the reentrants risk of sexual victimization or abusiveness. Interview with the counselor who conducts the reassessments revealed that he may not be familiar with the need to reassess reentrants based on an incident or allegation of sexual abuse/harassment or when warranted based on new information that may impact a reentrant risk of victimization or abuse. Reentrants are not disciplined in any way for refusing to answer risk screening questions or not disclosing complete information during the screening process.

115.241(i): BCC ADM 008; Section 2 Prevention and Training – M. 9. Indicates that PRAT information and scores shall only be made available to designated staff to aid in housing, bed, and program assignments with the goal of keeping reentrants at high risk of sexual victimization or sexual abusiveness separate from one another.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) Copy of September 2018 PRAT Tracker</li> <li>3) BCC ADM 008, Section 2- Prevention and Training Attachment 2C</li> <li>4) BCC ADM 008, Section 2 Bulletin 02-01</li> <li>5) BCC ADM 008; Section 9 – Working with Transgender/Intersex Reentrants</li> <li>6) BCC ADM 008; Section 9 – Working with Transgender/Intersex Reentrants- Attachment 9A GRC Checklist</li> <li>7) BCC ADM 008; Section 9 – Working with Transgender/Intersex Reentrants- Attachment 9B Gender Review Reassessment Checklist</li> <li>8) Staff and resident interviews</li> </ol> <p>Findings:</p> <p>115.242(a): BCC ADM 008; Section 2 Prevention and Training – M. 7. Indicates that PRAT information and scores shall be used to aid in housing, bed, education, and program assignments with the goal of keeping reentrants at high risk of sexual victimization or sexual abusiveness separate from one another.</p> <p>115.242(b): The facility makes individualized determinations about how to ensure the safety of each resident by utilizing the results of the PRAT.</p> <p>115.242(c) &amp; (d): The agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. BCC ADM 008; Section 2 Prevention and Training and BCC ADM 008; Section 9 Working with Transgender – Intersex Reentrants address the need for screening reentrants and reviewing them utilizing the Gender Review Committee checklist. Reentrants are able to provide their input and are asked if they have any safety or security issues related to their housing placement. Housing and programming decisions are made based on this information and is considered on an individual basis. Currently there are no transgender/intersex reentrants housed at Sharon CCC. Interview with the PREA Coordinator confirmed that the agency makes housing and programming decisions based on the reentrants own views.</p> <p>115.242(e): There are no transgender/intersex reentrants housed at Sharon CCC. Interview with one reentrant identified as bi-sexual indicated that he feels safe at Sharon CCC and that</p>

staff would be sensitive to his needs if he expressed a concern. The physical design of the facility would allow for reentrants to shower separately.

115.242(f): There is no consent decree, legal settlement or legal judgment that requires reentrant placement in a dedicated facility for transgender/intersex/gay/bisexual individuals. PA DOC does not place inmates or reentrants in dedicated facilities.

115.251	<b>Resident reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008; Section 3 Reporting Incidents and Allegations</li> <li>3) Form DC-804 Official Inmate Grievance Example</li> <li>4) Form DC 135A Inmate’s Request to Staff Member Example</li> <li>5) BCC ADM 003; Section 1 Grievance Reporting – Official Residence Grievance</li> <li>6) Form DC 904B Facility Grievance Response Example</li> <li>7) Zero Tolerance Fact Sheet – Daily PREA Announcement</li> <li>8) Sharon CCC PREA Announcement</li> <li>9) PREA Report to MOC Center</li> <li>10) BCC ADM; Section 3 Reporting Sexual Abuse and Sexual Harassment</li> </ol> <p>Findings:</p> <p>115.251(a): The agency provides multiple ways for reentrants to make a private report of sexual harassment or abuse, staff retaliation and/or staff neglect of duties. BCC ADM 008; Section 3 outlines the different ways reentrants can make a report to include; verbal, written, anonymous and third party. Reentrants can file a grievance. There is also information readily available throughout the facility. Interviews with random reentrants and staff indicated that they are aware of multiple ways to make a report.</p> <p>115.251(b): Sharon CCC reentrants are able to report abuse or harassment to the Pennsylvania State Police (PSP). Reentrants and staff were clearly aware of the ability to make a report to the PSP as confirmed through interviews. Information was also posted in the facility.</p> <p>115.251(c): BCC ADM 008; Section 3 Reporting Sexual Abuse and Sexual Harassment requires that staff accept verbal, written, anonymous or through a 3rd party reports and that they are required to document the report immediately upon receipt of the information.</p> <p>115.251(d): Staff are able to make a private report to the PREA Compliance Manager or the BCI/PREA Coordinator and are informed of this during their PREA training. During interviews staff still referenced calling the PREA Hotline which is no longer an option for PA DOC. They</p>	

were able to reference the BCC-MOC as a resource for writing and the Center Director who is also the PREA Compliance Manager.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed:  1) Pre-audit questionnaire  2) BCC ADM 008; Sections 1, 2 & 3  3) Investigative Report and Summary Example  Findings:  115.252(a): Allegations of sexual abuse or sexual harassment received through the grievance process are rejected and the BCC-MOC is contacted to initiate an investigation. According to BCC-ADM 003, Section 1, Section 2 and Section 3 – Community Corrections Resident Grievances Policy and Procedures Manual, a grievance that is submitted that alleges sexual harassment or sexual abuse will not be addressed through the grievance system and will be rejected. The Grievance Officer will then refer the allegation to the BCC-MOC for investigation. The resident will be notified of this. Noted on top of the Resident Grievance Form: Your allegation has been forwarded to the BCC Security Division for investigation. You will be interviewed by an investigator and notified of the outcome. The investigation outcome will be considered an exhaustion of administrative remedies. Any non-abuse/harassment concerns identified in your grievance will be answered below.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC PREA Handouts 2H &amp; 2I</li> <li>3) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment Attachments 3C, 4C &amp; 4E</li> <li>4) AWARE information sheets in English and Spanish</li> <li>5) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse</li> <li>6) Sharon CCC MOU with AWARE for provision of emotional support services</li> </ol> <p>Findings:</p> <p>115.253 (a): Sharon CCC provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents have access to support services through AWARE. There is a 1-800 # to call and/or email address provided. Residents interviewed indicated they were aware of the outside services and that contact information was posted in the facility. There were no residents that were victims of sexual abuse within the past 12 months.</p> <p>115.253 (b): The PREA Compliance Manager is required to inform the alleged victim the extent of which the communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>115.253 (c): Sharon CCC maintains an MOU with AWARE for outside victim advocacy and support services.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) PREA Notice Poster</li> <li>3) BCC PREA Handout 2H &amp; 2I</li> <li>4) Public Website screenshot on PREA reporting</li> <li>5) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment</li> <li>6) BCC ADM 008 Attachment 3A</li> <li>7) Sharon CCC Handbook</li> <li>8) Inmate Handbook 2017</li> </ol> <p>Findings:</p> <p>115.254 (a): Sharon CCC provides a method to receive third-party reports of resident sexual abuse or sexual harassment. BCC ADM 008 indicates that anyone can make a private report of sexual abuse or sexual harassment on behalf of a resident by writing to the Pennsylvania State Police. There is also information on the Pennsylvania DOC public website that provides an address, phone number and messaging system directly to the Department’s Bureau of Investigations and Intelligence (BII). During the facility tour there were signs posted throughout the facility that included information on how to report resident sexual abuse or sexual harassment on behalf of another resident.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment Attachments 3C and 3D—PREA Reports for Sexual Harassment and Sexual Abuse</li> <li>3) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse or Sexual Harassment —Attachment 4D- First Responder Checklist</li> <li>4) Sharon CCC Staff Receipt and Documentation of Potential Report</li> <li>5) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment</li> </ol> <p>Findings:</p> <p>115.261(a): BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment, requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires staff to report any retaliation against residents or staff who reported an incident of sexual harassment or sexual abuse. All monitors at the facility were interviewed and all indicated they are aware of the duty to make reports immediately and the process for doing so.</p> <p>115.261(b): Agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. BCC ADM 008, Section 3 stipulates that information shall not be shared amongst multiple staff or supervisors prior to contacting the BCC-MOC.</p> <p>115.261(c): BCC ADM 008, Section 3 stipulates that medical and mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioners duty to report and the limitations of confidentiality.</p> <p>115.261(d): Sharon CCC does not house any reentrants/residents under the age of 18.</p> <p>115.261(e): BCC ADM 008 requires Sharon CCC staff to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the BCC-MOC which is the unit assigned to investigate all allegations of sexual harassment and sexual abuse. The Facility Director and staff acknowledged that all allegations are referred to the BCC-MOC.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <p>1) Pre-audit questionnaire</p> <p>2) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse –Attachment 4D – First Responder Checklist</p> <p>Findings:</p> <p>115.262(a): When Sharon CCC learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Although there have been no incidents of imminent threat of danger to a resident in the past 12 months Sharon CCC staff did indicate that immediate action would be taken to separate residents in order to protect the potential victim from harm. Residents would either be relocated within the facility or moved to different facilities to ensure separation. This was confirmed through interviews with the Facility Director and interview with Agency Head.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment – Attachment 3C – PREA Report Sexual Abuse</li> <li>3) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment</li> <li>4) Example of HCCC forwarding and receipt of allegation</li> </ol> <p>Findings:</p> <p>115.263(a) &amp; (b): BCC ADM 008, Section 3 requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Facility Director will complete the DC-121, Part 3 and verbally notify the BCC-MOC. The BCC-MOC will then prepare a confidential report and provide a copy to the affected facility. The Bureau Director will then make contact with the affected Facility Director. This will take place within 72 hours of the initial report. Sharon CCC has not received any allegations that a resident was abused while confined at another facility.</p> <p>115.263(c): BCC ADM 008, Section 3 requires that the facility documents that it has provided such notification within 72 hours of receiving the allegation. This is done via the BCC PREA Report – Sexual Abuse.</p> <p>115.263(d): BCC ADM 008, Section 3 stipulates that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Sharon CCC has not received any allegations that a resident was abused while there within the past 12 months. The same process as noted above will apply if information was received that a resident was abuse while at Sharon CCC.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse</li> <li>3) 8.3.1 BCC Security Procedures Manual, Section 24 – BCC Evidence Control</li> <li>4) BCC ADM 008, Section 3 – Reporting Sexual Abuse and Sexual Harassment – Attachment 3C – PREA Report Sexual Abuse</li> <li>5) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse – Attachment 4D</li> <li>6) PREA First Responder Pocket Cards for staff</li> </ol> <p>Findings:</p> <p>115.264(a) &amp;(b): BCC ADM 008, Section 4 requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The First Responder Checklist is utilized to guide staff in the proper procedure that needs to be followed. 8.3.1 BCC Security Procedures Manual, Section 24 – BCC Evidence Control outlines the process for preserving and protecting evidence. The first security staff member to respond to report is to request that the alleged victim does not do anything to destroy potential evidence and ensure that the alleged abuser does not take any actions to destroy potential evidence. This is clearly outlined in BCC ADM 008, Section 4. BCC ADM 008, Section 4 clearly indicates that if the first responder is not a security staff member that the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. In the past 12 months, there were no allegations that a resident was sexually abused at Sharon CCC. Staff interviewed were familiar with first responder duties according to their role and the need to immediately separate the alleged victim and abuser and make immediate notifications.</p>

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <p>1) Pre-audit questionnaire</p> <p>2) Institutional Plan – Coordinated Response</p> <p>Findings:</p> <p>115.265(a): Sharon CCC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interview with the Facility Director indicates that he is familiar with the facility’s coordinate response plan.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 5</li> <li>3) FOSCEP and CIVEA Labor Agreements</li> <li>4) AFSCME 1st Level Supervisors of H1 MOU</li> <li>5) AFSCME Master Agreement</li> <li>6) Memo to Superintendent Suspension Pending Investigation</li> <li>7) PSCOA Interest Arbitration Award</li> <li>8) PSCOA Page 54 with Memos</li> <li>9) PDA Agreement</li> <li>10) OPEIU MOU</li> <li>11) Suspension Pending Investigation Memo &amp; Procedures</li> <li>12) SEIU HCPA Agreement</li> <li>13) PSSU Agreement</li> </ol> <p>Findings:</p> <p>115.266(a): The Pennsylvania DOC is able to remove alleged staff sexual abusers from contact with any residents pending an investigation or a determination of whether and to what extent discipline is warranted. All collective bargaining agreements reviewed are up to date and contain this language.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 5 – Investigations and Retaliation Monitoring Attachment 5A-Retaliation Monitoring</li> <li>3) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse Attachment 4C-Notification in English and Spanish</li> <li>4) BCC ADM 008, Section 5 – Investigations and Retaliation Monitoring</li> </ol> <p>Findings:</p> <p>115.267(a): Sharon CCC has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. BCC ADM 008, Section 5 specifically addresses protection from retaliation. Sharon CCC utilizes their case manager to monitor retaliation.</p> <p>115.267(b): BCC ADM 008 outlines the protection measures used to ensure residents and staff are free from retaliation. Those include administrative and/or criminal investigations, housing changes or transfers, removal of alleged abusers and emotional support services.</p> <p>115.267(c), (d) &amp; (e): Sharon CCC monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. This monitoring includes any other individual who cooperates with an investigation that expresses a fear of retaliation. Sharon CCC utilizes a Retaliation Monitoring form that captures the monitoring dates and amount of time monitoring took place. Sharon CCC monitors for retaliation for 90 days or longer if necessary. The Sharon CCC case manager monitors retaliation for residents and the Center Director monitors staff retaliation. Status checks of residents occurs as part of the monitoring process.</p> <p>115.267(f): BCC ADM 008 indicates that the Agency’s obligation to monitor retaliation shall terminate if the allegation is unfounded.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 5 – Investigations and Retaliation Monitoring</li> <li>3) 08.03.01 Section 35 Investigations</li> <li>4) BCC ADM 008, Section 01 Data Collection</li> </ol> <p>Findings:</p> <p>115.271(a): Pennsylvania DOC has a policy related to criminal and administrative agency investigations. BCC ADM 008 requires the Bureau Director to ensure every reported incident/allegation of sexual abuse or sexual harassment is investigated. Sharon CCC staff indicated they would call the BCC-MOC to report an incident and document the incident. Investigative staff reported that they immediately act on the allegation. 3rd party or anonymous reports are handled the same as all other reports of sexual abuse or sexual harassment.</p> <p>115.271(b): Investigators have received specialized training. Investigative staff reported that they received training in interviewing victims, how to document properly, evidence collection and the evidence required to substantiate a case for administrative or prosecution referral.</p> <p>115.271(c): Sharon CCC investigative staff indicated that they gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator as part of their investigative process. Investigation reports are thorough and demonstrate that these steps are taken as part of the investigative process.</p> <p>115.271 (d) When the quality of evidence appears to support criminal prosecution the Sharon CCC defers to the Pennsylvania State Police.</p> <p>115.271(e): According to BCC ADM 008 and 08.03.01, the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person 's status as resident or staff. Investigative staff reported that, per policy, every compliant is handled the same. Sharon CCC does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.</p> <p>115.271(f): Investigative staff interviewed indicated that he reviews policy, looks at how the incident was handled, what could have been done better and revises policies if necessary as</p>

part of his efforts to determine whether staff actions or failures to act contributed to an incident of sexual abuse.

115.271(g): Criminal investigations are documented in written report. Sharon CCC investigative staff will coordinate efforts with the Pennsylvania State Police to provide evidence that is needed for the investigation. The investigation is captured in a written report. There were no criminal investigation reports for review.

115.271(h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Investigative staff indicated that cases are referred for criminal prosecution by the Pennsylvania State Police.

115.271(i): According to BCC ADM, Section 01 – Date Collection, the Pennsylvania DOC retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271(j): The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. Investigative staff indicated that they would continue with the investigation regardless of whether or not the alleged abuser terminated employment with the Pennsylvania DOC.

115.271(l): When the Pennsylvania State Police investigates sexual abuse, Sharon CCC cooperates with PSP investigators and stays informed about the progress of the investigation through open communication with PSP. Investigative staff indicated that he will supply the PSP investigators whatever they may need in an effort to assist with the investigation.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed:  1) Pre-audit questionnaire  2) 08.03.01, Section 35  Findings:  115.272(a): Per 08.03.01, Sharon CCC does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff confirmed this when asked.

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) 08.03.01, Section 35 – Investigations</li> <li>3) BCC ADM 008, Section 8 – Notification to Reentrants - Attachment 8A</li> <li>4) PREA Investigation Reentrant Notification</li> <li>5) BCC ADM 008, Section 8 – Notification to Reentrants</li> </ol> <p>Findings:</p> <p>115.273(a): BCC ADM 008 indicates that following the investigation into a residents allegation that he/she suffered sexual abuse in a facility operated or contracted by the Pennsylvania DOC the PCM at the facility with the resident is housed shall inform the resident within five business days in writing as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded. There were no sexual abuse allegations at Sharon CCC within the past 12 months. Interviews with investigative staff and the PCM indicated that residents are informed of the outcome of investigations in writing when they do occur.</p> <p>115.273(b): According to BCC ADM 008, if another agency conducted the investigation the Pennsylvania DOC PREA investigator will request the relevant information from the investigative agency and forward it to the PCM at the facility who will then inform the resident if the allegations were determined to be unsubstantiated, substantiated or unfounded.</p> <p>115.273(c): BCC ADM 008 indicates that following a residents allegation that a staff committed sexual abuse or sexual harassment against the resident the PCM shall inform the reentrant when any of the following occur—the staff is no longer posted on that residents unit, the staff is no longer employed by the PA DOC, the agency learns that the staff has been criminally charged related to the sexual abuse or sexual harassment at the facility and if the agency learns that the staff has been convicted on a charge related to sexual abuse or sexual harassment within the facility. There were no resident at Sharon CCC that reported sexual abuse within the past 12 months.</p> <p>115.273(d): In accordance with BCC ADM 008, following a residents allegation that another resident sexually abused or sexually harassed the resident, the PCM is required to inform the alleged victim when the agency learns that the alleged abuser has been criminally charged related to sexual abuse or sexual harassment within the facility and/or the agency learns that the abuser has been convicted on a charge related to the sexual abuse or sexual harassment within the facility.</p>

115.273(e) & (f): Notifications or attempted notifications to the resident are documented. The notifications must be in writing. Notifications will still be made even if the resident has been transferred to another facility within the PA DOC. The obligation will terminate if the resident is released from the PA DOC's custody as noted in BCC ADM 008.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 7 – Disciplinary and Administrative Action</li> <li>3) 4.1.1 Human Resources and Labor Relations Procedures Manual, Section 4 – Resignations in Lieu of Discharge</li> <li>4) 4.1.1 – 1 Bulletin</li> <li>5) 4.1.1 – Standardization of Pre-Disciplinary Conferences</li> </ol> <p>Findings:</p> <p>115.276(a): According to BCC ADM 008, Section 7, employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.</p> <p>115.276(b): 4.1.1 Human Resources and Labor Relations Procedures Manual indicates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There were no staff at Sharon CCC that violated sexual abuse or sexual harassment policies.</p> <p>115.276(c): According to 4.1.1 Human Resources and Labor Relations Procedures Manual, disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment 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.</p> <p>115.276(d): BCC ADM 008 indicates that 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <p>1) Pre-audit questionnaire</p> <p>2) BCC ADM 008, Section 7 – Disciplinary and Administrative Action</p> <p>Findings:</p> <p>115.277(a): BCC ADM 008, Section 7 – Disciplinary and Administrative Action requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies unless the activity was clearly not criminal and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. There have been no incidents of sexual abuse or sexual harassment by contractors or volunteers at Sharon CCC within the past 12 months.</p> <p>115.277(b): BCC ADM 008, Section 7 – Disciplinary and Administrative Action also takes into consideration whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) DC-ADM 801 Policy Statement – Inmate Discipline</li> <li>3) BCC ADM 008, Section 7 – Disciplinary and Administrative Action</li> <li>4) 8.1.1 Policy Statement – Community Corrections Centers</li> </ol> <p>Findings:</p> <p>115.278(a): According to BCC ADM 008, Sharon CCC residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that a resident engaged in resident-on-resident sexual abuse. In the past 12 months, there were no administrative or criminal findings of resident-on-resident sexual abuse that have occurred at Sharon CCC.</p> <p>115.278(b) &amp; (c): As per BCC ADM 008, sanctions will be 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. It also states that the disciplinary process takes into consideration a residents mental disabilities or mental illness when determining what type of sanction should be imposed or if any should be imposed at all.</p> <p>115.278(d): Sharon CCC does not offer any counseling or therapy at the facility. Specialty forms of counseling are performed off-site by community based providers.</p> <p>115.278(e): BCC ADM 008, Section 7, stipulates that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.278(f): BCC ADM 008 indicates that the PA DOC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278(g): PA DOC prohibits all sexual activity between residents and disciplines residents for such activity. The PA DOC deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Residents are required to follow the rules in 8.1.1 Policy Statement – Community Corrections Centers Universal Set of Rules; specifically, Rule #9 prohibits sexual activity between residents in the facility.</p>



115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008 – PREA STAFF USE ONLY document</li> <li>3) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse Attachment 4E</li> <li>4) Sharon CCC LOA with AWARE</li> <li>5) PREA MOU with UPMC Horizon for SANE Evaluation/Exam</li> </ol> <p>Findings:</p> <p>115.282(a): BCC ADM 008 indicates that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Sharon CCC does not employ medical and mental health practitioners on site and relies on community based agencies such as AWARE to provide these services to residents. If a resident is a victim of sexual abuse they are given the Victim of Sexual Abuse Services Offered Form. An interview with UPMC Horizon on 10/13/18 confirmed that Sharon CCC does have a MOU with UPMC Horizon for conducting forensic medical examinations. If a SANE nurse is not present at the time of the call for a SANE exam they will find a SANE nurse to come in to conduct the exam. There were no residents who reported sexual abuse in the past 12 months at Sharon CCC.</p> <p>115.282(b): Security staff first responders at Sharon CCC take preliminary steps to protect the victim pursuant to § 115.262 and know to immediately notify the Center Director and BCC MOC. Staff interviewed indicated they were aware they needed to protect the victim and immediately make the required notifications as outlined in policy and their First Responder Checklists.</p> <p>115.282(c): Resident victims of sexual abuse will be 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 during the course of the SANE examination.</p> <p>115.282(d): According to BCC ADM 008, medical and mental health services for victims of sexual abuse at a PA DOC facility are provided without financial cost to the alleged victims whether the victim names the abuser or cooperates with the investigation.</p>

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>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 4 – Attachment C, Notification in English and Spanish</li> <li>3) BCC ADM 008, Section 4 – Attachment 4E, Victim of Sexual Abuse Services Offered</li> <li>4) BCC ADM 008, Section 4 – Responding to a Report of Sexual Abuse</li> <li>5) 8.01.01, Section 5, Resident Procedures</li> </ol> <p>Findings:</p> <p>115.283(a): BCC ADM 008 stipulates that the PCM shall coordinate medical and mental health as appropriate for all residents that have been victimized by sexual abuse in any prison, jail, lockup, juvenile or community confinement. Sharon CCC does not have medical or mental health staff on staff at the facility, but makes referrals to community based providers as needed.</p> <p>115.283(b): According to BCC ADM 008, the PA DOC will continue to coordinate and refer for sexual abuse services which includes follow-up, treatment plans and continued care; this includes referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>115.283(c): All medical and mental health services are provided by community based providers.</p> <p>115.283(d) &amp;(e): Sharon CCC does not house female residents.</p> <p>115.283(f): According to BCC ADM 008 medical services and referrals for treatment in the community are coordinated and offered to victims of sexual abuse. This also includes testing for sexually transmitted infections while at UPMC Horizon.</p> <p>115.283(g): BCC ADM 008 indicates that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283(h): BCC ADM 008 requires Sharon CCC to attempt to coordinate a mental health evaluation for all known reentrant-on-reentrant abusers within 60 days of learning such abuse history and coordinate treatment when deemed appropriate by mental health practitioners.</p>



115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 006, Section 6 – Sexual Abuse Incident Review</li> <li>3) BCC ADM 006, Section 6 – Sexual Abuse Incident Review, Attachment 6A</li> <li>4) Sexual Abuse Incident Review packet--2014 (30 pgs.)</li> </ol> <p>Findings:</p> <p>115.286(a): In accordance with BCC ADM, Section 6, Sharon CCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there have been no criminal and/or administrative investigations of alleged sexual abuse completed at the facility.</p> <p>115.286(b): As per BCC ADM 008, Section 6, Sharon CCC will conduct a sexual abuse incident review within 30 days of the conclusion of a criminal or administrative sexual abuse investigation.</p> <p>115.286(c) &amp; (d): In accordance with BCC ADM 008, Section 6, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. This was confirmed through the interview with the Center Director. Since there have been no incidents of sexual abuse at Sharon CCC since 2014 that is the last time a sexual abuse incident review was conducted. That review was shared with this auditor. The report is submitted to the Agency Head and PREA Coordinator as evidenced in the report.</p> <p>115.286(e): Sharon CCC implements the recommendations for improvement or documents its reasons for not doing so. Once the sexual abuse incident review is complete, there is also a SAIR Plan of Action that is completed by the PREA Director which then goes to the Bureau Director. A plan of action is then developed to address any noted deficiencies. The Sharon CCC Center Director would then be responsible for implementing any recommended changes and documenting reasons why this did not occur.</p>

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 1 – Data Collection</li> <li>3) BCC ADM 008, Section 6 – Sexual Abuse Incident Review</li> <li>4) PREA Annual Report 2016</li> <li>5) 2013 – 2017 PA DOC Annual Reports</li> <li>6) Bureau of Justice Statistics - PREA Summary Reports Years 2011 – 2015</li> <li>7) PREA 2015 &amp; 2016 BJS PA DOC Survey of Sexual Victimization</li> <li>8) 2013 &amp; 2016 Survey of Sexual Victimization Incident Forms</li> <li>9) PREA Tracking System Data Collection Report – Sharon CCC</li> <li>10) Sexual Abuse Incident Review Bureau Action Report to PA DOC Executive Deputy Secretary</li> <li>11) PREA Tracking System - Contract Facilities Data Collection examples</li> </ol> <p>Findings:</p> <p>115.287(a) &amp; (b): BCC ADM 008, Section 1, requires that the Bureau of Standards, Audits, and Accreditation shall collect accurate uniform data for every allegation of sexual abuse at facilities under the Department’s direct control utilizing a standardized instrument and set of definitions.</p> <p>115.287(b): In accordance with BCC ADM 008, Section 1, Data Collection, the PA DOC aggregates the incident-based sexual abuse data at least annually through its completion of PREA Annual Reports. Several example reports were provided to this auditor.</p> <p>115.287(c): The PA DOC collects the necessary data required to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Examples of completed Survey of Sexual Victimization documents were provided to this auditor that demonstrates data collection for DOJ requirements.</p> <p>115.287(d): Per BCC ADM 008, Section 1, PA DOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and</p>

sexual abuse incident reviews.

115.287(e): As required by BCC ADM 008, Section 1, the PA DOC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Examples of data tracking from private facilities as captured in the PA DOC PREA Tracking System database were provided to this auditor.

115.287(f): The PA DOC provided the Department of Justice (DOJ) with data from the previous calendar as evidenced in the PREA Annual Reports 2013, 2014, 2015, 2016 and 2017 provided to this auditor.

115.288	<p><b>Data review for corrective action</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1) Pre-audit questionnaire</li> <li>2) BCC ADM 008, Section 1 – Data Collection</li> <li>3) 2013 – 2017 PA DOC Annual Reports</li> </ol> <p>Findings:</p> <p>115.288(a): As required by BCC ADM 008, Section 1, the PA DOC reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Interviews with the Agency Head and PREA Coordinator confirmed this. In addition, examples of Annual PREA reports were provided to this auditor which demonstrates compliance with the reporting requirements of this standard.</p> <p>115.288(b), (c) &amp; (d): BCC ADM 008, Section 1, requires that the annual report shall include a comparison of the current year’s data and the 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. The PA DOC makes its annual reports readily available to the public through its website. This auditor reviewed the PA DOC website and was able view and review the PREA reports from prior years. Material is redacted from an annual report for publication only where publication would present a clear and specific threat to the safety and security of the facility.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <p>1) Pre-audit questionnaire</p> <p>2) BCC ADM 008, Section 1 – Data Collection</p> <p>Findings:</p> <p>115.289(a) – (d): In accordance with BCC ADM 008, Section 1, Data Collection, the PA DOC shall retain all aggregate PREA data, on the Department’s secure servers, collected for a period of no less than 10 years after the date of the initial collection unless federal, state or local law requires otherwise. Furthermore, 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. All personal identifiers are removed before making aggregated sexual abuse data public as confirmed by a review of the annual PREA reports on the PA DOC website and interview with PREA Coordinator.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed:</p> <p>1) PA DOC Public Website – PREA Audits – Audit Schedule</p> <p>Findings:</p> <p>115.401(a): Sharon CCC is currently in Year 3 of Audit Cycle 2. All PREA Annual Reports are available on the PA DOC. There is also a PREA Audit Schedule available for review on the public website.</p> <p>115.401(h): This auditor was granted access to, and able to observe, all areas of Sharon CCC during the on-site portion of the audit.</p> <p>115.401(i): This auditor was permitted to request and receive copies of any relevant documents during the pre-audit phase and on-site portion of the PREA audit.</p> <p>115.401(m): This auditor was permitted to conduct private interviews with residents at Sharon CCC.</p> <p>115.401(n): Sharon CCC residents were permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. Residents interviewed indicated that they did see the PREA Audit Notice and also this auditors contact information.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Audit reports for previous years in audit cycle are posted on the PA DOC website.

## 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.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

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)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes

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

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

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

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

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

<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

115.221 (a)	<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

115.221 (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

115.221 (c)	<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

<b>115.231 (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

<b>115.231 (c) 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

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

<b>115.232 (a) 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

<b>115.232 (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?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

<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

115.241 (e)	Screening for risk of victimization and abusiveness	
	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

115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	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

115.241 (h)	Screening for risk of victimization and abusiveness	
	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)	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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)	<b>Resident reporting</b>	
	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)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

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.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

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.)	na

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

115.265 (a)	<b>Coordinated response</b>	
	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?	no

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

<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